In Conversation with Esther Friedman Schwartz

Episode 493 · January 7, 2026 · with Esther Friedman Schwartz

IN THIS EPISODE

Globetrotting physician assistant and health tech entrepreneur Esther Friedman Schwartz has had a rocky pregnancy journey — she could practically write the guidebook to uncomfortable pregnancy symptoms. She joins Dr. Elliot Berlin, DC, remarkably positive attitude intact, to discuss her rocky road to starting a family.

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: My guest today grew up in Brooklyn, New York and went on to build an adventurous, independent life as a globetrotting physician assistant. She launched a health tech company and, more recently, set out on a journey of starting a family. At times, it feels like someone, somewhere has it out for her. Based on her experience so far, she could easily write the Zagat Guide to Uncomfortable Pregnancy Symptoms. And yet, through all of it, she maintains an incredibly positive attitude and a genuinely fun, grounded demeanor. She's a true open book, so we're going to talk about everything. I'm Pregnancy Focus Chiropractor, Dr. Elliot Perlin, and you're listening to the Informed Pregnancy Podcast. Esther Friedman-Schwarz, welcome to the podcast.

ESTHER FRIEDMAN SCHWARTZ: Thank you for having me. Hi.

DR. ELLIOT BERLIN, DC: My pleasure. How many weeks are you now?

ESTHER FRIEDMAN SCHWARTZ: A little over 32 weeks.

DR. ELLIOT BERLIN, DC: Oh, right. Counting. Not too much more to go. So, Esther, you grew up in Brooklyn, New York, an Orthodox Jewish home and community, and then eventually you left your home and sort of left Orthodoxy behind. Tell me more about that.

ESTHER FRIEDMAN SCHWARTZ: Yeah. So, you know, growing up Orthodox obviously shaped who I am today. So, you know, I love the experiences with my best friend since I was six years old. I'm still best friends with her today. So I think Orthodoxy led me to a place of questioning things. I'm a middle child that led to a lot of independents, that led to a lot of, you know, doing my own thing. And then Orthodoxy kind of creates this structure. So I've always been trying to test the limits and go outside the boundaries of that structure. And then I recognized probably sometime in middle of high school that it wasn't for me. I have nothing against it and I have a lot of respect and appreciation for the way I grew up and for the people around me.

ESTHER FRIEDMAN SCHWARTZ: But it definitely shaped who I am today because having that structure, I think, was really important growing up and then recognizing that I can push those boundaries and figure out who I am. You know, that shaped who I am. So I'm grateful for that experience.

DR. ELLIOT BERLIN, DC: So what did you do after high school?

ESTHER FRIEDMAN SCHWARTZ: Yeah, so I think, you know, growing up Orthodox, it's kind of a given that women are going to go to Israel, to seminary, where they're going to study Torah learnings. And for me, I knew right away that I just wanted to get to college. I wanted to get to college. I wanted to figure it out. I knew I wanted to go into health care. So I just wanted to explore what's outside of this wall that was created for me in the Orthodox environment.

DR. ELLIOT BERLIN, DC: Yeah. So go into college. I'll tell you something interesting. I grew up in an Orthodox household, too, in Staten Island, New York. And I think it was probably because I lived in such an umbrella, like all the people I knew were from my school, which was an Orthodox Jewish school, and from my synagogue, which was an Orthodox Jewish synagogue. And growing up, those are the only people I really interacted with. And I think it was probably I was 10 years old when it hit me like a ton of bricks that not almost everybody in the whole world is an Orthodox Jew. And in fact, Jews in general only make up one quarter of one percent of world population. It was a big shock. So you grew up in this umbrella, for better or for worse.

DR. ELLIOT BERLIN, DC: And then I think at some point, there's like a, whoa, there's a whole other world out there. And that maybe hits different people in different ways. And so a very common thing to do after in our circles, we go to school that's kind of a dual curriculum from kindergarten through the end of high school. And then the assumption is at some point, you're going to go out into the real world. And so there's a year of study oftentimes in Israel to just sort of concretize that Jewish education, upbringing philosophy, like all of it, before you go out into the real world. And you're like, I'm ready for the real world now.

ESTHER FRIEDMAN SCHWARTZ: Pretty much. And like I said, I think being a middle child and having that independence and really wanting to do my own thing has been there for a while. So college to me was like an out. It was like, now's your chance. Like you're on your own kid. Like figure it out. This is what you want.

DR. ELLIOT BERLIN, DC: And did you know you wanted to get into health care early on?

ESTHER FRIEDMAN SCHWARTZ: So what's interesting is I've always been very left brain, very logical numbers, one plus one equals two. So I actually thought I was going to go into mathematics. I thought I was going to be a CPA. And I remember in high school, this, my accounting professor looked at me and she laughed and she's like, you, a CPA, you have way too much to say to be a CPA and sit behind a computer. So, you know, she also, you know, orthodox. She's like, why don't you go into health care? And I said, you know, going into health care sounds tough because right away I'm thinking not just doctor, but surgeon. That's where my brain goes. And it's just a lot of years. And it's a lot of, you know, when am I going to start a family? When am I going to get married?

ESTHER FRIEDMAN SCHWARTZ: Because when I'm in on something, I'm all in. It's hard for me to do anything other than like, if I'm in school, I'm in school. If I'm studying, I'm studying. So she mentioned, why don't you be a PA? She's like, I think that's a good middle ground. You know, you could potentially go into the surgical field as a PA. And it intrigued me and I didn't know any PAs at the time. So I did a lot of research, me being who I am and recognize that I should go on the health care route. And I'm glad I did.

DR. ELLIOT BERLIN, DC: And you also just going back a teeny bit, have one other thing in common with me, which is you started working really young.

ESTHER FRIEDMAN SCHWARTZ: Yeah. Yeah, I did. Doing a lot of different jobs. Yeah, it goes back to the independence. I wanted my own money. I wanted to do my own thing. And I think I struggled as a kid with being told what to do. And I think, you know, going back to why I left orthodoxy, you know, you're you're given a set of guidelines and rules. And I struggled with that because there's not always answers as to why we do certain things in orthodoxy. So when it came to me taking on all these jobs, it was because I was like, I need my own money. I need to figure it out. I don't want to be told what to do or what to buy or where to go. And my parents were very accepting of that. So I think, you know, they kind of let me go on my journey.

ESTHER FRIEDMAN SCHWARTZ: And I was like 11 years old babysitting. I then moved on to tutoring. And back then, I was making bank. I was like 13 years old. You know, you're in New York. You have those exams. Well, what are they called again? I'm blanking on it. Oh, Regents? No, no. It's specific to New York State. But in any case, you have these exams and you have to pass all of them. And I would tutor kids. And back then, I would charge twenty five dollars an hour per child. And I was at this family's home and they had three kids. So I was raking it in and I had that job for a while. And then, yeah, I pretty much worked since I was 11 years old. It became like who I was like, and I'm even working now. You know, like I plan to work after this baby.

ESTHER FRIEDMAN SCHWARTZ: Like I work is a part of who I am. It brings me purpose.

DR. ELLIOT BERLIN, DC: First of all, I agree with your professor. I can't picture you sitting behind a computer all the time, talking to people. And also, you know, with your upcoming birth, I don't even know how you're going to stop working long enough to push and pick back up the telephone and keep going. But before we get to your company, which I think is a pretty interesting company as a P.A., what was the training like and what did you do at the end of it?

ESTHER FRIEDMAN SCHWARTZ: Yeah, the training was very intense. Happens to be undergrad. So pre-med, pre-med was a breeze. And I think Ishiva set me up for that. You know, Orthodox Jewish schools, especially for girls. You're in class from seven thirty to five. You're you're grinding. So undergrad was pretty smooth P.A. school. I was one of the youngest when I got accepted. I was 21. And that first year, that academic year was absolute hell. I mean, I was living on my own because I wanted to focus on school and focus on training. And I disappeared for that year. It was books, school books for hours and hours on end. And then the second year was a lot better because that's like your clinical year. So it was like going to work.

ESTHER FRIEDMAN SCHWARTZ: So that year was a great year because I felt like I could, you know, put into practice what I've learned in that first year. But it was brutal. I mean, I did an expedited program, two years of P.A. school. It's pretty quick. Well, you know, there's like three year programs out there. So, yeah, and then you graduate with a lot of responsibility, too.

DR. ELLIOT BERLIN, DC: Totally. Yeah. So what did you do out of P.A. school?

ESTHER FRIEDMAN SCHWARTZ: So out of P.A. school, I actually recognized that I did not want to be in New York anymore. And I actually moved down to Miami. I thought I wanted to go into aesthetics. So I get down to Miami and I'm doing Botox, fill or, you know, dealing with that whole clientele. And then I realized that this is not what I went to school for. I went to school to practice medicine, to actually diagnose and treat, not just stick needles in people's faces, which I'm all for. But, you know, straight out of school, you really want to put what you learn to use. So I ended up pivoting into neurology. I actually scored the highest on my medical boards in neurology, which was pretty shocking because it's one of the hardest areas of medicine to go into.

ESTHER FRIEDMAN SCHWARTZ: And I loved it. I started in adult neurology. I pivoted into pediatric neurology. And then Esther being Esther, I got bored. And I realized that, you know, there's so much more to medicine and to health care. And I should pivot into a new area. And at the same time that I was making that pivot, I ended up with my own autoimmune issues, which completely challenged me. And I recognize that, you know, all the learning and everything that I did in school from a Western medicine standpoint was failing me. And I wanted to figure out a way to help patients get back to themselves, figure out a root cause. Like I said, I'm left brain, I'm logical, I'm a thinker. I problem solve. I'm not just going to sit there.

ESTHER FRIEDMAN SCHWARTZ: And if a doctor hands me a prescription and says, this is what you're on for the rest of your life, I'm just going to take it and say, OK, this is what it is. Absolutely not. I mean, I was not going to take that route. So I actually packed everything up, put it all into storage and spent years traveling as a locum's PA. And what that means is I would take on a gig for, you know, three months. Someone's on maternity leave. They need coverage. I would cover and then for the other six months I would travel. And I was very into Eastern medicine. I would go to Southeast Asia. I'd live in Bali for a couple of weeks. I'd meet with shamans. I would try to understand, you know, root cause illness. And how do we treat it?

ESTHER FRIEDMAN SCHWARTZ: Mind body connection, all things that you never really learn in PA school. And I think that really molded a lot of things for me because I recognize that, yes, you're in school. Western medicine, super important. Someone breaks their arm. Western medicine. I'm not

going to put herbs and start, you know, singing a song. But you do need the Eastern medicine portion to really heal the whole body.

DR. ELLIOT BERLIN, DC: I feel like I'm a parallel path again, because I started in ambulances and emergency rooms as a medic and I ended up in chiropractic and holistic care in general. And I frequently say, like, if you fall on a spike and it pierces your lung, bad time for acupuncture. But everything has its place. And sometimes we jump into drugs and surgery much quicker than we need to, without giving the body a chance to diagnose and heal itself.

ESTHER FRIEDMAN SCHWARTZ: Yeah, and I feel lucky that I was given that autoimmune issue, as crazy as that sounds, because it does sound crazy. Yeah, because it gave me more purpose. And we're always searching in life. What's my purpose? What's my purpose? And I told myself that if I can find a way to heal my body and heal myself, you know, then I want to bring it to the world. And I was told by physicians back then that I would have trouble getting pregnant, miscarriages, all this stuff that I just didn't want to listen to. And I knew that there would have to be an out. And that's kind of how I handle life in general, where I'm not going to take things at face value. I'm going to do my own research. And obviously, we'll get into my pregnancy later on.

ESTHER FRIEDMAN SCHWARTZ: But yeah, I think we're given challenges in life. So not only we can learn from them, but we can also teach others. And I think that's really key.

DR. ELLIOT BERLIN, DC: So you had a lot of life experience during that time.

ESTHER FRIEDMAN SCHWARTZ: Most definitely.

DR. ELLIOT BERLIN, DC: And then you took a pivot away from traditional PA practice into something entirely different. Let's take a little break. Can we come back? We'll find out what you're up to. Welcome back. We're talking to Esther. So after all that travel and practice and learning a lot about yourself and nature, giving you a little push into the more holistic world, where did that take you professionally?

ESTHER FRIEDMAN SCHWARTZ: Yeah, so I think recognizing two key areas in health care that we're struggling was, one, staffing shortages, which is somewhere across the board. But two, we had this growing population, but chronic disease was rising. So I recognize that there were these gaps and I just wanted to fill them. Right. And if I were to take on another PA job or if I were to work at another hospital, I feel like I was being a part of the problem in a way. So the idea for my company called Happy Vitals, it really came from being in health care for over 16 years at this point. And I would watch patients leave the hospital, go into, let's say, a facility, skilled nursing, assisted living, or they would go home. And there was this big care gap

ESTHER FRIEDMAN SCHWARTZ: and they were constantly getting readmitted. And then there was issues where they were on all these medications. So we call that polypharmacy. And I wanted to figure out a way to bridge that gap. So when I started the company, I use simple connected devices with real time data. And what that means is I leverage AI and machine learning within this technology to keep an eye on patients remotely. So it could be someone's mom who's at home, someone's aunt who's at a facility. How do we better support the patient with where they are while they're surrounded by their care team? Because, like I said in the beginning, we have these staffing shortages. So there's

a lot of missed information about the patient.

ESTHER FRIEDMAN SCHWARTZ: So with this technology, I'm able to bridge those gaps and really help the patient, help the team, avoid these emergencies and optimize the patient's care. The patient's getting better monitoring, even though there sometimes is not even sufficient staff to do the monitoring.

DR. ELLIOT BERLIN, DC: Correct. Yes.

ESTHER FRIEDMAN SCHWARTZ: And as a result of better monitoring, fewer things fall through the cracks. Exactly. And we watch mostly trends. So, you know, where is this patient's health in the last week? Two days, three days. How are their vital signs looking? Is their blood pressure slowly increasing over the last three, four days? What can we do as a second set of eyes to their care team to kind of guide the next step? And we've been able to reduce re-hospitalizations because of this. Keep patients home, their families informed. Sometimes, you know, you have a patient who's living out by themselves, you know, in the middle of nowhere. And their family member has an eye on them because they have this tech that we've been able to create where we bridge that gap.

ESTHER FRIEDMAN SCHWARTZ: Like I said, they can't always get to a doctor. A lot of patients are, you know, bedbound in their home. They're on hospice. There are so many intricacies with every patient that we're able to cater to the entire population and really create change.

DR. ELLIOT BERLIN, DC: That's really cool. Good news to you. Great innovation. And I'm even just thinking to myself, even in the hospital, several cases that I'm aware of where just in the hospital, the staff fell short, you know, even it could happen anywhere. But they would just see something, chart it and move on, see something, chart it. And they didn't pick up on the trend. Like this blood pressure is getting lower and lower and lower. They just chart it and move on. And then all of a sudden, there's a crash. But it sounds like with technology, it could be that even if the human missed that trend, that the technology could pick up on it and alert before it becomes a major issue.

ESTHER FRIEDMAN SCHWARTZ: Correct. And speaking of pregnancy, I mean, a lot of this is covered by insurance. But what a lot of the carriers have noticed is that preeclampsia is a big problem. Right. Like you have patients who have high blood pressure and it leads to, you know, induction or emergencies. So they're starting to leverage this type of tech to keep an eye on their pregnant patients. We optimize them from home. Right. So, yeah, it's pretty cool. It's a very innovative area within health care.

DR. ELLIOT BERLIN, DC: Sounds like lots of room to grow into different gaps. Feeling different gaps. Yeah. Speaking of growing. So you're 32 weeks pregnant and somewhere along the way you met Daniel. How did that happen?

ESTHER FRIEDMAN SCHWARTZ: So my best friend, actually, who I mentioned in the beginning since I was six years old, she's orthodox. She was set up with her husband and her brother-in-law works very closely with my husband. They're partners in a business. So she knew Daniel for years. She would host him for Shabbat dinners. And I was off trotting the world. And back in 2020, I came home from Southeast Asia after being on medical. And when he's 20, 20, 20, yes. And she calls me because, you know, the world is shutting down. And she says, Esther, if you don't go out with Daniel, I

swear you're going to die alone.

DR. ELLIOT BERLIN, DC: Oh, my. OK.

ESTHER FRIEDMAN SCHWARTZ: And I was away with words. Yeah, she does. Most definitely. Honestly, that's the way to get through to me. Right. Tough luck. So she set us up and the rest is history. So, yeah.

DR. ELLIOT BERLIN, DC: And yeah, you guys are a great match in so many different ways. It's sort of like one would think, who could you set Esther up with? Because you're such an interesting person. But the answer is Daniel. And you guys are a great couple. And now you're making a little apple. And pregnancy, you know, I mentioned at the beginning, you could probably write the Zagat guide to pregnancy symptoms. I've been doing this for 20 years and you sometimes see somebody struggle with a difficult challenge during pregnancy. I feel like you've had many difficult challenges during pregnancy. So let's start at the beginning. How was the early part of pregnancy the first few weeks?

ESTHER FRIEDMAN SCHWARTZ: Yeah. So you find out you're pregnant in four weeks, right? Not you, me. I found out I'm pregnant in four weeks. There's this like excitement. You're in this bubble. It's this bliss. Daniel and I happen to have been an Airbnb in Manhattan Beach here in California, just taking time for, you know, a week or two spending it there. And that's when I found out I was pregnant. And I remember looking at him and saying, I'm going to stay active and we're going to walk the strand every night and I'm going to make sure to eat so healthy. And then our plan was actually to go to Miami for the rest of the summer before we, you know, scooted back to L.A. And at five and a half weeks pregnant, it was like a plague hit me. It was just out of the blue.

ESTHER FRIEDMAN SCHWARTZ: I woke up one morning and it was like a 180. I was vomiting eight, nine times a day. I had extreme fatigue. I had brain fog. Like, you name a symptom for first trimester. It was like the book was thrown at me. It was like, here's everything and good luck.

DR. ELLIOT BERLIN, DC: So for a lot of people, when they get hit hard with morning sickness, nausea and vomiting and pregnancy, they don't know that it's not that intense for the average person. Do you realize right away? I mean, because your health care background could go either way. But did you realize right away? Wait a second. This is more intense than usual.

ESTHER FRIEDMAN SCHWARTZ: So it was kind of like a 50-50 split. I thought to myself, either these people are lying to me because everyone's going through this. They just forget. Or, yeah, this is not normal. And I think for the first week, I was surrounded by family. And my cousin was in Miami with me and she kept saying, she's like, yeah, I have friends who go through this. You know, it just seems like you're just, you know, on a sicker end. And have some ginger, right? That's always the advice. That ginger chew will solve everything. Which, by the way, made everything a lot worse. Yeah. But, you know, as the weeks continued and as, you know, being the person that I am, I also run a company. And I recognized that I was not functioning.

ESTHER FRIEDMAN SCHWARTZ: And that was a problem for me because through all my autoimmune challenges and all the health care stuff, I still was able to function. And this seemed a little aggressive. So me being who I am, I went down deep, dark rabbit holes of calling friends. And mind you, I was maybe six, seven weeks pregnant. Right. And it's like taboo. And most people don't

want to tell anyone you're pregnant. Yeah. Yeah. And for me, it was just like this hit me in the face. And I was like, I got to figure this out. Right. It was the logical part of my brain, which this doesn't make sense. Right. Because I would have heard about this. I would have heard how hard pregnancy can be where I'm not functioning.

ESTHER FRIEDMAN SCHWARTZ: And I remember calling some friends and they would tell me, you know, like I said, like have some ginger, like it's just first trimester. It's going to pass. And then once again, my best friend comes in. I call her and I tell her that what's going on. And she says, you know what, I actually have a friend who was like this. She's the only one I know. You need to call her. And I called her and she told me that, you know, she was diagnosed with HG, which is hyperemesis grabitum, which eventually I was diagnosed with. And she sat on the phone with me for almost two hours as I vomited on the phone with her, telling me what helped her and the whole journey. And that, I think, was the first time I ever connected with someone

ESTHER FRIEDMAN SCHWARTZ: who was just honest about the process of what they call it morning sickness. It's not morning sickness. It's all day sickness. It's like real debilitating HG. I don't I don't even know where to go with that.

DR. ELLIOT BERLIN, DC: But I think even even normal nausea and vomiting or pregnancy is not necessarily morning sickness. People feel sick all day. Maybe they throw up in the morning or throw up once or twice throughout the day. But with HG, you're throwing up so much that you're losing body weight. Yeah. And, you know, you really can't keep anything down. And for some people, even throwing up doesn't make you feel better.

ESTHER FRIEDMAN SCHWARTZ: Yeah. And that's exactly how it was. And I tell all my single girlfriends, marry someone like your life depends on it, because it really does. If I didn't have Daniel, I don't know what I would have done. I mean, there were points where he was literally showering me, starting a bath for me, sitting on the floor next to me as I was in the bath because he was afraid I was going to pass out. It was a really intense period where you just feel so alone. And, you know, as I did research and as I started talking to more people, it became very obvious that, you know, I have HG and being in Miami and not being surrounded by, you know, the comfort of my own home and recognizing that I didn't have an OB at the time that I felt comfortable with.

ESTHER FRIEDMAN SCHWARTZ: And I had this entire care team that I needed to start curating for myself because I realized that this was going to be a long path of, you know, feeling really ill and I wanted to feel supported. And looking back at it, I for sure had perinatal depression. There were days that, you know, Daniel would come to me and he's like, you don't look OK, like something's like, it's not right. And yet that was really hard. One person in particular that really helped me get through it was actually my mother-in-law. She would check in on me almost daily. She told me that she had, you know, a similar experience. And something that really helped me was she told me to start journaling. So I started journaling every day.

ESTHER FRIEDMAN SCHWARTZ: What was going on, how I felt, how many times I was vomiting. And it kind of gave me like an idea of, you know, every day was different. So I didn't feel like I was doomed, like, you know, maybe tomorrow would be better or maybe an hour or two would be better. So that was extremely helpful.

DR. ELLIOT BERLIN, DC: Unlikely source of relief for the mother-in-law. But it makes sense. Like when it's such a miserable thing is like, how can I get advance myself one tiny unit forward? And now you're 32 weeks. It's still not gone.

ESTHER FRIEDMAN SCHWARTZ: No, it's not. I've been on Diclegious, which is for, you know, HG or whatever you want to call it since seven weeks pregnant. And the other day I tried to get off of it. And I will say I've tried to get off of it numerous times. And any time I stop it, the next morning is a flashback to first trimester where the vomiting just starts increasing. The fatigue is there. And I physically cannot get out of bed. It's debilitating completely.

DR. ELLIOT BERLIN, DC: And honestly, still running a startup company. I am a baby that takes huge amounts of effort and momentum. And I said at the beginning, it's true. I've seen you through all the stages. I'm going to talk about some of the other things that you got played with through all the different stages. And it's just incredible to me how you always seem to have energy and positivity and make me feel bad about myself. OK, so I would say a couple of things before we go to break and come back and talk about some of the other things in pregnancy and what you're planning for birth. Just as a note, we have a few resources for hyperemesis. Number one, we have a few episodes of the podcast. Episode 154, we'll put it in the show notes, is Amy Schumer

DR. ELLIOT BERLIN, DC: sharing her very terrible hyperemesis pregnancy story. I promised her that I would get some doctors on the podcast to talk about what we know, which is still not that much about the causes of hyperemesis and how to manage it. And so episode 168, I talked to doctors from the Hyperemesis Research Foundation, the Her Foundation, and they do share a lot of information. All of them had their own hyperemesis experiences, so it's kind of an interesting episode. Then we brought on to our streaming platform, Informed Pregnancy Plus, a documentary called Sick! The Battle Against Hyperemesis. And I had the filmmaker on in episode 384. And then in 447, much more recently, we brought back one of the OBs who had hyperemesis herself and had

DR. ELLIOT BERLIN, DC: a hard time getting support for it, even though she was OB-GYN. So hopefully these resources will be helpful to anyone who is struggling with hyperemesis. Esther, I'm going to take a quick break. When we come back, we'll find out what other kind of crap you're dealing with. Don't go anywhere. Welcome back. We're talking to Esther. And as we said, the book was thrown at you. And if hyperemesis wasn't enough of a way to torture someone during pregnancy, you got lots of other interesting things going on. So somewhere along the way, you noticed that you had uncomfortable pain and pressure vaginally.

ESTHER FRIEDMAN SCHWARTZ: Yes, which no one talks about. So that's right. Open book, Esther. That's right. Yeah. Um, it kind of just came out of nowhere. I'll say that. Um, I don't know when exactly it started, but it's just, it's like a fullness that you feel. And then there are bouts of like sharp shooting pain, which not everybody experiences. But I remember this one time I was like, I think something's going on. And I stood in my bathroom, like on one foot on the top of the toilet, one foot on the sink. Cause you know, I have this pregnant belly and I had a light up mirror so I could see what's going on. Right. Daniel walks into the room. He goes, what are you doing? And me being a clinician, I'm like, just a physical exam. I was curious.

ESTHER FRIEDMAN SCHWARTZ: I wanted to see if it was something physically there. Right. Cause like, there are these changes that happen to the body as we, you know, get bigger and there's more pressure and all that fun stuff. So yeah, that was an interesting symptom. I'll say that. That was first trimester. I would say that started in the second trimester. The first trimester, I was blessed with HG. The second trimester, I was blessed with this vaginal pain and pressure amongst, you know, acid reflux, which we could talk about. Daniel and I decided to do a big Euro trip for our baby moon, which was very, very adventurous because I am a big traveler, but going through what I went through, I was like, I don't know. And we kind of went back and forth.

ESTHER FRIEDMAN SCHWARTZ: And I remember we were in London and it was 3 AM and like an idiot, I had a tomato bisque soup at dinner. And I woke up and felt like a fire breathing dragon and immediately just vomited. And I vomited for three, four hours straight on and off, of course. And there were no pharmacies open and I needed Tums or something for relief. And, um, eventually we got it and I got the relief and that was a fun symptom, the fun night, I should say. Oh, and we had a flight at 6 AM. So that was, yeah.

DR. ELLIOT BERLIN, DC: Goodness. Yeah. By the way, adventurous to even go to Europe with the amount of nausea and vomiting you had. Yeah.

ESTHER FRIEDMAN SCHWARTZ: You know what? I'm a real one. Let's just say that when I commit, I commit. So, so yeah. Um, and I'll be honest, we were in Europe for two weeks and there were days that I did not leave a hotel room, right? Like, you know, Instagram versus reality. I was in bed. Um, I would order room service. I was very nauseous. But I told Daniel, it was better to throw up in Europe than it was to throw up in my bed in LA.

DR. ELLIOT BERLIN, DC: I like it. Yeah. Although, I mean, personally, I just can't get on an airplane if I don't feel a hundred percent. So you're feeling 11%. I think it's very gutsy. No pun intended. I mean, then there's business lie flat. So, yeah, there's that too. By the way, I should point out to you this company that I work with sometimes called Nisa, NYSSA that makes all these cool postpartum products, has a product called the V mirror for inspecting yourself the way you were.

ESTHER FRIEDMAN SCHWARTZ: I should get on that. You should be their spokesperson. I'd love to. Um, I will say talking about a V mirror, I did a hospital tour recently and in the brochure, it asks if part of the birth plan is you wanting a mirror upon delivery. I didn't know that was a thing.

DR. ELLIOT BERLIN, DC: I mean, I, as a doula have seen many times where someone looks to see the baby's head starting to emerge and it really gives them a second wind of energy if they're falling flat and also somehow helps them connect the neurons into pushing more effectively.

ESTHER FRIEDMAN SCHWARTZ: I'm all for it. I will say, I mean, it gave me an idea, so I really might get on that V mirror. All right.

DR. ELLIOT BERLIN, DC: I might send you one as a gift.

ESTHER FRIEDMAN SCHWARTZ: That would be very nice. Thank you.

DR. ELLIOT BERLIN, DC: I will say thank us for our present. And my wife says, what did you get her? I love it. Fun times.

ESTHER FRIEDMAN SCHWARTZ: Yes. I will say the peak symptom that I've been dealing with is asthma, which I have never suffered with in my life. Brand new. Yeah. Brand new. So what happened was I hit third trimester Thanksgiving day a week before that, I noticed a little bit of wheezing and me being who I am took my own stethoscope, had Daniel stand behind me, put the piece to my lung so I can breathe for myself. And of course there was a spot of wheezing. I texted my OB, Dr. Fabby, shout out, love her. And we collaborate a lot. Let's just say that. And I told her I needed an inhaler. I was like, you know what? It's probably just me being five foot two, my husband being six foot two and this child measuring in his direction.

ESTHER FRIEDMAN SCHWARTZ: And she's probably compressing my lungs a little bit and you know, weather changes, it's cold, who knows. Then about three weeks ago, I ended up at urgent care with extreme shortness of breath. And if anyone knows me, I don't go anywhere unless I'm on my death bed. And Dr. Fabby was like, you need to get a chest x-ray and I don't do imaging. You know, I don't want to do imaging. I'm pregnant. So I want to try to reduce risk as much as possible. And we decided that chest x-ray was the way to go. Sure enough diagnosed with restrictive airway disease, AKA asthma. Yeah. So that's been a really hard symptom to deal with because I'll go into coughing fits and what happens with coughing fits, you vomit.

DR. ELLIOT BERLIN, DC: Oh, right. And you're already vomiting. I mean, it's compounded one thing on top of another thing. Again, just to hear you have so much energy and so much positivity is incredible. Look, I have the fortune of working with you and also, I don't know if it's the acid or the coughing fits or the asthma, but you also have a particularly gnarly case of intercostal pain, neuritis. The nerves of your ribs getting compressed now and just causing really sharp shooting pain. And that's just one more thing, like a little cherry on top of everything else.

ESTHER FRIEDMAN SCHWARTZ: Yeah, 100%. But I will say people have asked me if I'm nervous to deliver and I'm not because they just don't want these symptoms anymore. And when I talk to friends who've gone through similar things, they say the second that baby and placenta are out of you, it's like night and day.

DR. ELLIOT BERLIN, DC: Everyone with hyperemesis says that. Yeah. Like literally it doesn't matter. Vaginal versus area, but the second the placenta comes out. And then that's where some of the research is pointing to also that the placenta overproduces a satiety hormone that just makes you feel like there's nothing else you can put in. Yeah.

ESTHER FRIEDMAN SCHWARTZ: And I will say because of that, I will not be encapsulating my placenta.

DR. ELLIOT BERLIN, DC: Yeah, the evil thing, you'll beat it with a pass. Take it to one of those smash rooms. That's right. Esther, you're amazing. I really appreciate you in a million different ways, but especially if we're coming in and sharing. Cause I think a lot of people silently suffer with one or more of the things that you suffer with, but many of them are not talked about enough and your open book policy has made it possible for people to listen and resonate and at least know that you can kind

of get through it and in your case, hopefully just a couple more months and these all be in the rear view mirror.

ESTHER FRIEDMAN SCHWARTZ: Yes. Amen. And thank you for having me. I really appreciate it.

DR. ELLIOT BERLIN, DC: My pleasure. I'm going to send you a mirror. There's my little present on the podcast, but I'm also going to go explore more about happy vitals. Cause I think that's a brilliant point you're doing.

ESTHER FRIEDMAN SCHWARTZ: Yeah. Go visit us happy vitals.com super easy. And, um, if anyone wants to reach out to me personally and have questions about this, they can email me at Esther at happy vitals.com. And I'd be happy to help and listen.

DR. ELLIOT BERLIN, DC: You're the best. At home. Thanks for listening to the informed pregnancy podcast for more parenting and pregnancy information, just like this. So visit us online at informed pregnancy.com.

Enjoying the Informed Pregnancy Podcast?

Visit us at **informedpregnancy.com** for episodes, articles, and resources for pregnancy, birth, and beyond.

Want more? Subscribe to **Informed Pregnancy+** at **informedpregnancy.tv** for films, series, and exclusive content.