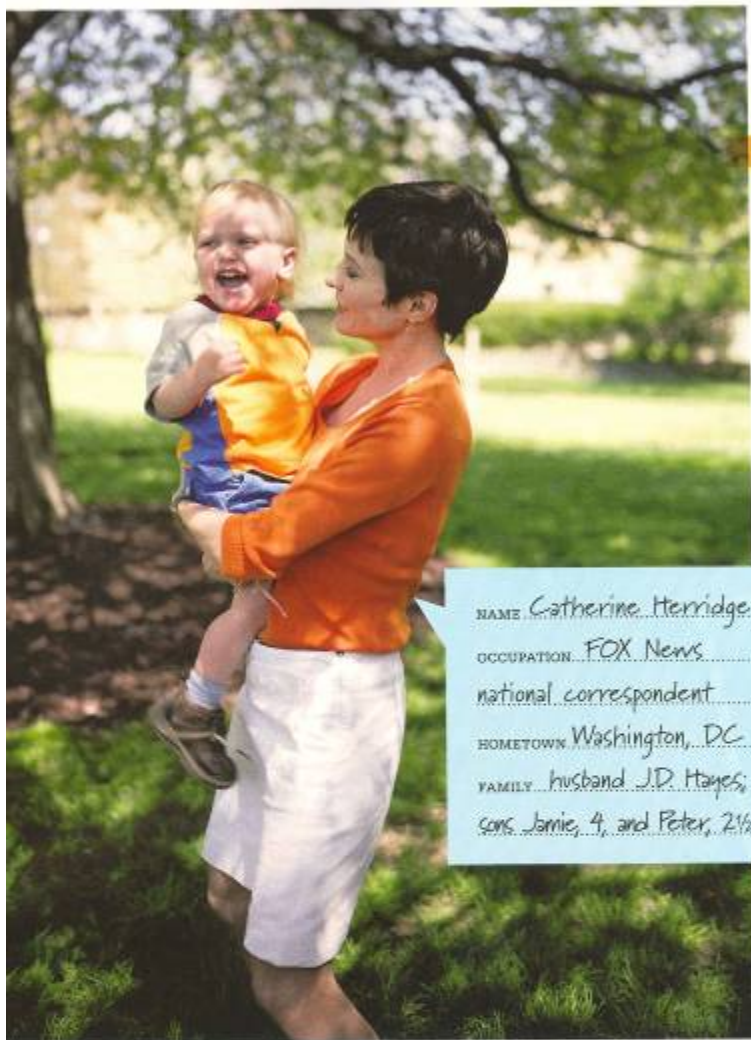


Meals in a Snap— Month of Simple Menus

Woman's Day

live well my story



NAME *Catherine Herridge*
OCCUPATION *FOX News
national correspondent*
HOMETOWN *Washington, DC*
FAMILY *husband J.D. Hayes;
sons Jamie, 4, and Peter, 2½*

giving birth... **then giving life**

My son Peter was born with a failing liver, and his best chance at survival was to get a transplant—fast

by Catherine Herridge, as told to Dana Sullivan

YOU LOOK PRETTY good,” joked the man on the gurney across from me. “What are you getting?” We were in the hospital’s transplant “holding area,” and I could tell he was really anxious and trying to lighten the mood. I held up a picture of Peter, my 5-month-old, and said, “I’m giving part of my liver to my son.” This tough-looking guy immediately started crying. “I can’t tell you what a beautiful thing you’re doing for your child,” he said. “I’ve been waiting for a kidney for 10 years.” Today he was finally going to get the organ he needed, from a teenager who’d died in a motorcycle accident. *(Please turn to 59)*

GIVING BIRTH...GIVING LIFE

CONTINUED While I was waiting to be wheeled into surgery, my son was in the children's hospital a few blocks away, having his liver removed so doctors could give him part of mine. Soon enough I was brought into an operating room, where about 25 doctors and nurses waited for me. They were standing around chatting casually while I was praying that we'd be able to save my baby's life.

joy and fear

When Peter was born by C-section at 37 weeks, his first cry was really quiet and weak; the next day he was extremely yellow with jaundice. Doctors ran tests and found that certain liver enzyme levels were extremely high, but it took four weeks for them to figure out why: Peter had biliary atresia, a rare condition in which the bile flow from the liver to the gallbladder is blocked. Bile

started going to the doctor twice a week to check Peter's heart rate and my amniotic fluid levels. Everything was normal, but since Peter wasn't going to gain any more weight, the doctor decided to deliver him early.

Two weeks after Peter's diagnosis, he had a surgical procedure to help bile drain from his liver. Doctors generally consider this a temporary fix until a transplant can happen, but in Peter's case it didn't buy much time at all: The procedure didn't work, and doctors said that Peter's liver would likely start to fail by the time he was 6 months old—unless he got a transplant.

Peter's name was put on a national waiting list, but livers aren't so easy to find (the average waiting time is 12 to 36 months). For babies, it's even harder. The awful truth is that most pediatric organs come from children who die in car accidents, and thanks to

The average waiting time for a liver is 12 to 36 months, but Peter's liver was likely to fail in about six.

(digestive juices) gets trapped inside the liver, which eventually leads to liver failure.

Throughout my pregnancy, all of the tests and sonograms had come back normal, but during my last trimester, I developed a condition called cholestasis of pregnancy, which meant that bile wouldn't flow out of my liver. My skin became unbearably itchy and I couldn't keep food down, which caused me to lose about 10 pounds.

Even though the doctor told me that Peter would probably be OK, he did say that there was a chance he would have some health problems because he'd probably need to be delivered early. So I

improvements in automobile safety and car seats, this doesn't happen all that often anymore. As a mother I'm thankful for these advances, but as *Peter's* mother it meant that the likelihood of him getting a liver anytime soon wasn't very high. To even consider the fact that another child has to die so that yours can live is one of the most hellish situations you can find yourself in.

Fortunately, we had another option: Peter's doctors suggested that my husband or I consider giving Peter a piece of our liver. (This is possible because your liver is an organ that regenerates.) We immediately *(Please turn to 60)*

GIVING BIRTH...GIVING LIFE

CONTINUED agreed, but we were told that only 20 percent of the people who are willing to donate a portion of their liver are able to (the would-be donor often has an underlying medical condition that makes donation impossible, or the blood and tissue match isn't right).

Because women are physically smaller than men, there was a better chance that my liver would be a good fit for our baby. We were both beyond relieved when we learned that we had beat the odds: It turned out that I was a good match for Peter.

hoping and praying again

Within a few weeks we packed up our car—and our 15-month-old son, Jamie—and headed from our home in Washington, DC, to Pittsburgh, where the surgeries would happen. We chose the Starzl Institute at the University of Pittsburgh Medical Center for Peter because they pioneered this type of transplant. (My surgery would take place at the affiliated Thomas E. Starzl Transplantation Institute.) We rented an apartment and tried to settle in; we knew we'd be there at least two months while Peter recovered.

During my seven-hour operation, the surgeons made an 11-inch incision in my abdomen, removed about 20 percent of my liver and transported it to where Peter and the surgeons were waiting. Ten hours later, a piece of my liver became Peter's. Amazingly, it will grow inside him as he gets bigger.

I was anxious to see my baby boy after he made it through the surgery, but nothing could have prepared me for the shock of what he looked like. He had tubes and needles sticking out from every part of his body. He was on a

ventilator, and his belly was huge and swollen. "He needs to know you're here," the doctors and nurses told me. "Talk to him." So that's what we did—for the next six months. I spent hours by his bedside, holding his little hand, saying, "I know how much you hurt, but you are strong and you will make it." To this day when Peter holds my hand it takes me back to the struggles we had in the hospital.

By the time we took Peter home from the hospital, doctors had deemed the surgery a success, but it wasn't until a year after the transplant—the first year is considered especially critical—that I really felt like he was going to make it. We have to expect that Peter will always be on immunosuppressant drugs to prevent his body from rejecting my liver, and he's more prone to infections than other kids. But his doctors say he should be able to live a long, fairly regular life.

the new normal

Two years have now passed since the transplant, and other than an enormous Y-shaped scar on my stomach, I have recovered completely and my liver is no worse for wear. More important, Peter is really thriving.

After the surgery, his gross motor skills were delayed, so it took him a little longer to crawl and walk, but today he's a vibrant toddler who loves tossing around a stuffed Elmo at bedtime with his big brother: Peter throws it out of his crib, Jamie throws it back in, and Peter throws it out again while they giggle and shriek, "No Elmo!" As soon as I open their door, Jamie jumps into his bed while Peter clutches the crib bar and grins mischievously. I ask what's going on and they say, "Nothing!" and laugh...just like any other kids would. **wd**



Peter today, right, with mom Catherine and big brother Jamie.

how you can help

You may have signed the organ donor card on the back of your driver's licence, but did you know that you can save someone's life right now? Each year more than 6,000 people become "living donors," voluntarily undergoing surgery while they're alive and healthy to donate an organ (or part of one) and save a life.

- **Consider becoming a donor**

Most people don't know that they can donate a kidney or a part of a liver, lung or pancreas while they're alive. To find out more about how to become a living donor, visit transplantliving.org

- **Join the U.S. Transplant Games** Thousands of people will gather at the National

Kidney Foundation 2008 U.S. Transplant Games from July 11 to 16 in Pittsburgh to acknowledge the tremendous gift of organ donation—and to celebrate the lives that have been saved. The Olympic-style competition will feature Catherine Herridge as keynote speaker. Visit transplantgames.org or call 800-622-9010 to sign up (transplant recipients, donors and supporters are all welcome).

- **Buy a T-shirt** Support living donation by purchasing a "Share Your Spare" T-shirt (\$20; kidney.org/support). It was designed by Tracy Wilson Mourning, the wife of NBA All-Star and kidney transplant recipient Alonzo Mourning.