

Sure, a little queasiness is normal. But what do you do when you're nauseated 24-7?

by *Diane Mapes*

beyond morning sickness

mY SISTER Peggy is hooked up to an IV when I get to the hospital, tubes snaking out of her arm as if she were plugged into a modern. I settle a bundle of books and magazines onto her bedside tray and prop up a picture of her 21-month-old son, Charlie. "Hey, Peg, what's going on?" I ask, trying not to sound worried. I am terrified, of course. Peggy looks pale and flat, her face melding into the hospital pillow like an ornate piece of embroidery.

"The doctor wants to keep me overnight," she says. "I haven't been able to eat for a while. Food makes me sick. The smell of it, even." She pauses, a sour look flickering across her face.

At 38 years old and 2 months pregnant, Peggy has been in the throes of morning

RATTLED: It's hard to think about baby toys when you're throwing up 12 times a day.

sickness for 2 weeks. Only it isn't like any kind of morning sickness I've ever heard of. She is constantly nauseated, throwing up 10, 11, 12 times a day. She has even missed work at the local TV station where she's a news producer, and Peggy—whose work ethic rivals that of Henry Ford—never misses work. I've been worried for days. It's my official job as a big sister.



Women with extreme morning sickness are often depressed and isolated. Partners may think the disorder is all in their head.

"So what did the doctor say?" I ask. "That I'm dehydrated," she says. Peggy's husband, Doug, is by her side. "She's not just dehydrated," he offers, "she's starving. She's lost 7 pounds in a week. The doctor took one look at her this morning and called the hospital."

"Did the doctor say why you're so sick?" I ask, looking from one to the other. "Did she say what's mak-

ing you throw up so much?"

"Hyperemesis something or other," Peggy says.

Back from the hospital, I read everything I can find about a condition called hyperemesis gravidarum (HG). I've never heard of it, but I learn it's been documented for hundreds, if not thousands, of years. As far as I can tell, the one established cause is pregnancy. Other than that, there are only theories about its origin: hormonal changes, abnormal thyroid levels, even psychological postulations about guilt and immaturity. It usually begins in the first trimester and ends in the second. But an unlucky few have it the whole 9 months. And there is no cure.

Every year thousands of women suffer from HG. "It's not really that rare," Gideon Koren, M.D., a professor and senior scientist at the University of Toronto, tells me. "About 1 percent of all women will have it, and since there are 4 million births a year in the United States, this means 40,000 women a year with hyperemesis."

There's more to it, too. "Women with HG are depressed, isolated, and often not taken seriously," explains Koren, director of Motherisk, a counseling and research organization for pregnant and lactating

women. "Many women tell us their partners and physicians think that it's all in their head. That's a terrible accusation."

It gets worse: About a quarter of women with HG terminate their pregnancies out of desperation, inadequate care, or both, according to a survey by the Hyperemesis Education and Research Foundation (HER). A few develop complications and die.

MY SISTER STAYS in the hospital for 1 night. But 5 days later she's back, surrounded by monitors, IV tubes, and the sounds and smells of sickness. I can tell she's crying, only her body is too dehydrated to produce tears. "I don't understand this," she says, her voice shaking. "I'm not a wimp. I've had morning sickness before." Most women do—80 percent, in fact. But not like this.

Peggy has dropped another 5 pounds. She now weighs less than she did before the pregnancy. Her OB-GYN bumps up her dosage of Zofran, an antiemetic medication given to cancer patients undergoing chemotherapy, and decides to insert a peripherally inserted central catheter (PICC) line in her arm—it's a long, thin tube threaded along a vein until it hovers near her heart. Essentially, it's an open gateway into Peggy's body, a 24-hour delivery system for fluids, nutrition, drugs. My sister has gone from expectant mother to invalid.

I am dumbfounded. What kind of disease is this? "It's an absolutely miserable one," says Kimber MacGibbon, R.N., a two-time HG victim who founded HER in 2000. "Your sister's lucky she has a doctor who caught it early. A lot of women don't."

Peggy's second hospital stay lasts 2 days. She returns 2 days later. Unable to tolerate so much as a sip of water, she relies on the PICC line for everything her body, and the baby, needs. A concoction of Zofran, Pepcid, and an antihistamine keeps her vomiting under control; the nausea, excessive salivation, and heightened sense of smell are constants.

"I'm worried about the baby," she says every time her nurse plunges a syringe into a port on the IV pole. "All these drugs. What if something happens?" Possible birth defects versus death by starvation. It isn't much of a choice. "The baby's going to be fine," I say, praying this will be true. "You're going to be fine." ►

I've done 2 weeks of research, and my head is spinning with horror stories about women who have suffered permanent damage, or even died, because of hyperemesis—author Charlotte Brontë among them. Then there's all the claptrap about women with HG not really being sick. The illness seems to be a lodestone for all kinds of psychological theories: It's caused by frigidity. No, it's stress. No, it's hysteria. No, it's an unconscious attempt at abortion.

Shari Munch, Ph.D., an assistant professor at Rutgers University School of Social Work, assures me that those theories are decades old. Munch is the author of several papers on HG, including a 2002 study in *Social Science and Medicine* showing that a great deal of HG research is based on outmoded claims about women's psychology and the female reproductive system. "We don't have any research proving it is psychogenic," Munch points out. "It's just become this medical folklore."

Why? The University of Toronto's Koren throws some blame at a male-driven medical establishment. "If it were happening to men," he says, "there would have been a solution long ago."

PEGGY'S THIRD hospital tour lasts 5 days. Ten days later, her husband calls to tell me she has been admitted again. When I get to her room, Peggy looks as though she's been flattened by a rolling pin. The whites of her eyes are grayish-yellow. She can't take a breath without feeling sharp, stabbing pains.

The next day, a pulmonary specialist diagnoses her with anaerobic pneumonia. Apparently, she had inhaled some vomit. Antibiotics and anti-inflammatories are added to her laundry list of medications.

I fume at the unfairness of it all. Like some fairy tale imp, HG has stolen my sister's pregnancy, carried away her hope. Instead of shopping for baby clothes and indulging in late-night cravings for peanut butter and peaches, Peggy is trapped in a miasma of snaking tubes, twisting wires, blinking lights, and despair. The only glow in the room comes from the buttons on her IV port. She looks more like an earthquake victim than a mother-to-be. The illness forces her to stay in the hospital another 5 days.

When the next month goes by and Peggy goes back to work without another return to the hospital, I finally start to relax. Then the phone rings. I see it's my brother-in-law's cell, and my heart begins to pound. "Where are you?" I ask. "What's going on? Is everything all right?"

Peggy laughs. "Everything's fine, worrywart," she says. "We're just driving home from the restaurant." It takes a minute for her words to sink

in. I know she's feeling better, even though she's still on

antinausea medication, still carrying a PICC line in her arm. I know she's been able to eat a few meals here and there.

But a restaurant seems too much to hope for. "You went out to dinner?" I ask. "You ate?"

"Yes, it's our anniversary," she says.

"And then we stopped by a store."

I realize the nightmare is over.

"I bought a new dress," she adds.

"A pink dress." Her voice is filled with hope. "Size 0 to 3 months." ☺

here's help

For more information about hyperemesis gravidarum, or to find a professional who is experienced at treating it, go to www.hyperemesis.org.

Nowa Rank, a healthy 6-pound, 11-ounce girl, was born in February. Her aunt Diane Mapes is a freelance writer based in Seattle.