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A Response to Heise and Wiessinger

We would like to thank Heise and Wiessinger for their response to our recent article. We are grateful for their work in raising awareness of the phenomenon of Dysphoric Milk-Ejection Reflex (D-MER) and would like to clarify a few points that they raised.

Heise and Wiessinger note that our article is a hypothesis. This is quite true. In fact, we were explicit about that. However, they note that our hypothesis is “unsupported by research because no direct research exists.” To that statement, we must respectfully disagree. Although it’s true that there is no direct research, that is not the same as saying there is *no* research. We would like to further clarify how we arrived at our conclusions.

In science, knowledge moves forward by building on what we currently know. That is what we did. We took the case studies collected on the D-MER site, particularly noting the pattern and timing of symptoms. (The stories we shared in our article were case illustrations, not data.) From there, we mapped those symptoms on to what we know about the pattern of hormonal response following MER. There are hundreds of studies on that topic. On the D-MER site, mothers described a rush of negative emotions (anger, irritability, sadness, homesickness, despair) that occurred within 1–2 minutes after the onset of suckling. These feelings subsided within 10 minutes.

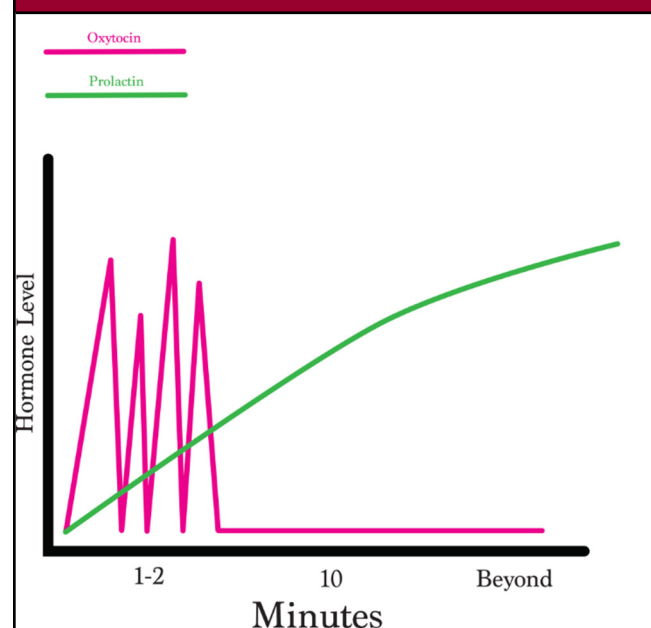
Next, we compared the timing of symptoms with the hormonal response to suckling. In the first 1–2 minutes, there are spikes of oxytocin. These levels decrease in the first 10 minutes. In contrast, prolactin levels gradually rise over the first 10 minutes and continue to decrease for an hour (see Figure 1).

The pattern of symptoms reported by mothers on the D-MER site is more consistent with the oxytocin curve than the prolactin curve.

A direct study of D-MER would involve monitoring hormone levels while the reaction is occurring. Until we have a direct study, we can make reasonable inferences based on what we currently know about the pattern of symptoms versus the pattern of hormonal response.

We believe that prolactin is not involved in D-MER because it is very low in the first few minutes, and once it rises, the mothers’ symptoms subside. This is relevant to the purported role of dopamine. Prolactin levels can only rise when dopamine levels are low. High levels of dopamine will actually lower prolactin, which can negatively affect milk production. This is why we are concerned with recommendations to give mothers with D-MER medications, such as bupropion, that raise dopamine levels. We believe that they will not address the symptoms of D-MER because they target the wrong mechanism. We are also concerned about the impact of these medications on milk production.

Figure 1 Pattern of oxytocin and prolactin release in response to suckling.



Note. From Uvnäs Moberg (2015). Illustration by Ken Tackett.

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Heise and Wiessinger made the following statement, which we would also like to address.

Possible treatments, including a psychological “rewiring” to deal with past trauma, are suggested without evidence.

The truth is that we don’t know why D-MER happens to some mothers and not others. It could be trauma, but the D-MER.org site correctly notes that many women without a history of trauma have D-MER. A mother’s prior experience of any significant stress may make her over-reactive to current stressors, which, in a way, protects her and her baby. Stress can come from many sources.

Trauma is one possible explanation for D-MER, but it is not the only one. Stress sensitization probably accounts for a higher percentage, and this could be something

as simple as stressors that occurred during pregnancy or birth. Unfortunately, that type of experience is extremely common, and it can predispose mothers to common conditions, such as depression and anxiety, and uncommon conditions, such as D-MER.

In conclusion, although there are times when we do not have direct studies of a phenomenon, there are established scientific approaches that allow us form solid working hypotheses. We know what the symptom pattern looks like and the pattern of hormonal response to suckling. These can guide us well until we have further evidence.

Reference

Uvnäs Moberg, K. (2015). *Oxytocin: The biological guide to motherhood*. Amarillo, TX: Praeclarus Press.



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