



The Lifeline: Perinatal Edition

Penn State Perinatal TiPS Newsletter

Fall 2026

Lactation & Mental Health

Clinical Pearls for Providers Working with Breastfeeding Parents

Please check out the details for our latest Fall webinar series starting on September 30th, 2026 at the last page!

Lactation and infant feeding are important aspects of a treatment plan when considering maternal mental health. Whether you prescribe medications or provide supportive care, you play a key role in recognizing breastfeeding-related mental health concerns and helping families through this transition.

Clinical Spotlights

D-MER

Dysphoric Milk Ejection Reflex



- Sudden negative emotion at letdown only
- Lasts 30 seconds to a few minutes
- Physiologic, not depression
- Treatment is largely supportive
- More information found at D-MER.org

Weaning & Mood

A Hormonal Transition



- Oxytocin and prolactin decline
- Estrogen fluctuates with menstrual resumption
- Higher risk with a history of a mood disorder
- Encourage gradual weaning when possible
- Monitor and treat if symptoms persist or impair functioning

Medications

During Breastfeeding



- RID less than 10% is generally compatible with breastfeeding
- Consult LactMed (NIH) for the most up-to-date medication information
- Individualize and weigh risks and benefits
- Watch infant for excessive sleepiness, feeding difficulties, poor weight gain, irritability, or jitteriness
- Do not stop an effective medication solely to breastfeed



Collaborative care across obstetrics, pediatrics, lactation, mental health, primary care, and other prescribing and non-prescribing providers helps ensure families receive the best possible outcomes.

Clinical Pearls

- **Start the conversation early:** Ask about feeding goals in pregnancy and postpartum. Plans change, there is no single “right” way to feed a baby, and support should be judgment-free.
- **Protect maternal mental health:** Avoid all-or-nothing framing. Treating depression, anxiety, bipolar disorder, ADHD and all mental health (MH) conditions support both parent and baby as maternal well-being is vital to both maternal and child health.
- **Screen for sleep disruption:** Sleep deprivation worsens mental health. Discuss protecting uninterrupted sleep, especially for patients with a psychiatric history.
- **Address guilt and perfectionism:** Normalize difficulty with breastfeeding. Fed is best, and parental wellness matters.
- **Coordinate care:** Team up with lactation consultants, obstetrics, pediatrics, primary care, and mental health professionals.

Clinical Spotlight 1 — Dysphoric Milk Ejection Reflex (D-MER)

What is it?

D-MER is a recognized physiologic condition causing a sudden wave of negative emotion described as sadness, dread, anxiety, irritability, frustration, tension, sense of overwhelm, sometimes physical symptoms like nipple pain or nausea, sinking feeling in the stomach immediately before and during milk letdown. Symptoms last 30 seconds to a few minutes and resolve as milk flows. Unlike postpartum depression or anxiety, D-MER occurs only around letdown and is not persistent. It may decrease or resolve in first few months in mild cases but may last throughout breastfeeding in severe cases.

Why it matters

Patients often fear D-MER means they're depressed, bonding poorly, or a “bad parent.” Education and reassurance significantly reduce this distress.

Provider tips

- Validate D-MER as real and physiologic and not a sign of ambivalence about breastfeeding or motherhood.
- Differentiate it from postpartum mood/anxiety disorders; continue routine screening for depression, anxiety, OCD, bipolar disorder, and suicidal thoughts.
- Refer to a lactation consultant if breastfeeding difficulties are present.
- Encourage sleep, stress reduction, and social support (D-MER.org is a helpful patient resource).
- Encourage to avoid things (dehydration, stress, caffeine) that worsen it and engage in activities that improve it (hydration, proper sleep, less stress)
- Treatment is largely supportive; no medications are studied specifically for D-MER, though treatment of co-occurring depression, anxiety, or sleep issues is indicated.

Counseling Pearl

“Many parents with D-MER feel brief negative emotions only during milk letdown. This doesn't mean you're depressed or failing at breastfeeding and understanding what's happening often helps.”

Clinical Spotlight 2 — Mental Health During Weaning

Weaning is a major hormonal transition. The relationship between weaning and mental health is bidirectional. It is shaped by hormonal, psychological, and social factors and can be a vulnerable period for patients with pre-existing mood disorders or abrupt weaning. During lactation, oxytocin and prolactin have anxiolytic, stress-buffering effects; as they decline, and as estrogen fluctuates with menstrual resumption, susceptible patients may see mood changes.

Post-weaning depression is often mislabeled “late-onset PPD.” Emerging research suggests it can be a more severe phenotype, with higher rates of psychotic features, treatment resistance, and psychiatric hospitalization. These risks may rise with abrupt cessation.

Common symptoms

- Tearfulness, mood swings, anxiety, irritability, grief or sadness about ending breastfeeding. For most patients these improve over time.

Higher-risk patients

- Prior postpartum depression or bipolar disorder, prior mood changes during hormonal transitions, or significant anxiety about infant feeding.

Provider recommendations

- Discuss weaning plans in advance and encourage gradual weaning when possible.
- Normalize emotional reactions; monitor for symptoms that persist or impair functioning.
- Treat promptly if symptoms become severe or prolonged.

Counseling Pearl

"Just as pregnancy and postpartum involve major hormonal shifts, weaning can affect mood too. Emotional changes are common and deserve attention and support."

Clinical Spotlight 3 — Psychiatric Medications During Breastfeeding

Most psychiatric medications pass into breast milk, but many are compatible with breastfeeding. A relative infant dose (RID) less than 10% is generally considered compatible with breastfeeding, although data specific to each medication should also be considered. If a medication worked during pregnancy, continuing it postpartum is often preferable to switching during this high-risk window. Weigh maternal psychiatric stability, breastfeeding benefits, infant health, and available safety data together.

Special considerations

- Preterm or infants with medical conditions may metabolize medications less efficiently and may need closer attention.
- Routine labs aren't necessary for most healthy full-term infants, but some medications require close pediatric collaboration and infant monitoring.
- Watch for excessive sleepiness, feeding difficulties, poor weight gain, irritability, or jitteriness.

Practical recommendations

- Don't stop an effective psychiatric medication solely to breastfeed without a risk-benefit discussion first.
- Individualize, collaborate with the pediatrician, and consult LactMed (NIH Drugs and Lactation Database) for the most up-to-date medication-specific information.
- Remember formula supplementation or formula feeding may be the healthiest option for some families if breastfeeding significantly compromises maternal mental health.

Counseling Pearl

"Usually, the medication that helped with your mood during pregnancy is the best to continue during lactation."

Take-Home Messages

- Protecting maternal mental health protects infant well-being.
- Recognize D-MER as distinct from postpartum depression.
- Prepare patients for possible emotional changes during weaning.
- Most psychiatric medications can be used during breastfeeding with individualized risk-benefit assessment.
- Collaborative care across obstetric, pediatric, lactation, primary care, and mental health providers give families the best outcomes.

Contact Us

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Please visit our website:

<https://www.pennstatehealth.org/perinatal-telephonic-psychiatric-services>

Electronically request a call back by using our website—
'contact us.'



Email PTiPS today to schedule Educational lectures!

Perinatal TiPS Fall 2026 Webinar Series Mental Health Across the Generations

Join us for an engaging six-part educational webinar series exploring the recognition, assessment, and management of common mental health conditions across the reproductive, perinatal, childhood, and adolescent periods.



Speakers and Topics:

September 30th, 2026

Management of ADHD in Children and Adolescents - Dr. James Waxmonsky

October 7th, 2026

Management of ADHD in the Perinatal Population - Dr. Ritika Baweja

October 14th, 2026

Management of Eating Disorder in the Perinatal Population - Dr. Marissa Beal

October 21st, 2026

Management of Eating Disorders in Children and Adolescents- Dr. Nungshitombi Chongtham

October 28th, 2026

Management of Anxiety in the Perinatal Population - Dr. Marissa Beal

November 4th, 2026

Management of Anxiety in Children and Adolescents- Dr. Lidija Petrovic-Dovat

Penn State Health Perinatal TiPS Team

Reproductive and Behavioral Health Psychiatrists



Dr. Ritika Baweja



Dr. Marissa Beal

Therapist

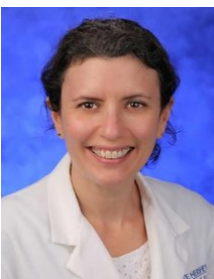


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