

My name is Aimee Brecht-Doscher. I am an Ob/Gyn in private practice in Camarillo, CA.

When I finished my medical training, I thought I knew quite a bit about hyperemesis. I was wrong.

I could recognize it, knew all the standard treatments, but still I couldn't help but observe the standard treatments didn't always work with my patients. Eventually, I had nothing more to offer some patients than the promise that it would resolve itself, if not before the delivery, then certainly soon after, ignoring the possibility of long term problems that the illness may cause.

I dreaded caring for hyperemesis patients -- as do many of my colleagues -- for several reasons. We get frustrated when we are sometimes unable to offer the patient any meaningful relief. We see the patients themselves as difficult, even perhaps a bit crazy - having never met most of them before they were sick, it's easy to wonder if somehow their depression and anxiety weren't the cause, rather than the result of their illness. When patients improve in the hospital, and get worse again when they go home, over and over, we wonder whether there is a conflict at home and patients are either trying to escape or get attention, rather than just being the result of dehydration, or worsening of the disease. We don't understand why some people have nausea and continue to function well, while others are begging for time off work.

So when I developed hyperemesis five weeks into my pregnancy, I was no better prepared for it than any of the other women you'll hear from today. I was difficult and demanding, and definitely a bit crazy.

What I didn't know, what many of my colleagues don't know, is how miserable hyperemesis can be. In my first pregnancy, I vomited constantly, ten to twenty times per day. I couldn't eat or drink. I couldn't take time off from work, so I started taking medications and administering IV fluids to myself every night. When I was on call for labor & delivery, I'd hook myself up to the IV between deliveries. I kept thinking it would resolve, but instead it grew worse.

Dehydration and malnutrition led to despair. I cried every day. I had never taken a sick day in my entire life, but I was in no shape to care for patients. I left work on disability and stayed home alone in my bedroom, hooked up to my drug pumps and my IV nutrition. My husband had to take care of me around the clock because I was too sick even to go to the refrigerator to get my medications.

Even though we were both at home, we were really both alone. My poor husband had to sleep in another room, he couldn't cook, and had to go into the garage to eat. I couldn't stand the way he smelled, talking or touching also made me sicker.

And then, 18 weeks into the pregnancy, the baby died. I believe that his death was caused by a specific vitamin deficiency, a vitamin I was not getting in my IV.

As traumatic as that loss was for me, I'll never forget the look on my husband's face when a doctor told him I might not live to see the sunrise.

Six months later, I became pregnant again. This time, I knew what to expect, and that made a world of difference. I knew what treatments worked for me and which didn't. I had found support from other women who had suffered and were suffering from hyperemesis. And I knew I might be very sick for a very long time.

I was as sick as I was the first time, sicker, even. I was hospitalized several times for secondary complications. The IV nutrition caused liver problems, and I had cardiac problems from low potassium levels -- my potassium was lower than Terri Schiavo's when she collapsed. My doctor talked to me about termination, my mother hinted at it, but there was simply no way. I knew how much this pregnancy might cost me, but I also knew my baby was worth any sacrifice.

After months of misery and several hospitalizations, my health began to spiral downwards. Even though tests showed my baby's lungs were not ready, we induced labor a month early in order to save the lives of me and my baby.

My son spent three weeks in Neonatal Intensive Care, being born unable to breathe, unable to nurse.

Throughout this horrible experience, I received sympathy and support from some of my colleagues, but snide derision from others. My boss -- an Ob/Gyn, and the medical director of our large multispecialty group -- actually said to me, "I wish I could have hyperemesis so I could lie in bed and read books all day."

So perhaps it wasn't a surprise that I got so little support during my second pregnancy. In fact, when I told my boss I was expecting, his response was, "That's not good." Eight months later, when I told him I would be ready to return to work, he responded that they no longer had a job for me.

Our savings were wiped out, we had a newborn, and my husband I were both unemployed.

Sometimes I call my son my "million dollar baby." Our medical bills totaled approximately \$700,000 -- fortunately, our insurance covered all but \$2000 of that. Our family's costs came mostly from lost income. Even with good disability insurance, my lost income was about \$80,000. My husband, a teacher, spent two years caring for me instead of working, which would double that amount. Starting my career all over again has not been easy: three years later, I am still earning less than I was before my pregnancy.

I think I do a better job treating my patients with hyperemesis now, but not every ob/gyn can be expected to learn the way I did -- and I would like to be able help my patients even more. Someday, I hope we all can.