

Caring for Yourself During Pregnancy and Beyond



UCSF Medical Center
Women's Health

Obstetrics Services • A National Center of Excellence in Women's Health

Welcome



Dear Patient,

Thank you for choosing UCSF Women's Health Obstetrics Services for your pregnancy care.

It's an exciting time and we are pleased to be able to partner with you on your path towards delivering a healthy baby.

Our multidisciplinary team is committed to providing you with compassionate and expert care so that you enjoy a safe and rewarding experience.

This patient guide was created to provide you with a resource that explains the many services we offer and what you may expect along your journey. Make sure you refer to it often.

If you have questions along the way, please do not hesitate to ask us.

Sincerely,

Your Team
UCSF Women's Health Obstetrics Services

UCSF Medical Center
Women's Health

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Our Obstetrics Providers

Detailed biographies for each provider are available on our web site at www.ucsfhealth.org/clinics/obstetrics_services/index.html.

Choose Maternal-Fetal Medicine under the Divisions heading (on the right side of the web page).

Certified Nurse-Midwives and Nurse Practitioners



Kathleen Belzer, CNM



Judith Bishop, CNM



Danielle Briggs, NP



Melinda Fowler, CNM



Kate Frometa, CNM



Sasha Yamnik, CNM



Vanessa Tilp, CNM



Sharon Wiener, CNM



Laura Weil, CNM

General Obstetrics and Gynecology



Meg Autry, MD



Erin Dainty, MD



Elena Gates, MD



Anna Glezer, MD



Andrea Jackson, MD



Thoa Ha, MD



Robyn Lamar, MD



Felicia Lester, MD



Tami Rowen, MD



Sara Whetstone, MD

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High-risk Pregnancy Specialists (Perinatologists)



Shilpa Chetty, MD



Juan Gonzalez, MD



Lena Kim, MD



Ben Li, MD



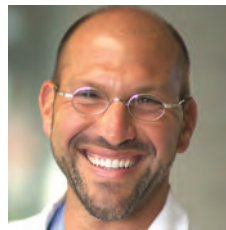
Mary Norton, MD



Julian T. Parer, MD



Steven Rad, MD



Larry Rand, MD



Patricia Robertson, MD



Melissa Rosenstein, MD



Kirsten Salmeen, MD



Mari-Paule Thiet, MD



Juan Vargas, MD



Marya Zlatnik, MD

Mission Bay Locations

1825 4th Street, 3rd Floor, San Francisco, CA 94143, (415) 353-4600
1500 Owens Street, Suite 380. San Francisco, CA 94158, (415) 353-4600

Mount Zion Location

2356 Sutter Street, 6th floor, San Francisco, CA 94115, (415) 353-2566

Serramonte Location

333 Gellert Boulevard, Suite 120, Daly City, CA 94105, (415) 353-2566

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Important Contact Information

Main Number to Reach Us: (415) 353-2566

Call this number to:

- Make appointments: our staff will assist you in scheduling at any of our locations
- Reach our advice nurse during business hours (Monday – Friday: 8:00am – 5:00pm)
- Reach the on-call provider for urgent matters at any time after business hours

Our Locations

UCSF Obstetrics Services & Perinatal Medicine Specialties at Mission Bay

UCSF Ron Conway Family Gateway
Medical Building
1825 4th Street, 3rd Floor
San Francisco, CA 94143
(415) 353-2566
ucsfhealth.org/clinics/obstetrics_services/

UCSF Obstetrics & Gynecology at Mount Zion

2356 Sutter Street
San Francisco, CA 94115
(415) 353-2566
ucsfhealth.org/clinics/obstetrics_services/

UCSF Obstetrics & Gynecology at Serramonte

333 Gellert Boulevard, Suite 120
Daly City, CA 94105
(415) 353-2566
ucsfhealth.org/clinics/obstetrics_services/

UCSF Obstetrics & Gynecology at Owen's Street

1500 Owens Street, Suite 380
San Francisco, CA 94158
(415) 353-4600
ucsfhealth.org/clinics/obstetrics_services/

Women's Health Resource Center

2356 Sutter Street, Room J112-Mt. Zion
San Francisco, CA 94115

Betty Irene Moore Women's Hospital
1855 4th Street, A3471-Mission Bay
San Francisco, CA 94158

(415) 353-2667
whrc.ucsf.edu/whrc/

Billing

For specific pregnancy related insurance and billing questions:

Billing Coordinator

(415) 514-6989

If you are a patient or would like to be a patient at any of the following sites, please contact them directly:

UCSF Family Medicine Center at Lakeshore

1569 Sloat Boulevard, Suite 333
San Francisco, CA 94132
(415) 353-9339

UCSF Young Women's Clinic

1833 Fillmore Street, 3rd Floor
San Francisco, CA 94115
(415) 353-7332

One Medical Group

Multiple locations in San Francisco
(415) 291-0480

Through this partnership, patients can receive prenatal care with One Medical Group and deliver at UCSF Betty Irene Moore Women's Hospital.

Your Health Care Team and Their Roles



Your health care team is an integrated group of physicians and nurse-midwives who specialize in routine and high-risk pregnancy care. They each work together to provide you with compassionate, expert care. Although we make every effort for you to see the same provider on each prenatal visit, it may not always be possible based on individuals' schedules and other duties. At the time of delivery, there is always a physician and most often a nurse-midwife in the hospital. They, along with a nurse and resident, will be your core health care providers during your labor. Based on the unpredictable nature of labor, there is no guarantee that your primary health care provider will be available at the time of your delivery.

Perinatologist

A perinatologist is an obstetrician/gynecologist physician with specialized training in caring for mothers and babies who may be at high risk for complications. In addition to caring for patients, they teach and do research at the University. They are sometimes called *attendings*, which is a term that means they have completed their training.

Obstetrician/Gynecologist (OB/gyn)

Obstetrician/gynecologists are physicians who have special training in obstetrics and gynecology. In addition to caring for patients, they teach and do research at the University. They are sometimes called *attendings*, which is a term that means they have completed their training.

Certified Nurse-Midwife (CNM)

Certified nurse-midwives have a college or graduate degree in nursing and have completed specialized training in midwifery. A nurse-midwife could be your primary health care provider during prenatal care and delivery. In addition to caring for patients, they teach and do research at the University.

Fellow

A fellow is a physician who is training to care for women with high-risk pregnancies. He or she has graduated from medical school and finished a residency training program in obstetrics/gynecology. You may be treated by a fellow during your care at UCSF.

Resident

A resident is a physician who has graduated from medical school and is in his/her graduate training. They are supervised by the attending physician.

Medical Student

During one of your appointments, a medical student may take your medical history and present your case to the attending physician or the health care team. Medical students may also be part of the labor and delivery team.

Research Assistant

A research assistant may approach you and ask you to participate in a clinical research study.

Perinatal and Antenatal Testing Nurses

These nurses are specially trained and experienced in the care of pregnant women. They work with the other team members to coordinate your plan of care, ensure the safety of your baby and provide education.

Medical Assistant/Licensed Vocational Nurse-LVN

A medical assistant helps your health care provider in the clinic setting. She will escort you to the exam room, take vital signs and provide technical assistance with procedures.

LVNs care for our patients under the direction and supervision of physicians and nurses. Many LVNs measure and record patients' vital signs such as height, weight, temperature, blood pressure, pulse, and respiration. They also give injections.

Social Worker

Social workers offer a wide variety of services focused on providing short-term counseling and connections to community resources.

Registered Dietitian

Registered dietitians provide nutritional assessment and counseling for pregnant women. They also provide nutritional management for women who have high risk pregnancies due to pre-existing and gestational diabetes.

Patient Navigator

The patient navigator is a valuable resource to help coordinate your care and guide you through the experience of having your baby at UCSF.

What Happens at Your Prenatal Visits

First Visit

The first visit is the longest and most complex visit. It includes a complete medical history and physical exam, including a pelvic exam. We may also draw your blood or send you to the laboratory for a basic set of tests. You will also fill out paperwork for registration into the UCSF system.

Ongoing Visits

Ongoing visits are much shorter. Your weight, blood pressure and the growth of the baby are evaluated at each visit. These visits give you the chance to ask questions and learn more about your pregnancy.

Timing of Visits

Many factors affect the timing and number of visits you will have. Not everyone is alike. If things continue to go well, visits are planned to focus around typical milestones in pregnancy. They may also occur because there is a need for a test or to give you certain information as your pregnancy progresses.

CenteringPregnancy[®]

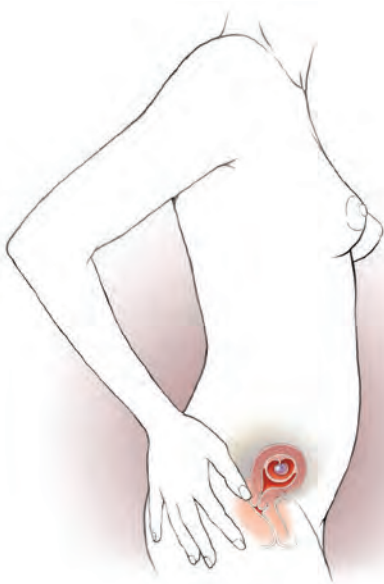
UCSF Women's Health Obstetric Services offers an alternative program to receiving your care called CenteringPregnancy[®]. In CenteringPregnancy[®] you will come to clinic once a month with 8-12 other women at similar stages in their pregnancy and receive all of your prenatal services and an evaluation of your baby. The CenteringPregnancy[®] group meets 10 times during the pregnancy and once after delivery. Family members are encouraged to participate in these sessions.

During group discussions, topics of discussion will include infant care, breastfeeding, parenting, nutrition, exercise, relaxation and childbirth preparation. If needed, women can also see their health care provider privately for other evaluations.

The advantages of Centering have shown a decrease in pre-term labor, increase in breastfeeding rates, decrease visits to the emergency room, and greater satisfaction with care. Developing strong relationships with other group members through the shared education has been a rewarding experience for our patients. As one of our patients stated, *"We felt it was a very effective way to combine brief physical check ups with the education that is so important for a healthy pregnancy and delivery. I have never in my life felt better cared for, and my husband and I have told countless people about UCSF and CenteringPregnancy.[®]"*

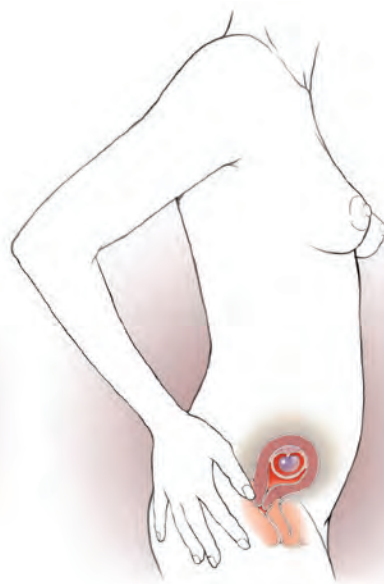
For more information about CenteringPregnancy[®], please call our coordinator to make an appointment: (415) 353-2566.

Baby's Month-to-Month Development



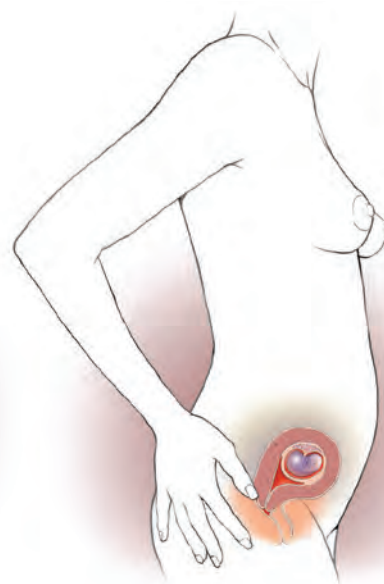
First Month *4-8 weeks (since last menstrual period)*

The baby has begun to develop a heart, liver and digestive system. The baby is being nourished and getting rid of wastes through the placenta and umbilical cord (the vascular structures that connect baby to the wall of the uterus.) The entire baby is approximately $\frac{1}{8}$ inch ($\frac{1}{2}$ cm) in length.



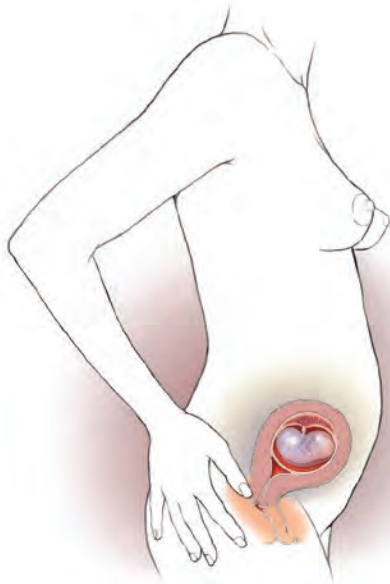
Second Month *8-12 weeks*

By the end of the second month, the baby's arms and legs have begun to form. All the major internal organs have developed and the tiny heart begins to pump blood. Facial features become more defined and brain development is well underway. The baby is nearly 2 inches (5 cm) long.



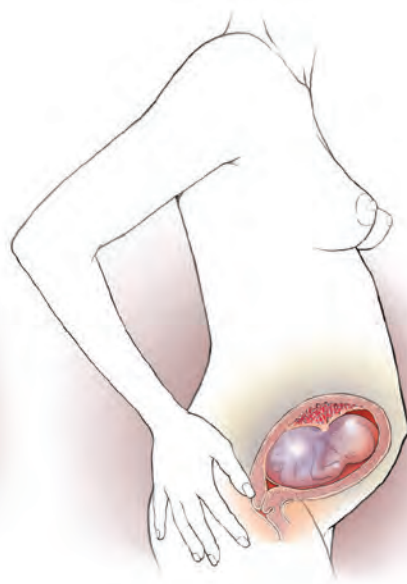
Third Month *12-16 weeks*

By the third month, most women begin to notice the physical signs of their pregnancy. The baby is now growing rapidly, adding a few millimeters of length each day. Features are becoming distinct. The baby weighs about 1 ounce (28 g) and is 3 inches (8 cm) long.



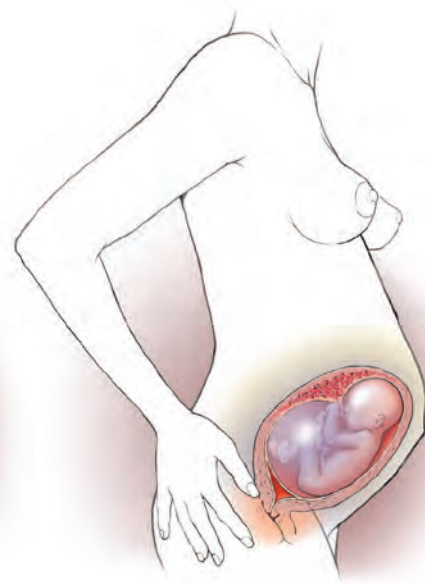
Fourth Month 16-20 weeks

All of the organs are formed and now the baby must simply grow in size. By the fourth month, babies become more active and may begin to push their arms and legs against the sac in which they float. The baby is now more than 6 inches (15 cm) long and weighs more than ¼ pound (114 g).



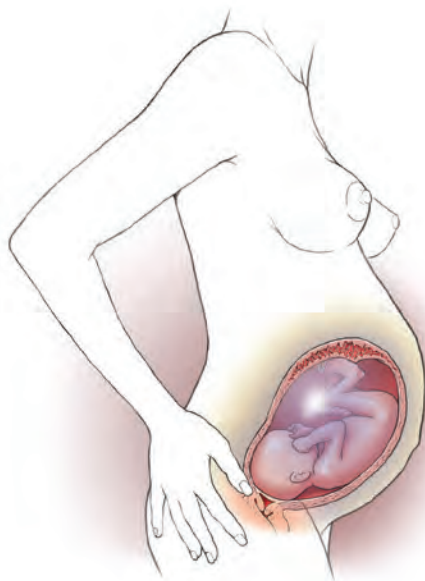
Fifth Month 20-24 weeks

Movements are stronger and more easily felt. The baby is now about 10 inches (25 cm) long and weighs about ½ pound (227 g).



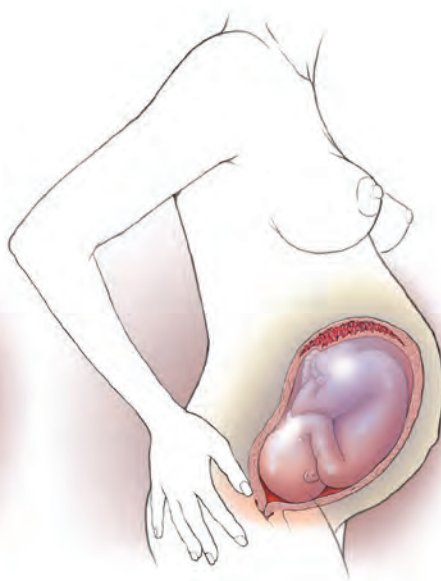
Sixth Month 24-28 weeks

The woman's abdomen continues to get bigger and the baby's movements become faster. The baby's skin is red and wrinkled. He or she is about 12 inches (30 cm) long and weighs about 1½ pounds (689 g).



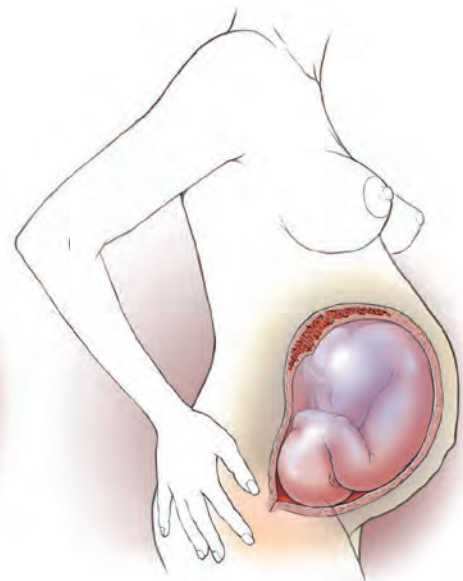
Seventh Month 28-32 weeks

The baby's eyes may occasionally be open for short periods of time. If born at this time, the baby would be considered premature and require special care. The baby weighs approximately 2½ pounds (1.13 kg) and is about 15 inches (38 cm) long.



Eighth Month 32-36 weeks

The baby is now almost fully grown and movements or "kicks" are strong enough to see from the outside. The skin is no longer as wrinkled, and the baby is usually in the head-down position from which birth will occur. The baby weighs about 4 pounds (1.81 kg) and is about 16½ inches (42 cm) long.



Ninth Month 36-40 weeks

The baby has now reached a size and maturity that allows it to live outside the mother's body. The head is covered with hair. He or she settles down lower into the abdomen preparing for birth. The baby weighs around 6 to 7 pounds (2.7 to 3.2 kg) and is 20 inches (50 cm) or more long.

Common Discomforts of Pregnancy

Pregnancy produces many physical changes. Aside from weight and body shape, other changes in your body chemistry and function take place.

During pregnancy, the heart works harder, body temperature rises slightly, body secretions increase, joints and ligaments are more flexible, and hormones are altered. Mood changes can occur due to a combination of hormonal shifts and greater fatigue. It is also common to feel anxious about body image, sexuality, finances, relationship roles, and impending parenthood. Following is a list of the most common discomforts of pregnancy and some guidelines on how to deal with them.

Nausea and Vomiting

Nausea is a common side effect of pregnancy, especially during the first three months. Despite being called morning sickness, it can occur any time of day. Here are some tips to help you get through the nausea so that it does not interfere with balanced nutrition and appropriate weight gain:

- Eat small frequent meals. Try three meals and 2-4 snacks per day, with no more than 2-3 hours between feedings. Going too long without eating during pregnancy can cause nausea or make it worse. If you experience continuous nausea, eat every 1 to 2 hours.
- For balanced nutrition, choose a variety of foods from all food groups.
- Avoid greasy, fried and high fat foods. They are more difficult to digest and can make nausea worse.
- Consume dry starchy foods (such as crackers, pretzels, toast, or cereal) in the morning before you get out of bed. It may help if you stay in bed for 20 minutes or so after eating. Get up slowly from bed. A sudden change of position can make you more nauseous.
- Tea made by boiling minced fresh ginger root may reduce nausea (strain before drinking). Carbonated beverages relieve nausea for some women, and chamomile tea may also help.
- Stay away from strong odors. Eat in a well-ventilated room and get plenty of fresh air.
- Many women find cold foods easier to tolerate than hot foods.
- Take prenatal vitamins only as directed. If they upset your stomach, try taking them before bed or ask your practitioner if you can delay taking them for a few weeks. Your health care provider might recommend a multivitamin with less iron or folic acid if your nausea continues.
- Avoid coffee. It stimulates acid secretion which can make nausea worse.
- Stay hydrated. Drink small amounts of liquid throughout the day. Dry meals and snacks may minimize nausea, so drink liquids 20-30 minutes before or after your meals and snacks.
- Try supplementing vitamin B6. Take 25 mg three times a day.
- Wear anti-sea-sickness wrist bands. These can be purchased at most pharmacies.
- Please read “Use of Medications during Pregnancy and while Breastfeeding,” included in this guide (pages 23-25).

Constipation

Digestion naturally slows down during pregnancy which can lead to constipation. Decreased physical activity also contributes to the problem. If the following tips do not relieve your constipation be sure to talk to your health care provider.

- Increase fiber in your diet. Choose brown or wild rice, whole grain breads and other whole grains, such as oatmeal, millet and quinoa. Try whole grain pasta, buckwheat noodles and whole wheat tortillas. Limit white bread, white rice and pasta.
- Eat at least 4 1/2 cups per day of a combination of fresh and dried fruits, raw and cooked vegetables, and salads.
- Eat prunes or figs, or drink prune juice. These fruits contain a natural laxative.
- Choose a breakfast cereal that has at least 5 grams of fiber per serving.
- Drink plenty of fluids.
- Be more active. Safe forms of exercise for pregnancy include walking, stationary cycling, swimming or other low impact aerobic activities.
- Avoid over-the-counter laxatives! If the problem is not resolved with the above suggestions, let your health care provider know. Stool softeners that are safe during pregnancy can be prescribed. The iron in prenatal vitamins can make constipation worse. The prescription for iron can be adjusted if it becomes a problem.

Fatigue

This is very common during the first three months of pregnancy. Get as much sleep or rest as you can – even short naps will help. Your energy level will pick up after the first three months. Fatigue and insomnia tend to return in the last months.

A warm bath, massage or a cup of hot milk or non-caffeinated tea before bed may help.

Breast Tenderness

Breast tenderness is most noticeable during the first three months of pregnancy. The breasts get bigger and can be quite tender. A good support bra is useful.

Frequent Urination

Frequent urination is common during pregnancy. It is most noticeable during the first three months and towards the end of the pregnancy. This is caused by pregnancy hormones as well as the pressure on the bladder as the uterus enlarges. Do not drink fewer fluids to decrease how often you urinate.

As long as you do not have burning or pain when you urinate, urinating more often is normal.

Leg Cramps

Cramps in your calf or thigh occur most frequently at night. While in bed, stretch with your heels pointed, not your toes. This will help relieve cramping.

Heartburn

As the baby grows in size, the uterus crowds the stomach. Stomach acid can be pushed up into the esophagus which results in burning. Eating smaller meals and avoiding foods that bother you can help.

- Eat smaller but more frequent meals. Try three small meals and 2-4 snacks a day.
- Some foods cause the opening between the esophagus and stomach to relax, which means even more stomach acid may enter the esophagus and make heartburn worse. Typical problem foods are greasy, fatty and fried ones. Caffeine, chocolate and mint (including mint tea) can also be a problem.
- Highly seasoned and spicy foods can cause heartburn in some people. Avoid any foods that bother you.
- Acidic foods such as citrus fruits, tomatoes, pickles and other foods made with vinegar may cause heartburn.
- Do not lie down flat after eating. If you must lie down, elevate your head and shoulders with pillows.
- Nonfat or low fat milk may relieve heartburn.
- Certain antacids are not recommended during pregnancy. Check with your health care provider before using over-the-counter antacid preparations.

Backache

- As the baby grows in size, the mother's belly enlarges. To maintain balance, the mother's posture shifts. This can lead to lower back pain. Try not to stand in one position for too long.
- An exercise called pelvic rock may help relieve back pain by strengthening the lower back muscles that receive the most stress.
- It can also be helpful to elevate the feet onto a stool while sitting.

Dizziness

- When you do not have enough food in your body and change your position suddenly, you might feel dizzy. It may be helpful to move slowly when standing from a sitting or lying position.
- Eat well and frequently. Carrying snacks at all times might be helpful. Juices and fruit raise blood sugar quickly but should be followed by a normal meal.
- If you feel dizzy more than once, please let your health care provider know.

Swelling of Hands and Feet

- Slight swelling of hands and feet is common in the later stages of pregnancy. Do not decrease your fluid intake to avoid this.
- Improve the circulation in your legs and feet by elevating them as often as possible. Lie on a bed or the floor and raise your legs up on the wall keeping your knees bent. If you are wearing elastic hose, drain your legs this way before putting them on.

Hemorrhoids

- Constipation and straining during bowel movements can lead to hemorrhoids. To help prevent constipation, eat a diet that is high in fiber and includes plenty of fluids.
- Witch hazel or Tucks can be applied to the hemorrhoids for symptomatic relief.
- Avoid over-the-counter laxatives. If hard stools are bothering your hemorrhoids, stool softeners can be prescribed. Consult your health care provider for specific suggestions.

Danger Signs during Pregnancy

The following danger signs can signal potential problems during pregnancy. Notify your health care provider at once, if you have:

- Vaginal bleeding
- Ongoing vomiting
- Chills or fever
- Continuous pain
- Continuous headache
- Burning when you urinate
- Blurred vision
- Sudden swelling of hands or face
- Five or more uterine contractions per hour
- Fluid leaking from the vagina
- Decreased fetal movements

Tests and Other Screening in the First 3 Months of Pregnancy

Routine Tests

Blood Tests

A complete blood count (CBC) gives important information about the kinds and numbers of cells in the blood, especially red blood cells, white blood cells, and platelets. We screen all pregnant women for certain infections including hepatitis, syphilis and HIV. Additionally, a test is done to check if you are immune to rubella (German measles).

A test to check your blood type and Rh factor is also taken. If the blood of an Rh-positive baby mixes with the blood of an Rh-negative mother during pregnancy or delivery, the mother's immune system makes antibodies. This antibody response is called Rh sensitization. If a pregnant woman is Rh-negative, she can get a shot of Rh immunoglobulin Rhogam that prevents sensitization from occurring.

Pap Smear and Vaginal Cultures

During a pelvic exam, your health care provider may perform a Pap smear and often collects vaginal cultures to make sure you do not have any vaginal infections.

Ultrasound Test

Prenatal ultrasound is generally performed for all women around 20 weeks of pregnancy. Earlier ultrasounds may be performed if necessary. An ultrasound uses high-frequency sound waves that transmit through the belly via a device called a transducer to look inside the uterus. The ultrasound shows images of the baby, amniotic sac, placenta, and ovaries. Some anatomical abnormalities or birth defects can be seen on an ultrasound.

During the ultrasound, the health care provider checks to see that the placenta is healthy and attached normally, and that your baby is growing properly in the uterus. The baby's heartbeat and movement of its body, arms and legs can also be seen on the ultrasound.

If you wish to know the baby's sex, it can usually be determined by 20 weeks. Be sure to tell the health care provider beforehand whether or not you want to know your baby's sex. Please note that ultrasound is not a foolproof method to determine your baby's sex. There is a chance that the ultrasound images can be incorrect.

Tuberculosis Screening and Diagnosis during Pregnancy

Tuberculosis (TB) is an infectious disease that usually affects the lungs, but can attack almost any part of the body. It is spread from person to person through the air. You can have TB and not know it because it is inactive. Some symptoms of active TB are fever, cough and weight loss. If you have active TB, you can give it to others, including your baby. You will be tested for TB early in your pregnancy because it is a dangerous, yet highly treatable disease.

Testing for TB

Your health care provider will give you a skin test called a PPD. The test cannot make you sick or hurt your baby. A tiny amount of liquid is put under the skin of your forearm with a needle. A few days later, a nurse will check to see if you have a bump where the skin was injected.

Your test is "positive" if there is a bump. Your health care provider will order a chest X-ray to determine if you have active or inactive TB.

A chest X-ray is safe during pregnancy. There is only a very small amount of radiation in a chest X-ray. A lead blanket will protect your baby from radiation.

Medicine for Active TB

If you have active TB, you will need to take medicine. You will have to take 3 or 4 pills every day for 6-9 months. You will be given medicine that is safe in pregnancy.

Treatment for Inactive TB

If you have inactive TB, you could get active TB later. If you have had inactive TB for less than two years, you are at high risk of getting active TB. We will refer you to your primary care provider or a TB clinic after you deliver your baby.

They may recommend that you take isoniazid (INH) for 6-9 months. This medicine is safe for pregnant and breastfeeding mothers. It is very important that you take the medicine every day for the full amount of time.

Genetic Carrier Screening

Carrier testing is offered to identify couples who carry gene changes that could lead to genetic conditions in their children. It is well known that each of us carries significant changes in 3 to 5 genes, meaning we are carriers of 3 to 5 recessive genetic disorders. Because we generally carry two copies of each of our genes, as long as one copy is working normally, we have no symptoms of the recessive genetic disorder or condition – one working gene copy is enough. However, if a woman and her partner both carry a gene change for the same genetic disorder, and if both pass on the non-working gene copy to their baby, the baby will have the genetic disorder.

Some genes and genetic conditions are more common in people of different races or ethnic backgrounds. But for most genes, any person from any background can be a carrier. For this reason, panels to test many genes at the same time have been developed. Conditions that have serious medical consequences are usually included in these test panels. A negative result on a carrier screening test will significantly reduce, but cannot eliminate, the chance that an individual is a carrier of each of the conditions on the panel.

When a woman is pregnant, or considering getting pregnant, genetic carrier screening is offered so that the chance that she carries a serious genetic condition that her child might inherit can be evaluated. Some people elect not to have any carrier testing, others choose to have carrier testing for those conditions associated with their ethnic background, and others decide to have expanded carrier screening.

Your physician or a genetic counselor is able to guide your review of the available screening options in the context of your family and pregnancy history.



UCSF Prenatal Diagnostic Center

UCSF Ron Conway Family Gateway
Medical Building
1825 Fourth Street, 3rd Floor, Reception C
San Francisco, CA 94158
(415) 476-4080

Providing information and support

The Prenatal Diagnostic Center at UCSF Medical Center provides comprehensive counseling, screening and diagnostic testing for fetal disorders. The decision to make use of these services is unique for each woman and her partner. As a result, we are committed to providing the information and support patients need to make the choices that are right for them.

The Prenatal Diagnostic Center is part of the UCSF Women's Health Center – a nationally designated Center of Excellence in Women's Health– and patients are ensured the highest quality care and service. They benefit from the most advanced technology and procedures. Our practitioners bring a wealth of experience and expertise, having performed more than 40,000 amniocentesis and 17,000 chorionic villus sampling procedures over the last 35 years.

In addition to providing the most advanced testing available today, the Prenatal Diagnostic Center is working to develop new and less invasive methods for the screening and diagnosis of genetic and chromosomal disorders. Research studies are available for women interested in participating.



Who should consider prenatal testing?

There are specific guidelines about who might benefit from genetic counseling and prenatal testing. These include:

- Pregnant women at increased risk for chromosome abnormalities because of age.
- Pregnant women with abnormal results from a screening test designed to estimate the risk of certain birth defects.
- Couples who are at risk because of a previous child with a birth defect or who have a family history of birth defects.
- Pregnant women with exposure to medications that might be harmful.
- Pregnant women who desire more information about the health of the fetus.

Why is testing performed?

While most women in the United States give birth to healthy babies, about three percent have some type of major birth defect. A birth defect can result from a problem with the number or structure of chromosomes and can affect how an infant looks and how the baby's organs function. In most cases, prenatal diagnosis provides the reassurance of a normal result. When an abnormality is diagnosed, this information combined with expert genetic counseling can help women and their partners make important decisions about this and future pregnancies.

What are the options?

Counseling

Preconception and prenatal counseling are available to help you understand your options and make decisions about whether or not to proceed with prenatal testing. The service is provided by specially trained and board certified genetic counselors who assess family history and maternal and paternal risk factors to determine which tests might be appropriate. You and your partner may receive counseling whether or not you decide to have prenatal testing.

As part of the counseling process, maternal and paternal risk factors are assessed to determine if either parent could be a carrier of a genetic disorder.

This includes a review of the family history and factors such as ethnicity that can indicate risks for certain birth defects or diseases.

Counseling will help you determine if you want further testing and, if so, which tests are appropriate. Additional counseling is available for patients who receive abnormal results.

Screening Tests

Screening tests are available to help predict the risk of birth defects. There are different types of screening tests.

Sequential Integrated Screening

Sequential integrated screening is noninvasive testing offered to all pregnant women by the state of California. It is performed in multiple steps. In the first step, which is performed between 10 and 14 weeks of pregnancy, a maternal blood sample is taken and a nuchal translucency (NT) ultrasound is performed to measure the amount of fluid at the back of the baby's neck. If the blood test is performed prior to the scheduled ultrasound, an instant result can be provided at the conclusion of the ultrasound appointment. The results of the blood test, the NT measurement and the mother's age are used to estimate the risk for Down syndrome and trisomy 18.

The second step of sequential integrated screening is a maternal blood test between 15 to 20 weeks of pregnancy. When the results of this blood test are combined with the results from the first trimester blood test and NT ultrasound, the detection rate for Down syndrome increases. This test also provides a personal risk assessment for having a fetus with trisomy 18 or Smith-Lemli-Opitz syndrome, an open neural tube defect or an abdominal wall defect. If the patient presents for screening later in her pregnancy, modified screening tests are available.

Cell-Free DNA Screening

Cell-free DNA screening refers to testing for fetal disorders through analysis of fragments of DNA in maternal blood. The test can be performed on a blood sample from pregnant women at increased risk for chromosome abnormalities after 10 weeks of pregnancy. Cell-free DNA screening can test for trisomies 13, 18, and 21 and the sex chromosomes; the accuracy of testing for each of these is somewhat different.

A positive result on a screening test indicates an increased risk for a genetic abnormality. Based on the results, a woman has the option of diagnostic testing.

Diagnostic Tests

Chorionic villus sampling (CVS) and amniocentesis detect large chromosome problems, like Down syndrome, and can also identify small extra or missing pieces of chromosomes called copy number variants (CNVs). Tests can also be performed for other genetic diseases such as cystic fibrosis, Tay-Sachs disease and sickle cell disease in at-risk families.

Chorionic Villus Sampling

The CVS procedure is performed between 10 and 14 weeks of pregnancy and involves removing a tiny piece of tissue from the placenta under ultrasound guidance. The tissue can be obtained either through the abdomen or with a catheter inserted through the vagina.

The tissue is cultured and an analysis of the chromosomes is performed. It takes about two weeks to receive the results. The advantage of CVS over amniocentesis is that the test is performed much earlier in pregnancy.

Amniocentesis

The amniocentesis procedure is usually performed between 15 and 20 weeks of pregnancy. Under ultrasound guidance, a needle is inserted through the abdomen to remove a small amount of amniotic fluid. The cells from the fluid are cultured and a karyotype analysis is performed. It takes about two weeks to receive the results. This test detects most spinal cord defects as well as chromosomal disorders.

Miscarriage Risk

There is a small risk of miscarriage as a result of CVS or amniocentesis. Miscarriage rates for procedures performed by UCSF providers are less than one in 350.

Preparation for Breastfeeding

In Pregnancy your breasts will go through many changes to get them ready for milk production:

First trimester

Most women will notice that her breasts become larger and more tender. This is due to the development of milk producing glands. The areola may darken, and the Montgomery glands (the small bumps on the areola) may become more prominent.

By the second trimester your breasts will produce Colostrum: This is the baby's first milk, a thick, sticky yellow or clear liquid. Although small in quantity, it is full of protective factors for your newborn baby.

Take a breastfeeding class with your partner: you will learn many invaluable tips to get through the first few weeks of breastfeeding.

Feeding your infant frequently (8-12 or more times in 24 hours) in the early days and weeks will help create abundant milk for your baby...you cannot overfeed a breastfed baby.

Flat or inverted nipples: If you have nipples that do not protrude, it may help to wear Soft Shells for Sore nipples (Medela). These will help your nipple stretch, and will make it easier for your baby to latch.

Skin to skin: Studies over the past 30 years have shown the importance of immediate skin to skin contact. Talk to your dr. or midwife about this. Babies held skin-to-skin stay warmer, calmer, cry less, and breastfeed better, then babies who are swaddled and put in a crib. Your partner can share skin-to-skin time with you.

Your amazing newborn will be hard wired to breastfeed: when placed skin-to-skin, your healthy, newborn baby will probably latch with very little help. In the womb they have been practicing sucking and swallowing since the early second trimester.

If you need help with breastfeeding, make sure to ask for help as soon as possible. The hospital nurses, and lactation consultants are eager to help you get off to a good start.

If you need help after you leave the hospital you can make an appointment with the **UCSF Outpatient Lactation Consultant at 415-353-2566.**

Food Safety Guidelines for Pregnant and Breastfeeding Women

Food safety is very important for pregnant and breastfeeding women.

General Guidelines

- Wash your hands frequently with soap and water, especially before eating.
- Avoid eating raw or under cooked meats, poultry, fish, or eggs. Do not eat raw fish or shellfish.
- Avoid unpasteurized dairy products and soft mold cheeses such as Feta, Brie and Camembert, Gorgonzola, and queso fresco.
- Avoid refrigerated pate, smoked seafood or meat spreads unless they are part of a cooked dish.
- Eat perishable foods before “use by” date.
- Store food in the refrigerator at 40° or less, or in the freezer at 0° or less.
- Discard foods that look or smell spoiled. When in doubt, throw it out.
- Thaw foods in the refrigerator—not at room temperature. When grocery shopping, load cart with non-perishable items first, pick out perishable foods last and refrigerate them promptly when you get home.

When Cooking

- Scrub fresh fruits and vegetables under running water.
- Thoroughly cook meat, poultry, fish, and eggs.
- Hot dogs and deli meats may contain bacteria. Cook them again before eating to reduce the risk of infection.
- Raw chicken has a high bacteria count, so be sure chicken juices do not come in contact with other foods or kitchen surfaces.
- Wash hands and utensils with warm water and soap after handling raw foods.
- Clean cutting boards, sponges and work surfaces after each use.

When Dining Out

- Eat only at places that look clean and follow food safety guidelines.
- Avoid salad bars that seem unclean.
- Avoid eating fresh foods displayed without refrigeration.
- Ask for food to be well-cooked (meat: well-done; eggs: firm).
- Use caution at picnics, parties and buffets where foods may be left at room temperature too long.

Alcohol

- Women should not drink any alcohol during pregnancy. Alcohol has toxic effects on the unborn baby and can cause nutrient deficiencies.
- Even one to two alcoholic drinks per day can increase the risk for miscarriage and the baby’s risk for birth defects and low birth weight.
- While breastfeeding, it is best to wait 2 hours after having a drink as alcohol passes to the baby through breast milk.

Mercury

- Eating fish is healthy in pregnancy, and is thought to benefit babies’ brains.
- Fish and shellfish offer important nutrients such as high quality protein and omega-3 fatty acids. Unfortunately, fish may contain a contaminant called mercury. Mercury can harm the nervous system of the developing baby, so pregnant women should be cautious about which seafood they choose. While most fish contain only trace amounts of mercury, some fish and shellfish contain significant amounts and should be avoided.
 - Do not eat: swordfish, tilefish, shark, and king mackerel.
 - Choose chunk light tuna instead of white or steak albacore tuna. Chunk light tuna is lower in mercury. If you choose to eat albacore tuna it is recommended that you limit intake to no more than 6 ounces per week.
 - Eat up to 12 ounces per week from a variety of fish and shellfish that are known to be low in mercury.
 - Choose wild salmon, tilapia, cod, sole, trout, pollock, haddock, catfish, and shrimp.
 - The Environmental Protection Agency has a fish advisory web site with up to date information and links to information on fish local to your area: <http://www.epa.gov/ost/fish>
 - The American Pregnancy Association provides information on mercury in fish: <http://www.americanpregnancy.org/pregnancy-health/fishmercury.htm>

Caffeine

For well over a decade, there has been controversy over whether caffeine is harmful during pregnancy. Some studies suggest caffeine increases the risk of miscarriage, early delivery or low birth weight. Other studies have shown that women who consume a moderate amount of caffeine do not experience these problems. Because results are conflicting, we recommend limiting to no more than 12 oz of caffeine a day. It is known that caffeine is a diuretic, which means it increases urination and can lead to dehydration. It can also worsen heartburn. There is caffeine in coffee, tea, cola drinks, energy drinks, chocolate and some medications.

Sugar Substitutes

- The following sweeteners are approved by the Food and Drug Administration as safe for use in pregnancy and breastfeeding:
 - Acesulfame K (Sunett, Sweet One)
 - Aspartame (Equal, NutraSweet, NutraTaste Blue)
 - Stevia (Stevia in the Raw, PureVia, Truvia)
 - Sucralose (Splenda)
- Saccharin (Sweet'N Low), however, is not recommended as it crosses the placenta and may remain in the baby's tissues.
- Sugar alcohols, another type of sweeteners, are modified forms of sugar. The product labels may say "sugar-free" but if you look closely at the nutrition facts on the food label, you will notice that these products are not necessarily lower in calories, fat or carbohydrates. The sugar in the product has been slightly modified, but not removed. Many people have trouble digesting sugar alcohols, and may find that these products can cause gas, cramps or diarrhea.

Lead

- Lead is a toxin that can cause miscarriage and harmful to babies' brains.
- Avoid cooking in lead-glazed pottery (which may come from Mexico or China). Lead can also be found in some imported candies, spices and natural remedies.
- Remodeling your home can result in exposure to lead from old paint. Other exposures include jobs or hobbies in battery manufacturing or recycling, making jewelry or stained glass.
- For more information, please contact your provider or visit www.cdc.gov/nceh/lead/tips/pregnant.htm

Listeria

- Listeria is a common bacteria in soil that very rarely makes pregnant women very sick.
- The general food safety guidelines on page 16 will prevent most exposures to listeria.
- Periodically, produce or other foods will be recalled due to concern for possible listeria contamination. Most people who have consumed the recalled foods will not get sick. If you have consumed recalled foods but do not have a fever, no testing is necessary. If you develop a fever or nausea, vomiting, or diarrhea, call your provider.

Eating Right during Pregnancy

Eating a balanced diet is important. This is especially true during your pregnancy. The foods you eat provide the nutrients that you and your baby need. Eating for two does not mean doubling portions. Pregnancy increases your calorie requirements by only about 300 calories per day, which is about the same amount of calories in ½ sandwich and 1 cup of low fat milk. What is most important is selecting a variety of foods from all of the food groups.

The following table provides reasonable guidelines for choosing the foods and portions needed during your pregnancy.

Diet Guide for Pregnancy

Food Group	Number of Servings per Day	What Counts as a Serving?
Grains and Breads	7-9 ounces	<i>Each counts as one ounce:</i> 1 slice bread, 1 small tortilla (⅓ large) ½ burger bun or ½ English muffin, ¼ large bagel, 6 saltine crackers 1 cup dry cereal, 3 cups popcorn ½ cup of cooked rice, pasta, oatmeal, grits, millet, or other cooked grain
Meats and Proteins	6-7 ounces (3 oz=size of deck of cards)	<i>Each counts as one ounce:</i> 1 ounce of meat, poultry, or fish 1 egg, 2 egg whites, 6 oysters 1 Tbsp peanut butter, 12 almonds ¼ cup cottage cheese, ½ cup tofu ½ cup cooked legumes (beans, lentils)
Milk and Dairy	3 servings	<i>Each counts as one serving:</i> 1 cup milk or yogurt 1 cup calcium-fortified soy milk 1½ ounces cheese
Vegetables	3 cups	<i>Each counts as one serving:</i> 1 cup raw or cooked vegetable 1 cup vegetable juice
Fruits	2 cups	<i>Each counts as one serving:</i> 1 cup raw fruit, 1 cup 100% fruit juice ½ cup dried fruit

Additional Diet Tips

Grains

Make half of your grain servings *whole grain* choices. Try whole wheat tortillas, whole grain breads, brown rice, oatmeal, millet, bulgur, and whole grain pastas. When reading labels, 3 grams of fiber per serving is a good choice, and 5 grams of fiber per serving means the choice is high in fiber.

Meats and Proteins

Skinless poultry and fish are naturally lean. Other lean selections include sirloin, tenderloin, flank steak, lean pork, ham, and Canadian bacon. Remove skin from poultry. Avoid fatty meats such as bacon, sausage, hot dogs and ribs. Use low fat cooking methods such as braising, broiling, baking, grilling, or poaching. Make sure all meat and egg dishes are cooked until well-done.

Do not eat raw or undercooked fish or meat. Deli meats should be re-heated until steaming to reduce the risk of food borne illnesses.

Vegetarian protein sources such as beans and lentils provide beneficial fiber. Many soy-based meat substitutes are available including veggie burgers, tofu hot dogs and soy breakfast links.

Milk and Dairy

Choose nonfat and low fat milk and yogurt most often. Look for reduced fat cheeses. All dairy products should be pasteurized. Some cheeses may contain bacteria called listeria. **Avoid Brie, Camembert, Roquefort, Feta and Gorgonzola.**

Milk, yogurt and cheese are excellent sources of calcium. Calcium is needed for maternal and fetal bones and teeth. The recommendation for pregnancy is to get at least 1,000 mg of calcium per day. There is 300 mg calcium per cup of milk or yogurt, or per 1½ ounces of cheese. If you do not meet your calcium requirements through diet choices, you may need a calcium supplement. If you take a calcium supplement, more of it is absorbed if you do not take the calcium at the same time as your prenatal vitamin. Calcium is absorbed best in doses up to 500 mg at one time. So if you want to supplement 1000 mg of calcium it is best to take 500 mg at two separate times of day. Calcium interferes with iron absorption. Take calcium supplements at a separate time from prenatal vitamins and iron supplements.

Vegetables

Vary your vegetable choices. Many different vitamins and minerals are found in vegetables. To get the most out of your vegetables, select different colors and textures. Make sure you eat some of the following: dark green vegetables (broccoli, brussel sprouts, asparagus), orange colors (carrots, yams, winter squash), legumes (kidney beans, pintos, black beans, hummus, lentils, split peas), starchy vegetables (potatoes, corn, peas) and leafy vegetables (romaine lettuce, spinach, arugula, cabbage, kale).

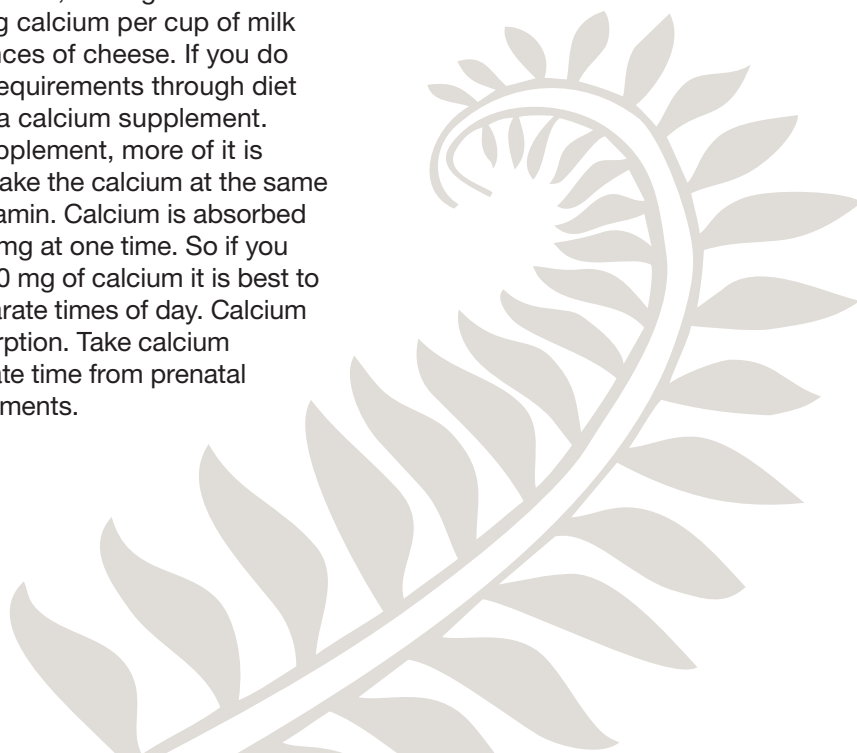
Fruits

Choose a variety of fruits including fresh fruits, frozen fruits, or fruits canned in water or their own juice. Dried fruits and juices are concentrated calorie sources.

Fats and Oils

Oils, butter, margarine, mayonnaise, and salad dressings are all sources of fat. Fats such as these have about 45 calories per teaspoon. A general guideline is to limit fat to 2 tablespoons (total) per day. Other sources of fat include cream cheese, half & half, cream, avocado, olives and nuts. Although vegetable oils are healthier for the heart than animal fats and trans-fats, all fats have the same number of calories. Fats should be limited to control calories if your weight gain is excessive.

You can use food labels on packaged foods to find information on fat content. Look on the *Nutrition Facts Label* for *Total Fat* grams. Low fat is defined as 0-3 grams of fat per ounce of meat or cheese (or per serving of all other foods). A medium fat choice has 4-7 grams of fat, and anything with 8 grams of fat or more is a high fat selection.



Weight Gain during Pregnancy

It is important to eat a balanced, healthy diet during pregnancy. It only takes about 300 extra calories per day to support the additional needs for pregnancy. The goal amount of weight to gain during pregnancy depends on how much you weighed before becoming pregnant. Underweight women need to gain more than average, while overweight women should gain less.

In the first table below, find your height in the left column. Then find your pre-pregnant weight in the row that corresponds to your height. Note the weight category which you fall in – underweight, average weight, overweight, or very overweight. Then look at the second table to find the recommended amount of weight to gain in each trimester as well as the total weight gain for your pregnancy.

Pre-Pregnant Weight for Height Categories				
Height	Underweight	Average Weight	Overweight	Very Overweight
4'10"	< 89	89 - 119	120 - 143	> 143
4'11"	< 92	92 - 123	124 - 148	> 148
5'0"	< 95	95 - 127	128 - 153	> 153
5'1"	< 98	98 - 132	133 - 158	> 158
5'2"	< 101	101 - 136	137 - 163	> 163
5'3"	< 105	105 - 140	141 - 169	> 169
5'4"	< 108	108 - 145	146 - 174	> 174
5'5"	< 111	111 - 149	150 - 179	> 179
5'6"	< 115	115 - 154	155 - 185	> 185
5'7"	< 118	118 - 159	160 - 191	> 191
5'8"	< 122	122 - 164	165 - 196	> 196
5'9"	< 125	125 - 168	169 - 202	> 202
5'10"	< 129	129 - 173	174 - 208	> 208
5'11"	< 133	133 - 178	179 - 215	> 215

Weight Gain Goals in Pounds				
Weight Category	Months 1-3 Gain Goal for first 3 Months	Months 4-6 Gain Goal per Week	Months 7-9 Gain Goal per Week	Total Weight Gain Goal for Pregnancy
Underweight	1.1 - 4.4	1.0 - 1.3	1.0 - 1.3	28 - 40
Average Weight	1.1 - 4.4	0.8 - 1.0	0.8 - 1.0	25 - 35
Overweight	1.1 - 4.4	0.5 - 0.7	0.5 - 0.7	15 - 25
Very Overweight	1.1 - 4.4	0.4 - 0.6	0.4 - 0.6	11 - 20

For women who are pregnant with **twins or more**, the weight gain goals are higher:

- Average weight women should gain 37-54 pounds
- Overweight women should gain 31-50 pounds
- Very overweight women should gain 25-42 pounds

Information on this page was compiled from *Weight Gain during Pregnancy: Reexamining the Guidelines* available at www.nap.edu

Exercise in Pregnancy

A general rule of thumb is that things that keep you healthy when you are not pregnant continue to keep you healthy when you are, including exercise. Thirty (30) minutes of exercise every day has been shown to greatly benefit your health. Pregnancy, birth, and newborn care are very physical endeavors. All will go better, with fewer complications, if you are in shape!

When you are pregnant, regular exercise can help:

- Avoid excessive weight gain, which may decrease your risk of cesarean delivery
- Lower your risk of diabetes of pregnancy
- Lower your risk of developing high blood pressure/pre-eclampsia
- Improve your mood, energy level and sleep
- Prevent constipation and back pain

What types of exercise are safe to do?

Many studies have examined exercise in pregnancy, with the consensus being that exercise is beneficial, not risky, for pregnant women. There are few restrictions on what you can do. Running, spinning, Pilates, yoga, weight lifting, aerobics, and swimming are all fine. It makes sense that sports which increase your risk of falling or injury should be avoided (ex: contact sports, downhill skiing). Even in these instances, the most likely risk is to you (ex: broken ankle), not your baby.

If you are already involved in an exercise program you can likely just continue it with some pacing and adjustments as you get farther along. This is not the time to train for a marathon or break new records but to consider it a “maintenance” phase.

If regular exercise will be new for you, your goal would be to build up to 30 minutes a day. It doesn't have to be done at one time; for example taking two 15 minute walks is just as good. Joining a pregnancy exercise class, walking with a work friend at lunchtime, taking the stairs, and walking after dinner with family are motivating and simple ways to meet the goal.

In either case, it's always best to start by having a conversation with your pregnancy provider about your exercise plans.

Guidelines:

- Drink plenty of water
- Avoid getting overheated (breaking a sweat is good, though!)
- Avoid getting so out of breath that you can't talk
- Avoid extended periods flat on your back in the second half of pregnancy



Alternative Medicine Resources

The UCSF Osher Center for Integrative Medicine

www.osher.ucsf.edu
1701 Divisadero Street, Suite 150
San Francisco, CA 94115
(415) 353-7700

The UCSF Osher Center offers acupuncture services that can be helpful to women while they are pregnant and afterwards.

Acupuncture can be helpful for:

- Morning sickness (nausea and vomiting)
- General aches and pains of pregnancy – trouble sleeping, back/joint pain, emotional ups and downs
- Diabetes and gestational diabetes (diabetes during pregnancy)
- Support for chronic conditions that require medications such as depression, chronic pain, etc.
- Support for women who have had a miscarriage in the past
- Changing the position of the baby that is in breech position
- General support for post partum including for breastfeeding and breast infections

Dental Health

It is important to take good care of your teeth and gums while you are pregnant. Pregnancy causes hormonal changes that increase your risk of developing gum disease, which can affect the health of your developing baby. Do not skip your dental checkup appointment simply because you are pregnant.

Now more than any other time, regular gum examinations are important because pregnancy causes hormonal changes that increase your risk for getting periodontal disease and tender gums that bleed easily – a condition called pregnancy gingivitis. Pay attention to any changes in your gums during pregnancy. If tenderness, bleeding or gum swelling occurs at any time during your pregnancy, talk with your dentist as soon as possible. Practice good oral hygiene to prevent and/or reduce oral health problems.

If X-rays are necessary, your dentist will use extreme caution to safeguard you and your baby.

Advances in technology have made X-rays much safer today than in past decades.

If nausea is keeping you from brushing your teeth, change to a bland toothpaste. Ask your dentist or hygienist to recommend a brand. Rinse your mouth with water or a mouth rinse, if you suffer from morning sickness and have frequent vomiting.

Your baby's first teeth begin to develop about three months into your pregnancy. So it is important for you to maintain a healthy diet. Healthy diets containing dairy products, cheese and yogurt are a good source of essential minerals and are necessary for your baby's developing teeth.

Your baby's first teeth begin to develop about three months into your pregnancy. It's important for you to maintain a healthy diet.

Use of Medications during Pregnancy and while Breastfeeding

Some medications and herbs are safe to take during your pregnancy and while you are breastfeeding. Some medications are not safe. Other medications have not been tested in women who are pregnant or breastfeeding, but may be recommended if the benefits outweigh the potential risks.

If the medication or herb you want to use is not listed below or on the following pages, please contact the California Teratogen Information Service (CTIS) Pregnancy Risk Information support line at 1-800-532-3749 (www.ctispregnancy.org) or ask your health care provider to determine if it is safe to take it. For medications, herbs, and over-the-counter medications not on this list, check the web site www.toxnet.nlm.nih.gov and select LactMed, or ask your health care provider.

For basic information about medications including side effects and interactions, check the web site www.drugs.com.

Precautions

- If you need any of the following medications for more than 72 hours
- If the symptoms you have become more severe despite medication use
- If you have a fever equal to or greater than 100.4° F (38.0° C), vaginal bleeding, persistent vomiting, continuous pain, headache, blurry vision or leaking fluid from the vagina, call our office at **(415) 353-2566** anytime of the day.

Allergies

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Increase fluids and avoid known allergens when possible. ● Use normal saline nose spray before trying other medications. ● Apply Vicks VapoRub® at the bottom of each nostril. 	<ul style="list-style-type: none"> ● Loratadine (e.g., Claritin®): as directed on package (<i>not</i> Claritin D®) ● Saline nasal spray as needed. ● Cetirizine (e.g., Zyrtec®): as directed on package ● Chlorpheniramine (e.g., Chlor-Trimeton®): 4 mg every 4-6 hours for runny or stuffy nose 	<ul style="list-style-type: none"> ● Persistent severe headache more than 48 hours may be a sign of a sinus infection.

Fever

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Increase rest and fluids. 	<ul style="list-style-type: none"> ● Acetaminophen (e.g., Tylenol® 325 mg. 1-2 tablets every 4- 6 hours or one Extra-Strength Tylenol® every 4-6 hours. ● Do not take salicylic acid (e.g., aspirin or non-steroidal medications like ibuprofen Motrin®, Advil®, Aleve®, Naproxen) during pregnancy unless directed by your health care provider. 	<ul style="list-style-type: none"> ● Fever persisting for more than 48 hours, or despite taking acetaminophen, fever is 101° or greater

Colds

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Increase rest and fluids. Your body uses extra fluids when fighting a virus and your immune system is boosted when you sleep or rest. ● Apply Vicks VapoRub® at the bottom of each nostril. 	<p>For runny or stuffy nose:</p> <ul style="list-style-type: none"> ● Saline nasal spray or neti pot as needed. ● Oxymetolazone nasal spray (e.g., Afrin® Nasal Spray 12 hour): one spray in each nostril every 12 hours for 2 days. Caution: Afrin® should only be used for two days. If used longer, it will prolong your symptoms. <p>For cough:</p> <ul style="list-style-type: none"> ● Guaifenesin (e.g., Robitussin®): Take 1 teaspoonful every 6-8 hours during the day. At night, use Robitussin® DM. Drink 8 ounces of water before taking it. Do not drink anything for 20 minutes after taking the Robitussin®. <p>For aches, headaches, sore throat:</p> <ul style="list-style-type: none"> ● Acetaminophen (e.g., Tylenol® 325 mg): 1-2 every 4-6 hours or one Extra-Strength Tylenol® every 4-6 hours, menthol lozenges for sore throat. 	<ul style="list-style-type: none"> ● Persistent fever of 100.4° or greater or fever of 100° that lasts more than 72 hours ● Persistent cough that lasts more than 7-10 days or severe cough that interferes with sleep ● Wheezing or shortness of breath ● Coughing up sputum with blood ● Chest pain with cough

Diarrhea

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Increase clear fluids to replace those you are losing (fluids you can see through such as apple juice). ● Bananas, rice, apples, and tea are constipating and soothing foods. Eat only these items for 24 hours and then slowly add other foods. 	<ul style="list-style-type: none"> ● Loperamide (e.g., Imodium® A-D 2 mg caplets): Take 1 caplet after each loose stool. Do not take more than 4 caplets. 	<ul style="list-style-type: none"> ● Persistent diarrhea over 24 hours, dry mouth or other symptoms of dehydration

Vitamins

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Take a prenatal vitamin with folic acid. ● Your health care provider may suggest supplements depending on your individual needs. 	<ul style="list-style-type: none"> ● Multi-vitamins come in many brands. You can choose an over-the-counter vitamin that contains a combination of vitamins sufficient for pregnancy or you can choose a prescription form. 	<ul style="list-style-type: none"> ● Check with your health care provider first if you would like to take extra vitamins or homeopathic remedies. Bring them to your prenatal visit. ● Call the California Teratogen Information Service (CTIS) Pregnancy Risk Information support line at 1-800-532-3749 or visit their web site: www.ctispregnancy.org

Heartburn

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Eat smaller but more frequent meals. Try 3 small meals and 2-4 snacks a day. ● Avoid any foods that bother you. Typical problem foods are greasy, fatty and fried ones. Caffeine, chocolate and mint (including mint tea) can also be a problem. Highly-seasoned and spicy foods can cause heartburn in some people. Acidic foods such as citrus fruits, tomatoes, pickles and other foods made with vinegar may cause heartburn. ● Do not lie down flat after eating. If you must lie down, elevate your head and shoulders with pillows. ● Nonfat or low fat milk may relieve heartburn. ● Your saliva neutralizes stomach acid, and you may chew gum after meals to make more saliva. 	<ul style="list-style-type: none"> ● Try, as directed: calcium carbonate (e.g., TUMS®), or famotidine (e.g., Pepcid® AC®), or ranitidine (e.g., Zantac®) ● Avoid products with sodium (e.g., baking soda), aluminum, and aspirin (e.g., Alka-Seltzer®), elevate head off bed 4-6 inches 	<ul style="list-style-type: none"> ● If problem continues

Itching

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Take a warm bath. Some women find oatmeal in the bath to be soothing. ● Be sure you have not used a new laundry detergent that may be causing a new reaction. Examine your body for a rash. 	<ul style="list-style-type: none"> ● Try calamine lotion. If that does not help, try pramoxine lotion (e.g., Caladryl® Anti-Itch Lotion). <i>Use Caladryl® sparingly when breastfeeding.</i> ● If the itching is only in one small area, use 1% cortico-steroid cream over-the-counter. ● If the treatment is not effective, try diphenhydramine 25 mg (e.g., Benadryl®). You can repeat it once. It will help you sleep at night. Do not use diphenhydramine when breastfeeding. It may decrease your milk supply. 	<ul style="list-style-type: none"> ● If the itching is preventing you from sleeping ● If you are in the last three months of your pregnancy and the itching involves the palms of your hands or the soles of your feet

Nausea/Morning Sickness

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> ● Get fresh air. Do not stay in bed or at home for prolonged periods. ● Get sea sickness relief bands at your pharmacy. 	<ul style="list-style-type: none"> ● Vitamin B6: take 25 mg 3 times per day ● Ginger (e.g., ginger capsules or tea) ● If nausea continues, try a ½ tab of doxylamine (e.g., Unisom® 25 mg tablet) 3 times per day with each vitamin B6 tablet. Caution: Unisom® can make you sleepy and do not drive after taking it. 	<ul style="list-style-type: none"> ● If vitamin B6 plus Unisom® do not work ● If vomiting persistently to the point of dehydration ● If you do not urinate 4-6 times per day

Tobacco, Marijuana, Alcohol and Drugs during Pregnancy

The use of tobacco, alcohol and drugs can have a harmful effect on anyone's health. When a pregnant or breastfeeding woman uses these substances, her baby is also exposed to them. All these substances cross the placenta through the umbilical cord and enter into the baby's bloodstream. While pregnant, it is best to eat well, stay healthy, and avoid taking anything that may be harmful to you or your baby's health.

“Street” Drugs

- Pregnant women who use drugs like cocaine, crack, heroin and methadone may have babies who are born addicted.
- Cocaine is one of the most harmful drugs to unborn babies. It can cause a miscarriage and may cause pre-term birth, bleeding, fetal death and fetal strokes, which can lead to brain damage and death. After birth, a baby who has been exposed to cocaine before birth withdraws from the drug. Symptoms include the jitters and irritability. These babies are hard to comfort and are often unable to respond to being comforted. Cocaine use during pregnancy may also be linked to an increased risk of sudden infant death syndrome (SIDS).
- Amphetamines, also called speed, are harmful to unborn babies. One study showed that the babies of mothers who used speed during pregnancy, weighed less, were shorter and had a smaller head size. Another study showed that these babies had more strokes (bleeding into their brains).

Marijuana

- Marijuana is never safe during pregnancy and it can harm the baby at any stage of development.
- Its use can affect fetal and infant development and may cause a miscarriage. Studies indicate that prenatal marijuana use is linked to premature births, small babies at birth, difficult or long labor and increased jitteriness in newborns.
- Marijuana smoked by a pregnant woman remains in the baby's fat cells for 7 to 30 days.

- Smoking marijuana can affect the amount of oxygen and nutrients the baby gets to grow.
- Marijuana can have long-term effects on infants and children including trouble paying attention or learning to read.

Alcohol

- Since it is not known if there is a safe level of alcohol during pregnancy, it is best not to drink at all. Even one drink a day has been shown to have effects on the growing fetus.
- Drinking alcohol increases the risk of miscarriage, stillbirth, newborn death and fetal alcohol syndrome (FAS). Babies with FAS have low birth weight, heart defects, facial defects, learning problems and mental retardation.
- The best time to stop drinking alcohol is before you conceive. If your pregnancy is unplanned, you should stop drinking as soon as you think you might be pregnant.

Tobacco

- Smoking is a very serious health concern for both mother and baby. If you smoke, quit now. Ask your health care provider for information about classes or support groups for pregnant women who want to quit.
- Women who smoke during pregnancy are more likely to have babies who are too small. Babies born weighing less than 5 pounds may have more health problems early in life and learning problems in school.
- Smoking also increases the risk for miscarriage, pre-term labor, stillbirth and newborn death.

Prescribed Drugs

Some prescribed medications may be harmful to your unborn or nursing baby. If you are taking any prescribed drugs, tell your health care provider as soon as possible, so medications can be changed or adjusted, if appropriate.

Over-the-Counter Medicines and Vitamins

- Avoid over-the-counter medicines such as antacids, laxatives, sleeping pills, cold medications and pain relievers. While some are safe for pregnant women, many are not. If you feel you need any of these medications, check first with your health care provider.
- This applies to large doses of over-the-counter vitamin preparations as well. Taking large doses of extra vitamins can be harmful to you and your baby.

Secondhand Tobacco Smoke and Children's Health

Smokers are not the only ones being harmed by their habit. Non-smokers who are exposed to tobacco smoke – especially newborns and children – often suffer health effects from this secondhand smoke.

Prenatal Risks

- Secondhand smoke can affect a pregnant woman's developing baby. Babies born to mothers who are exposed to secondhand smoke tend to weigh less than babies not exposed. They are also more likely to be born early (premature). Each year in California, secondhand smoke causes as many as 4,700 early births.

Dangers to Children

- Children may be exposed to secondhand smoke in homes and day care, at outdoor smoking areas, in cars, and anywhere that people are smoking cigarettes, cigars and pipes.
- Secondhand smoke can cause chronic symptoms like cough, phlegm, and wheezing in infants and children. Children exposed to secondhand smoke have more visits to health care providers for these problems.

Asthma

- Asthma is a chronic health condition. Its symptoms include coughing, wheezing, and shortness of breath. Asthma is the number one reason children are admitted to hospitals.
- Secondhand smoke has been shown to cause new cases of asthma. It also has been shown to make children's existing asthma worse. Children with asthma who are exposed to secondhand smoke have more severe symptoms, use more medication, and miss more days of school than those not exposed.

Immune System Damage and Infections

- Infants and young children who are exposed to secondhand smoke are at higher risk for infections. This may be the result of damage to their developing immune systems.
- Secondhand smoke has been shown to cause respiratory infections in children, including pneumonia and bronchitis. These infections can be severe and even life-threatening in children who already have asthma or cystic fibrosis.
- Secondhand smoke has also been shown to cause ear infections in children. Ear infections are more frequent and last longer in children exposed to secondhand smoke. They are also the most common cause of hearing loss in children.

Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children aged 1 month to 1 year. The causes of SIDS are not completely understood. The risk of SIDS is higher, however, in infants exposed to secondhand smoke.

Resources

- Smokers Help line (1-800-NO-BUTTS): www.californiasmokershelpline.org
- U.S. Centers for Disease Control: www.cdc.gov/tobacco

Protect Yourself and Your Baby from Violence

Violence during pregnancy is common. Each year, 1 in 12 pregnant women in this country is battered by her partner. Violent abuse is more common than any other serious complication of pregnancy. It is as dangerous to the baby as it is to the mother.

Health Risks to the Woman

Abused pregnant women have a higher-than-average risk for tobacco, alcohol and drug use, as well as depression and suicide attempts. All of these things have negative effects on the baby. Abused women also have more problems in pregnancy, such as anemia, infections, and bleeding in the first 6 months of pregnancy.

Health Risks to the Fetus

Battering during pregnancy can lead to injuries that may cause premature delivery, low birth weight and miscarriage. Battered pregnant women are 4 times more likely to have babies with low birth weight than women who are not battered.

Effects on the Newborn

Abuse usually increases after the baby is born. The stress in the relationship can cause the infant to have difficulties being comforted, calming down, feeding and sleeping. It can also cause delays in the child's physical and language development.

Exposure to violence can have lasting effects on the child's health. Children who witness intimate partner violence are likely to exhibit anxiety and depression, be aggressive with peers, and can have poor memory and concentration resulting in learning problems. As they get older, they are more likely to abuse drugs and alcohol and engage in criminal activity and/or anti-social behavior.

Are You Safe in Your Relationship?

- Do you feel afraid of your partner?
- Has your partner ever hit you, hurt you, or threatened you?
- Has your partner ever forced you to have sex?
- Does your partner keep you from your family or friends, or keep you from being in control of your own money?

If you answer “yes” to any of these questions, you are not alone. Talk to your health care provider, nurse-midwife or childbirth educator. They can help you live more safely within your relationship or safely leave the relationship. They can also connect you with advocates at UCSF and in the community who can help you.

Call for Help

- 911 if you are in immediate danger
- National Domestic Violence Hotline: (800) 799-SAFE
- National Teen Dating Violence Hotline: (877) 923-0700
- Casa de Las Madres: (877) 503-1850
- Asian Women's Shelter: (877) 751-0880
- Women, Inc.: (415) 864-4722
- Safe Start Hotline: *(for San Francisco residents)* (415) 565-SAVE
- Living in a Nonviolent Community (LINC) at UCSF: (415) 885-7636
Case management and mental health services for San Francisco families with children from birth to age 18 exposed to intimate partner violence.

Get More Information Online

- Family Violence Prevention Fund: www.endabuse.org
- Living in a Nonviolent Community, the UCSF National Center of Excellence in Women's Health: www.coe.ucsf.edu/linc/index.html
- National Women's Health Information Center: www.womenshealth.gov/violence
- LEAP – Look to End Abuse Permanently, promoting healthy relationships: www.leapsf.org

Protect Yourself and Your Baby from HIV and AIDS

If you are pregnant or think you may be pregnant, you need to know about HIV, the virus that causes AIDS. As part of your routine prenatal care or when you are in labor and delivery, you will be tested for HIV unless you decline. HIV testing during pregnancy is the best choice for you and your baby.

Human Immunodeficiency Virus (HIV)

HIV is a disease that weakens the immune system, making it hard for the body to fight infections. It is primarily spread by having unprotected sex or sharing needles with an HIV-infected person. Most HIV-positive women in the U.S. have been infected through sex with men.

A pregnant woman who is HIV-positive or who has AIDS can pass HIV to her baby during pregnancy, delivery, and while breastfeeding.

The HIV Test

A small amount of your blood will be drawn for the HIV test. This test will help you and your baby by alerting you to the need for treatment if you are HIV-positive, which means you are infected with the virus.

An HIV-Positive Result

If you are HIV-positive, you will want to discuss treatment options with your health care provider. He or she will likely recommend medication that is considered safe in pregnancy.

Treatment during pregnancy, labor and delivery can help decrease the risk of transmitting HIV to your baby. You may be encouraged to continue the medication after delivery for your own health, depending on a number of factors.

Protect Yourself from HIV

- Use a latex/polyurethane condom (male or female) when you have sex, even if you are pregnant.
- Use only water-based lubricants. Oil-based lubricants weaken condoms and make them less effective.
- Do not share needles for injecting drugs or steroids, or for tattooing and piercing.

Resources

- For HIV referral and consultation resources including experts on prenatal HIV treatment in your local area call the California HIV/AIDS Hotline: (800) 367-2437 (AIDS).

Depression and Anxiety during Pregnancy and After Delivery

Pregnancy and the postpartum (after delivery) period are times of great change – physically, hormonally, emotionally and socially. Even though pregnancy and birth are joyful occasions, they are also times of increased stress that put women at higher risk for mood concerns like depression and anxiety.

Depression is Common

Depression and anxiety affects 10-20% of all women in pregnancy and postpartum. They can begin before the baby is born or develop months after the baby arrives. Any woman can develop mood concerns during pregnancy or postpartum.

Having *the blues* is a normal part of adjusting to pregnancy and motherhood. It is common for most pregnant women and new mothers to have emotional ups and downs and to feel overwhelmed. After delivery, a majority of women will develop postpartum *blues* within the first two days to two weeks. Many women find that talking to family and friends (including other new mothers), taking time to care for themselves and getting more rest and assistance with childcare duties will help them feel better.

Mood Concerns during Pregnancy and Postpartum: More than just *The Blues*


Anxiety and depression is more serious than the blues. Besides being very difficult for you and your family, depression and anxiety instead of just depression can interfere with your baby's intellectual and emotional development. Women who are depressed suffer from a variety of the symptoms below every day for two weeks or more:

Mood Concerns in Perinatal Setting include:

- Anxiety
- Attachment difficulties
- Depression
- Grief reaction
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder

Symptoms of Perinatal Mood Concerns:

- Tearfulness/Sadness
- Irritability
- Anxiety/Racing Thoughts/Panic
- Difficulty Concentrating
- Excessive Guilt
- In extreme cases, thoughts/feelings about hurting oneself or the baby
- Hopelessness
- Loss of Appetite
- Obsessive Thoughts
- Sleeplessness



Depression or Anxiety during Pregnancy and Postpartum is Treatable

Untreated mood concerns can last for months or years, but there are many good treatment options available. They include individual therapy, group therapy, medication, support groups, mindfulness meditation, and yoga. Many antidepressant medications can be taken during pregnancy and while breastfeeding. If you feel you may be suffering from mood concerns or if you just want to talk about what resources are available, call our counselor who can help you evaluate your situation. Call (415) 353-2566 to schedule an appointment.

UCSF Resources

UCSF Pregnancy and Postpartum Mood Assessment Clinic offers mental health services to women having mood or anxiety issues during or after pregnancy. (415) 353-2566

Perinatal Emotional Wellness Practice: To obtain a psychiatric consultation on mental health as it relates to conception planning, pregnancy, and the postpartum period. Patients must have a referral from her obstetrics medical provider prior to setting up an appointment. (415) 353-2566

The Afterglow: A Postpartum Support Group For New Mothers

In this six-week postpartum support group, new moms with their babies will gather to share their experiences, discuss the highs and lows of motherhood, learn about the “Baby Blues” and support one another in their new days of parenting. (Recommended for mothers, support person(s) and babies 0-6 months). For more information or to register please call (415) 353-2667.

Emotional Aspects

During this informational workshop, we will explore and discuss:

- Physical and emotional changes that occur during pregnancy and how to cope with these changes.
- Ways that support persons/partners can be of help during pregnancy.
- Additional support groups, relaxation classes and options that is available to you and your support.

Sex during Pregnancy

Pregnancy is a time of physical and emotional change. Personal history, symptoms, and attitudes about becoming a parent influence the feelings that a woman has about her body and about making love during pregnancy. The pregnancy may change how a woman and her partner feel about making love.

There can also be differences in sexual need. The best way to deal with these differences is to talk, to listen and to be open to each other's feelings and concerns. Talk with your health care provider during one of your prenatal visits about any questions regarding sexual practices and their effect on the baby and the pregnancy.

Pregnancy Changes and Sexuality

- Many women are nauseous and tired during the first three months of pregnancy. If a woman feels that way, she may not feel like making love. Sex is safe during pregnancy and many women continue to enjoy it.
- During pregnancy there is an increase in blood supply to the pelvic area. During the second three months of pregnancy many women enjoy sex.
- A woman's breasts increase in size during pregnancy, and get even larger with sexual arousal. For some women this is the first time that they truly enjoy having their breasts fondled, while others experience these changes as uncomfortable due to breast tenderness.
- As the pregnancy progresses and a woman begins to gain weight, positioning and comfort become important in lovemaking. A woman may become depressed as the shape of her body changes. She may be bothered by increased pelvic pressure as the baby begins to move down into the pelvis. She may not like the idea of sex, and her partner may also worry about hurting the baby.
- Orgasm may be somewhat frightening during pregnancy. Upon reaching orgasm, the uterus contracts in a rhythmical fashion. In a pregnant woman, these contractions last longer in the last 3 months of pregnancy. They can sometimes turn into long, hard contractions that may feel uncomfortable. Sensitivity to each other's wishes is important. Cuddling and massage may be another way to share intimate time together.

Pregnancy and Safe Sex

Partners need to be honest and realistic about sex during pregnancy. Open communication may help to avoid frustration. Since AIDS/HIV infection is transmitted through sexual activity, always practice safe sex. HIV infection can be transmitted to your unborn child. If you have questions about what safe sex is, and want to discuss concerns in confidence, call (800) FOR-AIDS and ask for a health care provider.

Sexuality and High-Risk Pregnancy

Certain problems can occur during pregnancy that put the baby at risk for premature delivery. If you are experiencing vaginal bleeding, preterm labor or ruptured membranes, you should not have sex and avoid having orgasms. Your health care provider will tell you if sex could be harmful, but do not hesitate to ask if you have questions or concerns.

Suggestions for Making Love during Pregnancy

Positioning

- Side lying – partner behind woman
- Woman on hands and knees, partner kneeling behind
- Woman sitting on partner's lap

Lubrication

- Water soluble lubricant jelly (Astroglide®, K-Y Jelly®. *If using condoms, please avoid baby oil or vaseline.*)
- Lubricated condom

Alternatives

- Cuddling
- Full body massage



Kick Counts

In the last 3 months of your pregnancy, you should be able to feel the baby kicking and moving every day. An active baby is a healthy sign. Babies also have sleep periods throughout the day which can last for over an hour. On any day that you feel your baby is not moving as much as usual, follow these steps:

- Eat and drink something. This may help wake your baby up if he or she is sleeping.
- If you feel 4 kicks or movements within one hour, you need not worry. If your baby moves 4 times before the hour is up, you can stop counting.
- If the baby has not moved 4 times by the end of the hour, call the advice line during business hours (Monday-Friday 8-5pm) at (415) 353-2566 or the UCSF Center for Mothers and Newborns at night or on weekends at (415) 353-1787.

Tests Later in Pregnancy

Test for Diabetes in Pregnancy (Gestational Diabetes)

Late in your second trimester, a complete blood count (CBC) will be repeated to make sure you do not have anemia. Your blood sugar will be checked for gestational diabetes. Gestational diabetes is generally diagnosed between the 24th and 28th week of pregnancy. Sometimes the test is done earlier, if you have had gestational diabetes before, or if your health care provider is concerned about your risk of developing gestational diabetes.

One Step Testing

We recommend this option. You will come into the lab after fasting for 8-10 hours. Usually, this means that you come in first thing in the morning before you have eaten your breakfast. The lab will draw your blood and give you a drink that contains 75 grams of glucose. It tastes like a lemon-lime soda. They will then draw your blood one hour and two hours after you have the drink. You cannot eat anything, or exercise during the test. You can have a small amount of water to drink.

If you have one elevated value on this test, you will have a diagnosis of gestational diabetes.

Two Step Testing

As an alternative, you can begin this test at a regularly scheduled clinic visit. You will go to the lab and drink a glucose drink with 50 grams of glucose. The lab will draw your blood one hour after the drink. If you have a negative value on this screening test, you do not need to do any further testing. However, if the screening test is positive, you will need to do a second test.

For the second test, you will go to the lab after fasting for 8-10 hours. The lab will give you a drink with 100 grams of glucose. They will draw your blood one hour, two hours and three hours after you have the drink. If you have two elevated values on the test, you will be given a diagnosis of gestational diabetes.

Group B Strep in Pregnancy

Group B Strep (GBS) is one of many common bacteria that live in the human body without causing harm in healthy people. GBS lives in the intestine from time to time, so sometimes it is present and sometimes it is not. GBS can be found in the intestine, rectum and vagina in about 2 out of every 10 pregnant women near the time of birth. GBS is not a sexually transmitted disease, and it does not cause vaginal discharge, itching or other symptoms.

Infection

- At the time of birth, babies are exposed to the GBS bacteria if it is present in the vagina. This can result in pneumonia or a blood infection.
- Full-term babies born to mothers who carry GBS in the vagina have a 1 in 200 chance of getting sick from GBS during the first few days after birth.
- Occasionally, mothers also get a postpartum infection in the uterus.

Testing for GBS

- During a regular prenatal visit 3 to 5 weeks before your due date, you or your health care provider will collect a sample by touching the outer part of your vagina and also just inside the anus with a sterile cotton swab.
- If GBS grows in the culture that is sent to the lab from that sample, your health care provider will let you know so you can expect to receive antibiotics during labor through an IV.

Prevention

- If your GBS culture is positive within 5 weeks before your delivery, your health care provider will recommend that you receive antibiotics during labor. GBS is very sensitive to antibiotics. A few intravenous doses given up to 4 hours before birth almost always prevents your baby from getting GBS during birth.
- It is important to remember that GBS is typically not harmful to you or your baby before you are in labor.

Why We Wait Until Labor to Give Antibiotics

- Although GBS is easy to remove from the vagina, it is not so easy to remove from the intestine, where it lives normally and without harm to you. While GBS is not dangerous to you or your baby before birth, if you take antibiotics before you are in labor, GBS will return to the vagina from the intestine, as soon as you stop taking the medication. Therefore, it is best to take antibiotics during labor when it can best help you and your baby.
- Occasionally GBS can cause a urinary tract infection during pregnancy. If you get a urinary tract infection, it should be treated at the time it is diagnosed and then you should receive antibiotics again when you are in labor.

Symptoms that a Baby is Infected

- Babies who get sick from GBS infection often do so in the first 24 hours after birth.
- Symptoms include difficulty breathing (including grunting and having poor color), fluctuating temperature (too cold or too hot), or extreme sleepiness that interferes with breastfeeding.

Treating GBS in a Baby

- If your baby is full-term and the infection is caught early, it is very likely the baby will completely recover with intravenous (IV) antibiotic treatment.
- Of the babies who get sick, about 1 in 6 will have serious complications. Some very seriously ill babies die.
- In most cases, if you carry GBS in the vagina at the time of birth and you are given antibiotics in labor, the risk of your baby getting sick is a 1 in 4000 chance.

Penicillin Allergy

- Penicillin or a penicillin-type medication is the antibiotic recommended for GBS infection. Women who carry GBS at the time of birth and who are allergic to penicillin, however, can receive different antibiotics during labor.
- Be sure to tell your health care provider if you are allergic to penicillin and what symptoms you had when you got that allergic reaction.

Resources

- Centers for Disease Control: www.cdc.gov/groupbstrep

Recognizing Premature Labor

A term pregnancy takes about 40 weeks to complete. Babies born before 37 weeks may have problems breathing, eating and keeping warm.

Premature labor occurs after the 20th week but before the 37th week of pregnancy. It is a condition in which uterine contractions (tightening of the womb) cause the cervix (mouth of the womb) to open earlier than normal. It could result in the birth of a premature baby.

- Certain factors may increase a woman's chances of having premature labor, such as carrying twins. Often, the causes of premature labor are unknown. Sometimes a woman can have premature labor for no apparent reason.
- It may be possible to delay a premature birth by knowing the warning signs of premature labor and by seeking care early.

Warning Signs and Symptoms

- Uterine contractions that occur six or more times in an hour, with or without any other warning sign
- Menstrual-like cramps felt in the lower abdomen that come and go or are constant
- Low dull backache felt below the waistline that may come and go or be constant
- Pelvic pressure that comes and goes and that feels like your baby is pushing down
- Abdominal cramping with or without diarrhea
- Increase or change in vaginal discharge such as change into a mucousy, watery or bloody discharge

Uterine Contractions

- It is *normal* to have some uterine contractions throughout the day. They often occur when you change positions, such as from sitting to lying down.
- It is *not normal* to have *frequent* uterine contractions (six or more in one hour). Frequent uterine contractions may cause your cervix to begin to open.



Self-Detection of Uterine Contractions

Since the onset of premature labor is very subtle and often hard to recognize, it is important to know how to feel your abdomen for uterine contractions. You can feel for contractions by placing your fingertips on the top of your uterus while lying down.

A contraction is a periodic “tightening” or “hardening” of your uterus. If your uterus is contracting, you will actually feel your abdomen get tight or hard, and then feel it relax or soften when the contraction is over.



What You Should Do

If you think you are having uterine contractions or any other signs and symptoms of premature labor:

Lie down tilted towards your side. Support your back with a pillow.

- Sometimes lying down for an hour may slow down or stop the signs and symptoms.
- Do not lie flat on your back because lying flat may cause the contractions to occur more often.
- Do not turn completely on your side because you may not be able to feel the contractions.
- Hydrate yourself. Drink several large glasses of water. Sometimes being dehydrated can cause contractions.

Check for contractions for one hour.

- To tell how often contractions are occurring, check the minutes that elapse from the start of one of your contractions to the beginning of the next one.

Call your health care provider at (415) 353-2566 or go to the hospital if you have:

- Six or more uterine contractions in one hour, or
- Any of the other signs and symptoms for one hour, or
- Any spotting or leaking of fluid from your vagina

Disability Benefits during Maternity Leave

Before you go on Maternity leave...

- Your Human Resource Department is always your first stop for questions about your disability. They will inform you regarding your benefits and type of insurance you will be applying for.
- Your employer has all disability forms you will need. The only form UCSF OB Services is happy to offer is the EDD (State Disability) claim form.
- Please remember to fill out your portion of the form prior to submitting your disability paperwork to the doctor's office to avoid potential delays in processing your paperwork.
- Please provide your dates of leave when submitting your paperwork. We have given you a cover sheet to indicate your last day at work (or anticipated last day of work), expected due date, and anticipated return to work date.
- If stopping work due to complications, please discuss these complications with your provider prior to stopping work. Authorization for early disability must come from your provider.
- You may drop off your paperwork at any of our obstetrics clinic locations. You can also fax your forms to (415) 353-2496 or email them to obstetricssrvcsdisab@ucsf.edu
- We kindly ask you to submit all necessary paperwork at least 2 weeks prior to actual maternity leave. We need a minimum of 5 business days for proper completion.
- Once your paperwork is completed, forms will be sent directly to appropriate parties (i.e., EDD, private insurance company, employer), unless you give us other instructions.

- You can also file your EDD claim online by visiting edd.ca.gov/disability. Once you've submitted your claim, please let us know your receipt number. We will need it in order to process your claim in a timely manner and avoid delays.
- Should your disability leave be extended by your physician, please contact EDD as soon as possible to receive your "Supplementary Certificate".
- We welcome your feedback! Should you have any questions or concerns, please contact our disability office. We are here Monday through Friday 8:00am to 5:00pm, and happy to help!

Our disability office is located at:

UCSF Obstetrics Services
Ron Conway Medical Building
1825 4th Street, 3rd Floor
San Francisco, CA. 94143
Box # 4067

Resources

- For information about your benefits, please contact your HR representative.
- For information regarding California State Disability, please refer to their website: www.edd.ca.gov or call them at (800) 480-3287.
- To contact the OB Disability Coordinators, please call (415) 353-2592 or email us at obstetricssrvcsdisab@ucsf.edu



Pain Relief for Labor and Vaginal Birth

Labor and birth are hard work and involve some discomfort. The amount of discomfort during childbirth varies from woman to woman. Women also choose different ways to experience their births. Some women choose medication or anesthesia and others do not. Most choose to “see how it goes” and make choices as labor unfolds.

If you are interested in taking a **FREE Pain Relief in Labor** class with a **UCSF Anesthesiologist**, please call **Great Expectations** at **(415) 353-2667**

Non-Medical Approaches

- The UCSF Center for Mothers and Newborns provides a number of options for comfort during labor, including space to move around, tubs for soaking, rocking chairs, and beds that convert into different positions.
- Relaxation and breathing techniques ease the discomfort for many as do the presence of family and friends and the support of health care providers.
- Comfort measures can be learned from classes during your pregnancy or from books and DVDs available through UCSF Great Expectations.

Medical Approaches

- **Injections of a narcotic** can be given intravenously (IV) during labor. The narcotic works quickly and can be given every 30 minutes during labor. It is not given immediately before delivery, however, to ensure that the effects of narcotic are not present during delivery. For some women this “takes the edge off,” and allows them to rest and relax between contractions.
- **Nitrous oxide gas** can be inhaled during contractions through a hand-held mask (it is the same gas that you may have used at the dentist). Similar to the narcotic, the gas can lessen but not eliminate the pain of labor. The effect occurs only while the gas is being inhaled and disappears rapidly when the mask is removed. It can be used through delivery.
- **Epidural anesthesia** offers the most complete pain relief during labor and birth. A tiny tube or catheter is placed through a needle into a space (the “epidural space”) outside the spinal cord sac in the lower part of the woman’s back. The needle is removed and the tubing is taped in place. Similar to an IV, medication is given continuously through the tube during labor and birth. The medication blocks the pain of contractions and birth, other than pressure. Because of the numbness produced by the epidural, a woman with an epidural cannot get out of bed (and usually takes the opportunity to get some rest).

Support from UCSF Anesthesia Department

- The UCSF Anesthesia department has a team available to the UCSF Center for Mothers and Newborns unit 24 hours a day. An anesthesia resident meets with every woman admitted in labor regardless of whether she is planning anesthesia for her birth. An anesthesia attending in the hospital supervises this resident.
- The purpose of this visit is: 1) to learn of any medical problems a woman may have in the unlikely event of an emergency; and 2) to answer any questions a woman may have about the pros and cons of medical approaches to pain relief.

Cesarean Birth

While most women will have a vaginal delivery, some may need abdominal surgery called a cesarean section.

Reasons for a Cesarean Birth

Most often women have a cesarean birth when labor does not progress (the cervix does not completely dilate or the baby cannot be pushed out) over a long period of time. It is a decision made by the woman and her doctor when both feel everything else has been tried and this is the only alternative. Sometimes a cesarean birth is planned. Situations that might require a scheduled cesarean include:

- Breech position
- Previous cesarean section
- Placenta previa (placenta covering the cervix)

Although it is rare, a cesarean birth can sometimes be necessary due to an emergency situation that endangers the woman's or her baby's health. In these situations, there is no time to wait for the regular process of labor, and the decision to perform a cesarean section must be made very quickly. Indications for an emergency cesarean may include:

- Maternal bleeding
- Baby in "distress"

Anesthesia for a Cesarean Birth

For a planned or non-emergency cesarean, either an epidural or a spinal is the anesthesia of choice. It allows the mother to be awake and able to see her baby as soon as it is born.

In an emergency situation, the mother is put to sleep using general anesthesia. This is the fastest anesthesia to administer when time is of the essence.

Support/Partners at Cesarean Delivery

If the mother is awake, a support person can be with her for the birth. If general anesthesia is used and the mother is asleep, support people need to wait in the labor room or waiting room until the surgery is completed.

Type of Incision

Most often a "bikini cut," or low transverse incision, is made both on the skin (just above the pubic hair) and on the uterus itself. This is done for both comfort and recovery. Occasionally an "up and down" or vertical incision is made on the skin and/or uterus. This is a faster cut and may be used in an emergency. The size and position of the baby may also determine the need for this kind of incision.

Recovery from Cesarean Delivery

Recovery from surgery takes longer than recovery from a vaginal birth. Usually it requires an extra night or two in the hospital (a total of 3-4 nights). Also, more help at home might be required in the first few weeks after delivery.

The Next Pregnancy and Birth

Many women choose to attempt a vaginal birth after cesarean, often called a VBAC, and many succeed. Every woman who has had a cesarean birth needs to discuss the subject of VBAC with her health care provider. Many factors including the reason for the cesarean, the type of incision and the number of prior cesareans influence the safety of vaginal birth after a cesarean.



Circumcision

If you have a baby boy, you will be asked if you want to have him circumcised. This is a matter to be considered carefully before the baby is born while you have time to think about it and discuss it with your partner and your baby's health care provider.

At birth, boys have skin, called the foreskin, that covers the end of the penis. Circumcision is the surgical removal of the foreskin, exposing the tip of the penis. It is usually done on the day of hospital discharge. A baby must be stable and healthy to be circumcised.

It's the Parents' Choice

The American Academy of Pediatrics considers circumcision a choice for parents to make. There are no strong medical reasons for this procedure. Some parents choose circumcision for religious or cultural reasons. To make a decision, it is important to understand the pros and cons, how the surgery is done and what complications can occur.

Medical Reasons Some Parents Choose Circumcision

Research suggests some medical benefits to circumcision:

- A slightly lower risk of urinary tract infections (UTI). A circumcised baby has about a 1 in 1000 chance of getting a urinary tract infection in his first year of life. Uncircumcised babies have a 1 in 100 chance.
- A slightly lower risk of getting sexually transmitted infections (STIs), including HIV
- A lower risk of getting cancer of the penis, but this cancer is very rare for all men
- Prevention of foreskin infections
- Prevention of phimosis, a condition in which it is impossible to pull back the foreskin

Medical Reasons Some Parents Might Not Choose Circumcision

- There are some risks of the surgery. Complications from circumcision are rare but include bleeding, infection and injury to the penis or urethra.
- The foreskin protects the tip of the penis. When the foreskin is removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need an operation to correct.
- The foreskin has more nerve endings than the tip of the penis, or glans, and its removal decreases sensitivity.
- Uncircumcised boys can be taught proper hygiene to lower their chances of getting infections and STIs.

The Surgery

- For most babies, circumcision is performed before you and your baby go home. Like any surgery, circumcision is painful. To relieve the pain, a numbing cream is placed on your baby's penis about an hour before the procedure. Right before the procedure, the doctor injects a local anesthetic at the base of the penis. Then a clamp is attached to the penis and the foreskin is removed by scalpel.
- Circumcision takes just a few minutes. You can be with your baby during the operation, if you choose.
- Not all insurance companies pay for the procedure. If you plan to circumcise your son, contact your insurance provider for information about coverage.

Care of the Circumcised Penis

- You will be instructed by the nurse or doctor about the care of your baby's circumcised penis. Keep the area as clean as possible after the surgery. Clean the penis with every diaper change and apply the ointment provided so that the penis does not stick to the diaper.
- It takes about 7 to 10 days for the penis to fully heal. Call your health care provider if you notice any signs of infections such as redness, swelling or foul-smelling discharge.

Care of the Uncircumcised Penis

- The nurse or doctor will instruct you on how to care for your baby's uncircumcised penis as part of routine baby care. Wash the outside of the penis with soap and water. Do not pull back the foreskin toward the base of the penis. It should never be forced. After washing, place the foreskin back over the head of the penis.
- By the time your son is about 3 or 5 years old, and sometimes not until teen years, the foreskin will begin to pull back naturally and your son can be taught how to wash the head of the penis and inside the fold of the foreskin.

Resource

- CIRP – Circumcision and Information Resource Pages: www.cirp.org

Prenatal Classes

Childbirth Preparation

Please sign up in advance (as early as 20 weeks) as classes fill up quickly.

Childbirth Preparation: Integrated Methods

Recommended between 6–9 months of pregnancy

Classes are a 4-week series or 3 weeks during the holidays. This class provides an overview of the stages and process of labor, breathing and relaxation techniques, support, medication options, variations in labor including cesarean birth, and immediate postpartum care for mother and baby. Fee required.

Intensive Childbirth Preparation

Recommended between 6–9 months of pregnancy

A one-day childbirth preparation workshop designed to give participants the basic tools and information in preparing for birth. This class incorporates all information from the Childbirth Preparation: Integrated Methods class in an accelerated format. Participants are sent the class booklet to review prior to the class. Fee required.

Childbirth Preparation: Birth Alternatives

Recommended between 6–9 months of pregnancy

Classes are a 4-week series

This class addresses the needs and interests of women who wish to have an intimate, fully-involved birth experience. This class covers the basic childbirth preparation content with an added emphasis on natural delivery and making choices in response to the birth process. Labor support techniques and comfort measures from home birth and other cultures are emphasized. Fee required.

Note: For any Childbirth Preparation class, please bring two pillows, a blanket, and a snack to all classes.

Childbirth Preparation: Mindfulness-Based Childbirth and Parenting (MBCP)

The UCSF National Center of Excellence in Women's Health in collaboration with the Osher Center for Integrative Medicine is currently offering Mindfulness-Based Childbirth and Parenting Education (MBCP). The MBCP Program is an invitation to begin or deepen the practice of mindfulness for meeting the profound changes in our bodies and minds during pregnancy, childbirth and parenting. Through mindfulness meditation, yoga, and group dialogue, we will learn a way to fully live the joys and challenges of this transformative time and cultivate lifelong skills for healthy living and wise parenting. Contact Osher Center for Integrative Medicine, 415.353.7718 or www.oshercenter.ucsf.edu
Mount Zion: 1545 Divisadero Street (at Post)
Fee required

Pain Relief & Labor

Learn about the pain medication options available to assist you during labor and childbirth. Discuss your concerns or questions with a UCSF Anesthesiologist. Fee: No Charge

Other Classes:

- Baby Care/Parenting
- Breastfeeding
- Expecting Twins or More
- Infant CPR
- Infant Massage
 - Pre-Delivery
 - With Newborn

Other Services:

- The Afterglow
- MILK-Mother Infant Lactation Cooperative Support Group

We offer classes in three convenient locations:

San Francisco

Mission Bay: 1855 Fourth Street

Mount Zion: 2356 Sutter Street

Daly City

Serramonte: 333 Gellert Blvd.

Sign up with Great Expectations
whrcportal.ucsf.edu/whrcmember
or (415) 353-2667

Classes fill up, sign up early!

Protect Your Baby in the Car

Beginning with your baby's first car trip, make the car safe by using an approved infant car seat. This is very important because:

- Car accidents are the most common cause of death and injury for babies and small children. Most accidents occur within 5 miles of home.
- Most of these deaths and injuries can be prevented with the proper use of a car safety seat.
- A parent's arms are *not* a safe place for a baby, even for a short ride. A small impact or sudden stop could knock a baby from their arms.
- Infancy is the best time to begin car safety habits that should be continued for the rest of your baby's life.
- California Car Seat Laws (V.C. 27360-27368) state that all children under the age of 8 or under 4 feet 9 inches in height **must** be properly restrained in an appropriate child safety seat in the rear seat of a motor vehicle.
- Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Keeping Your Baby Safe

- Have your car safety seat inspected by a certified child safety seat technician. Call your local California Highway Patrol office or the National Highway Traffic Safety Administration (NHTSA) (888) 327-4236 for locations.
- The American Academy of Pediatrics (AAP) recommends using a rear-facing car safety seat for infants and toddlers until they are at least 2 years of age or until they reach the highest weight or height allowed by their car seat's manufacturer. Any child who has outgrown the rear-facing weight or height limit for his convertible car seat should use a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the car seat manufacturer.
- California State Law states that your baby must ride rear-facing until 1 year old and at least 20 pounds.

- The seat should be installed tightly; it should not move more than an inch. Follow your car seat manufacturer's instructions and your vehicle owner's manual on how to install.
- Booster seats should be used for children under the age of 8 or under 4 feet 9 inches in height.
- All infants and toddlers should ride in a rear-facing car seat until they are at least 2 years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.
- All children younger than 13 years of age should be restrained in the rear seat of vehicles for optimal protection.
- Never place a rear-facing car safety seat in the front seat of a vehicle.
 - Unless there is no rear seat or the car safety seat cannot be properly installed.
 - If your baby needs to ride rear-facing in the front seat, make sure the airbags are turned off.
- Do not use a used child safety seat unless you are certain it has never been in a collision.
- Keep the car clear of clutter to avoid any additional impact in the event of a collision.
- Register your car safety seat with the manufacturer to receive recall information or register with the NHTSA.

Resources

- National Highway Traffic Safety Administration (NHTSA) – (888) 327-4236, www.nhtsa.gov
Click on Child Passenger Safety
- American Academy of Pediatrics (AAP) parent website – www.healthychildren.org
- SafetyBeltSafe U.S.A. Helpline at 800-745-SAFE (7233), English, or 800-745-SANO (7266), Spanish. www.carseat.org
- Car Safety Seat Installation Resource Sheet: <http://campuslifeservices.ucsf.edu/documentsmail/patiented/pdfs/sdobg0250.pdf>

Birth Control Methods



Method	Range of Effectiveness	How it Works	Advantages	Disadvantages	Side Effects
Combined-Hormonal Methods					
Combined Birth Control Pill	<i>Typical Use: 92%</i> <i>Perfect Use: 99.7%</i>	Prevents ovaries from releasing egg, thickens cervical mucus, and thins uterine lining. Take by mouth daily, as directed.	Decreased risk of ovarian cancer, and acne; regular cycles, less cramping, improved PMS.	Needs to be taken daily, can reduce breast milk supply; rare serious side effects such as blood clots.	Nausea, headaches, breast tenderness, and mood changes initially.
Birth Control Patch: Ortho Evra®	<i>Typical Use: 92%</i> <i>Perfect Use: 99.7%</i>	Same as combined birth control pill. Apply to skin weekly, as directed.	Similar to birth control pill; more constant level of hormones, possibly less nausea than pill.	Similar to combined birth control pills. Must replace patch on schedule.	Same as combined birth control pill, possibly less nausea; skin irritation.
Vaginal Ring: NuvaRing®	<i>Typical Use: 92%</i> <i>Perfect Use: 99.7%</i>	Same as combined birth control pill. Insert into vagina monthly, as directed.	Similar to birth control patch; once-a-month application, more constant level of hormones. Possibly less side effects than pill.	Similar to combined birth control pills. Must replace ring on schedule.	Same as combined birth control pill, possibly less nausea; possible increase in vaginal discharge.
Progesterone Only Methods					
Levonorgestrel IUD: Mirena®	<i>Typical Use: 99.8%</i> <i>Perfect Use: 99.8%</i>	Thickens cervical mucus, inhibits sperm. Inserted into uterus by health care provider. Lasts up to 5 years.	Extremely effective, long term, decreases cramping and decreases menstrual bleeding. Easy to use.	Initial cost, clinician must insert and remove. Possible irregular spotting and bleeding.	Irregular or light periods, or no periods.
Progestin Injection: Depo-Provera®	<i>Typical Use: 97%</i> <i>Perfect Use: 99.7%</i>	Disrupts ovulation, thickens cervical mucus, and thins uterine lining. Injected every 3 months by health care provider.	Easy to use, very confidential, decreases menstrual bleeding.	Regular office visits for injection, may need 12-18 months for return of fertility, cannot be removed after injection.	Irregular or no periods; risks of weight gain due to increased appetite, mood changes.
Implantable Contraceptive: Nexplanon®	<i>Typical Use: 99.9%</i> <i>Perfect Use: 99.9%</i>	Thickens cervical mucus which inhibits sperm, thins uterine lining, and prevents ovulation. Small rod inserted under skin in upper arm.	Extremely effective, easy to use.	Clinician must insert and remove.	Irregular bleeding, no periods, headaches, weight gain (but less than Depo).
Progestin Pill: Mini-Pill	<i>Typical Use: 92%</i> <i>Perfect Use: 99.7%</i>	Thickens cervical mucus, thins uterine lining. Take by mouth daily, as directed.	Less effect on milk supply for lactating women, appropriate for some women who cannot take combined pill.	Must take at same time every day to be effective.	Irregular or no periods.

Method	Range of Effectiveness	How it Works	Advantages	Disadvantages	Side Effects
Permanent Methods					
Tubal Ligation	<i>Typical Use: 99.5%</i> <i>Perfect Use: 99.5%</i>	Surgically cuts the fallopian tubes so the egg cannot pass through.	Permanent.	Post-surgical discomfort, nonreversible.	Surgical and anesthesia risks
Tubal Implant Sterilization: Essure®	<i>Typical Use: 99.9%</i> <i>Perfect Use: 99.9%</i>	Nickel coils are inserted through the vagina into the fallopian tubes. The coils form scarring which permanently blocks the tubes so the egg cannot pass through.	Permanent. Can be done in outpatient clinic.	Must wait three months for tubes to scar completely. Need X-ray of uterus to confirm blockage of tubes. Nonreversible.	Minor surgical risks.
Vasectomy	<i>Typical Use: 99.9%</i> <i>Perfect Use: 99.9%</i>	Surgically blocks passage of sperm.	Permanent.	Post-surgical discomfort, nonreversible, higher cost.	Minor surgical risks.
Non-Hormonal Methods					
Copper T IUD: ParaGard®	<i>Typical Use: 99.2%</i> <i>Perfect Use: 99.4%</i>	Inhibits sperm activity, kills sperm. Inserted into uterus by health care provider. Lasts up to 10 years.	No hormonal side effects, long term, very easy to use, rapid return to fertility after removal.	Clinician must insert and remove. Possible irregular spotting for the first several weeks after insertion.	Occasional cramping, some women have heavier periods.
Condoms	Male Condom <i>Typical Use: 85%</i> <i>Perfect Use: 98%</i> Female Condom <i>Typical Use: 79%</i> <i>Perfect Use: 95%</i>	Inhibits sperm from entering uterus. Placed on penis or into vagina at time of expected intercourse.	Inexpensive, no prescription needed, prevents transmission of some STDs.	Requires partner cooperation, can break, and may interrupt spontaneity.	Rare latex allergy with male latex condom.
Diaphragm with spermicidal gel	<i>Typical Use: 84%</i> <i>Perfect Use: 94%</i>	Prevents and inhibits sperm from entering uterus. Placed into vagina before expected intercourse.	Few side effects, no hormones.	Must learn proper insertion technique, may interrupt spontaneity.	Rare bladder infections, rare latex allergy.
Fertility Awareness Method (Natural Family Planning)	<i>Typical Use: 75%</i> <i>Perfect Use: 96%</i>	Uses menstrual cycle to predict when you can get pregnant. This applies if you are breastfeeding, have no period and your baby is 6 months old.	Inexpensive, helps woman learn about her body.	Requires careful daily attention to fertility signs and calendar.	None.
Withdrawal	<i>Typical Use: 73%</i> <i>Perfect Use: 96%</i>	Greatly reduces amount of sperm released in vagina.	Inexpensive, can be used at the last minute.	Requires partner cooperation.	May decrease sexual satisfaction.

The Importance of Breastfeeding

The American Academy of Pediatrics recommends exclusive breastfeeding for six months, and continued breastfeeding as complementary foods are introduced, for a total of one year or longer as desired by mother and infant.

At UCSF, we strongly encourage you to breastfeed for many reasons:

Baby

- Breast milk is nutritionally complete. It provides everything your baby needs to grow and develop for the first 6 months of life.
- Breastmilk continues to provide at least ½ of your baby's nutritional needs for 6-12 months.
- Breastmilk is easy to digest.
- Premature babies benefit greatly from breast milk because they absorb it better than formula. It contains special nutrients and protective factors that a premature baby needs to grow, develop and stay healthy.
- Breast milk has substances not found in formula that improve your baby's IQ, vision and digestion.
- Breastfeeding can reduce your baby's incidence of diarrhea, ear infections, breathing problems, blood poisoning, allergies, urinary infections, meningitis, ulcerative colitis, Crohn's disease and Sudden Infant Death Syndrome (SIDS).
- Exclusively breastfeeding a baby for at least 2 months decreases their risk for childhood type 1 diabetes.
- Breastfeeding after introducing solid foods ensures good nutrition and helps with digestion.
- A mother's milk is full of antibodies that protect against chronic diseases such as diabetes, cancer and obesity.
- Children who are breastfed for more than six months have been shown to score higher on fine motor skills (such as wiggling fingers and toes) and cognitive, receptive and expressive communication (such as attention, memory, listening, speaking, and writing).
- Infants who are breastfed exclusively for more than six months are four times less likely to contract pneumonia.
- Breastfeeding after six months continues to provide babies with antibodies, immunities to infections, as they begin to crawl and put items in their mouth.
- Children who are breastfed for six months are significantly protected against eczema, a skin disease, for their first three years of life.
- The longer a mother breastfeeds, the less likely her child will need braces or speech therapy.

Mother

- Recovery from Childbirth
- Increases self-esteem
- Improves IQ
- Breastfeeding releases prolactin, a hormone that promotes relaxation, and oxytocin, which promotes bonding between mother and baby
- The longer a woman breastfeeds, the more protected she is against obesity.
- Women who had gestational diabetes can slow their own development of type 2 diabetes by breastfeeding.
- Extended breastfeeding lowers a mother's risk of developing coronary heart disease, the number one killer of women in America.
- Protects from ovarian and breast cancer and bone loss after menopause.
- Breastfeeding can help new mothers lose weight by burning up to 500-800 calories per day.
- Mothers who breastfeed miss less work to care for sick infants than those who use formula.
- After being at work all day, breastfeeding is a great way for mothers to reconnect and bond with their baby.

See
Breastfeeding
Resources,
page 58.

At the Time of Your Delivery

At UCSF, we are committed to ensuring that all deliveries are safe, comfortable and medically appropriate. Our goal is to respect your wishes as much as possible without endangering you or your baby. We encourage you to have a written birth plan (see page 49). By completing the birth plan prior to your delivery, you have time to consider your options, and the ability to discuss it with your health care provider during your prenatal visit.

UCSF Center for Mothers and Newborns

All labor, delivery and postpartum services are located at UCSF Benioff Children's Hospital, San Francisco. There are private patient rooms, the newborn nursery and the Intensive Care Nursery (ICN) for newborns that need extra care.

Prior to your delivery, we encourage you to tour the UCSF Center for Mothers and Newborns. Call Great Expectations at (415) 353-2667 to schedule a tour. View labor & delivery rooms slide show: <http://www.ucsfmissionbayhospitals.org/women/>

You may bring your partner, a doula, friends or family members to support you during labor. We ask, however, that you limit the number of people you bring to those you would like to be present for the birth.

Pre-admission

All maternity patients are pre-admitted through their health care providers.

When to Call Your Health Care Provider

- If you think you are in labor:
 - 1st baby – contractions every 5 minutes for 1-2 hours
 - 2nd baby – talk to your health care provider ahead of time about when to come to the hospital
- If you think your *bag of water* broke
- If you have bleeding *like a period*
- If the baby is not moving as much as he or she normally does
- If you have any questions or concerns

Arriving at the Hospital

Address

UCSF Betty Irene Moore Women's Birth Center
1855 Fourth Street, Third Floor
San Francisco, CA 94158
(415) 353-1787

Entrance

Enter at the main hospital entrance at 1855 4th Street. The entrance is open 24 hours a day, 7 days a week. Check in with Security at the Main Information Desk (unless it's an emergency). Take Elevator A to the 3rd floor (straight ahead after you enter from the main entrance). Stop at the Welcome Desk (left side after elevator).

Parking

Short-term check-in parking: For your convenience, you may park in the semi-circle in front of the hospital for about 15 minutes.

Be sure to place a sign in your windshield that reads "Woman in Labor" followed by the Labor & Delivery phone number: (415) 353-1787.

Long-term parking: Public parking at UCSF Medical Center is available, for information about parking rates, call (415) 476-2566. Patient valet parking will be offered on weekdays from 8AM to 6PM (last drop off at 3:30pm) in front of the Hospital outpatient building at 1825 4th Street.

Public Transportation

The San Francisco Muni buses 22-Fillmore, 55-16th Street, T-Third Street line all stop at UCSF Medical Center.

Visiting Hours

Your primary support person is allowed 24/7 access. Other Family/Friends/Siblings: 8:00am-8:00pm

A brief health screening will be completed for visitors by the Welcome Desk. Please encourage any friends or family members to stay home if they have any signs of illness.

Your Delivery Team

At the time of delivery, there is always an attending physician and most often a nurse-midwife in the hospital. They, along with a nurse and resident, will be your core health care providers during your labor. Based on the unpredictable nature of labor, there is no guarantee that your primary health care prenatal care provider will be available on-call at the time of your delivery.

Birthing Suite

- You will labor and give birth in a birthing suite and spend a few hours there after delivery. Each birth suite is equipped with a sofa that turns into a cot, a television, telephone and rocking chair.
- Each room also has a private bathroom, including a tub with Jacuzzi® jets and a shower head, which is good for massage. You can still use the tub after your water has broken unless there is a medical reason not to do so. You can labor in the tub, but you must come out of the tub for delivery.
- The bed can be placed into many positions and also has a squatting bar. You can labor in any position that is safe, in or out of bed.
- If you choose to have an epidural, you will not be able to walk or get out of bed during the remainder of your labor.

After delivery

Our goal is that your baby will be dried, placed on your belly and covered with a blanket so that skin-to-skin bonding can take place. *Immediately after delivery, your baby's condition will be evaluated.* Your baby's birth recovery, including birth weight, will be assessed in your birthing suite. If your baby needs a higher level of care, you may accompany your baby, or send your partner or a family member with the baby. Both the newborn nursery and the intensive care nursery are located on the 3rd Floor of the hospital.

Cesarean Birth

If there is a need for you to have a cesarean birth or delivery, there are three Operating Rooms on the floor. After cesarean, you will be moved to a recovery area for about 2 hours. You may have one support person present in the operating room with you if the cesarean is not an emergency.

Nurseries

Both the well-baby nursery and intensive care nursery are staffed 24 hours a day by physicians, nurses and nurse practitioners to care for and meet the needs of your baby throughout your stay.

After delivery and depending on the condition of your baby, he or she will visit the nursery for assessment and care. Staff also perform newborn screening testing, vaccinations and circumcisions in the nursery. After a cesarean birth, the baby often recovers in the nursery. While most healthy babies typically room with their mother during her stay, the staff may sometimes assess a baby and care for it in one of the nurseries. Babies who require greater care stay in the intensive care nursery.

Postpartum Care

A few hours after delivery, you and your baby will be moved to a postpartum room, where you will remain for the rest of your hospital stay. This is usually 1 or 2 nights after a vaginal birth and 3 to 4 nights after a cesarean birth.

This private room (which has your own bathroom and shower) is equipped with a television, telephone and a sofa that turns into a cot. You may have one person spend the night with you.

There is also a bassinet for your baby. Your baby should not be in bed with you while you are sleeping. If you get sleepy, the baby should go back in the bassinet. Staff can assist you with this if you need help.

The UCSF Center for Mothers and Newborns has a shared pantry, which nurses can access, with ice machine, popsicles, juice and a refrigerator. Everything you need for your baby during his/her first couple days of life, such as diapers and clothing, is provided during your stay. Be sure to bring the things with you that you will need to take your baby home, such as a change of clothing, a hat, blanket and an infant car seat, which is required by law.

What You Might Like to Bring to the Hospital with You

- Bathrobe and slippers
- Shampoo, conditioner, lotion, massage oil, lip balm
- Snacks and drinks for your support people
- Clothes for you to wear home
- An outfit, hat and blanket for your baby to wear home
- Infant car seat is required for discharge.

Mom Mobile

After your baby's birth, enjoy the convenience of educational and support services right in your hospital room! If you are interested in viewing the Mom Mobile catalog during your hospital stay, please ask your nurse or call the Mom Mobile coordinator at (415) 514-2670.

Birth Plan/Preference List

Date: _____

Name: _____

Reviewed with: _____

The following concerns are often important to expectant families. We encourage you to think about them carefully and to discuss them with your partner and your health care provider. When complete, share this birth plan with your health care provider.

1. All babies are monitored externally on admission to the UCSF Center for Mothers and Newborns for 20-30 minutes. If this monitoring period does not indicate any problems, you may choose to be monitored intermittently, unless continuous monitoring becomes medically necessary.

Notes: _____

2. Intravenous (IV) fluids may be necessary if you are dehydrated from vomiting, long labor or to administer medication. You may choose to labor without IV fluids unless it becomes medically required.

Notes: _____

3. Pain medication and/or anesthesia are available during labor, if you desire. Please read the section called *Pain Relief for Labor and Vaginal Birth* in this guide (page 36). Let us know your preference.

Notes: _____

4. What kind of labor support and comfort measures do you prefer?

Preferences: _____

5. The usual hospital length of stay is 1-2 days after a vaginal birth and 3-4 days after a cesarean birth.

Notes: _____

6. Who will provide the following?

- Ride to the hospital: _____
- Support during labor: _____
- Ride home from the hospital: _____

7. We encourage you to consider breastfeeding your baby and to attend the *Preparation for Breastfeeding* class. If you prefer to bottle feed, we support your preference.

Your Preference: Breastfeeding Bottle feeding Both

8. If you have a baby boy, you need to decide if he will have a circumcision. Please read the section on *Circumcision* in this guide (pages 39-40) and let us know your choice.

Your Preference: Yes No

9. Do you have religious, cultural, or spiritual needs that we should know about?

Notes: _____

10. It is a good idea to start thinking about your options for family planning after delivery.

Please review the section on *Birth Control Methods* in this guide (pages 42-43).

If you are considering a tubal ligation (permanent birth control), you must sign your consent form before you go into labor.

Notes: _____

11. Any other requests?

Requests: _____

We have every intention of honoring all of your requests. In some situations, it may be necessary to change your birth plan for your health or your baby's health.

UCSF Center for Mothers and Newborns

UCSF Betty Irene Moore Women's Hospital

1855 4th Street, 3rd Floor, San Francisco, CA 94143
(415) 476-1540.

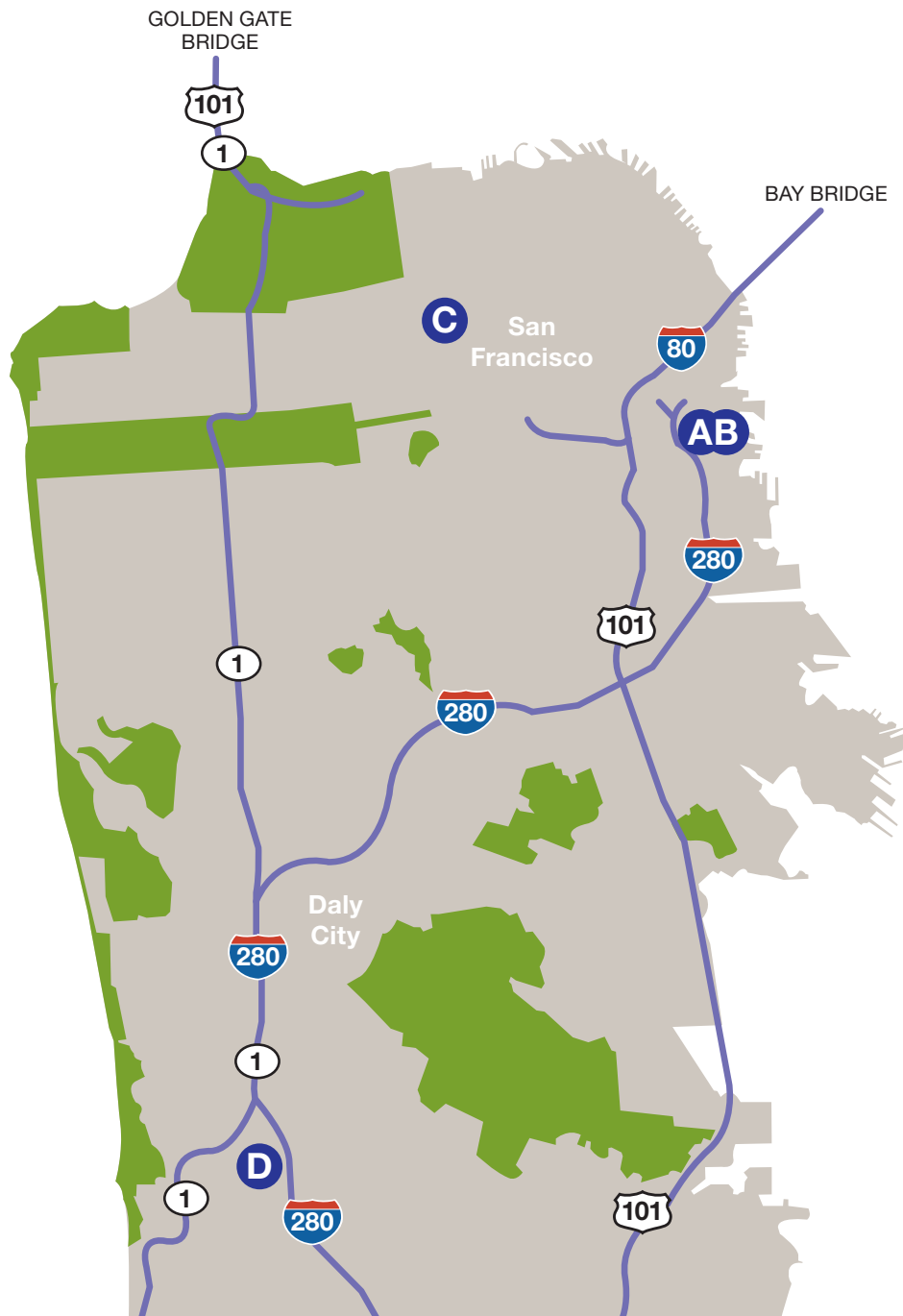
Parking

Patients may be dropped off at the circle at 1855 4th Street, for about 15 minutes. See parking information on page 47.



Area Map

- A**
UCSF Betty Irene Moore Women's Hospital
UCSF Mission Bay Hospital
- B**
UCSF Obstetrics & Gynecology at Owens Street
Mission Bay Location
- C**
UCSF Obstetrics & Gynecology
Mount Zion Location
- D**
UCSF Obstetrics & Gynecology
Serramonte Location



See area map on previous page

UCSF Women's Health Obstetrics Services



Mission Bay Locations

1825 4th Street, 3rd Floor, San Francisco, CA 94143
(415) 353-4600

1500 Owens Street, Suite 380. San Francisco, CA 94158
(415) 353-4600

Parking: Public parking options at UCSF's Mission Bay campus garages include:

- 1835 Owens St., located across from the UCSF Ron Conway Family Gateway Medical Building
- 1625 Owens St., located next to the Mission Bay Community Center
- 1630 Third St., located just north of 16th Street
- 1500 Owens St. surface lot, available for patients of the Orthopedic Institute and Obstetrics & Gynecology Services at Mission Bay

Public Transportation: The San Francisco Muni buses 22-Fillmore, 55-16th Street, T-Third Street line all stop at UCSF Medical Center.



Mount Zion Location

2356 Sutter Street, 6th floor, San Francisco, CA 94115
(415) 353-2566

Parking: Public parking is available at the following locations:

- 1635 Divisadero Street: Across the street from UCSF/Mount Zion
- 1515 Scott Street: Across the street from the Public Library

Public Transportation: UCSF Women's Health Obstetrics Services at Mount Zion is easily accessible via Muni bus routes 2-Clement (wheelchair accessible on weekends), 38-Geary (wheelchair accessible daily), and 24-Divisadero. The 1-California stop at California and Divisadero Streets is three blocks north of the hospital.



Serramonte Location

333 Gellert Boulevard, Suite 120, Daly City, CA 94105
(415) 353-2566

Parking: There is a free public parking lot located in the shopping center where the office is located.

Public Transportation: Sam Trans: #120, 121, 122, 123. Schedules available at (800) 660-4287.

Billing Resources

Insurance policies and maternity coverage vary considerably. Your policy may or may not include deductibles and/or copayments for visits, labs ultrasounds and hospitalization. Many policies require no copayment for routine prenatal visits.

Additional appointments to handle an acute problem or concern with your health, however, may require the payment of your office copayment at the time of service. UCSF may also bill some deductibles and copayments after your maternity service is complete with us.

Please contact your insurance representative regarding the details of your coverage, so you can understand the payments for which you are responsible.

To speak with a UCSF financial counselor regarding billing and insurance questions, call **(415) 514-6989**.

UCSF Women's Health Resource Center

The mission of the UCSF Women's Health Resource Center is to support women and their families in making informed decisions about their health and to encourage them to become active partners in their health care. The Center provides information and education about health issues as well as referrals to health care providers in women-focused specialty areas, such as pregnancy, breast care, urogynecology, mental health and menopause.

UCSF Women's Health Resource Center

www.whrc.ucsf.edu/whrc

Mission Bay: 1855 4th Street, Suite A3471, 3rd Fl
San Francisco, CA 94143
(415) 514-2670

Mt. Zion: 2356 Sutter Street, J112, 1st floor
San Francisco, CA 94115
(415) 353-2667 (pregnancy-specific)

Services for Pregnant Women and Their Families

- Great Expectations® Pregnancy Program
- Childbirth/parenting classes
- Prenatal and parenting book and video library
- Breast pump rental and sales
- Lactation products and supplies
- Links to community resources

Other Services for Women throughout the Lifespan

- Lending library
- Patient education materials
- Mini-bookstore
- Classes and workshops
- Referrals to providers who specialize in women's health
- Community resources/outreach
- Assistance in navigating UCSF Medical Center



Reading List for Expectant Parents

Pregnancy and Childbirth Preparation

- *The Complete Book of Pregnancy and Childbirth*, Sheila Kitzinger
- *Pregnancy, Childbirth, and the Newborn: The Complete Guide*, Simkin, Whalley, Keppler, Durham, Bolding, 4th Edition
- *Our Bodies, Ourselves: Pregnancy and Birth*, Boston Women's Health Book Collective, Judy Norsigian
- *A Child is Born*, Lennart Nilsson – photography book
- *The Birth Partner: A Complete Guide to Childbirth for Dads, Doulas, and all Other Labor Companions*, Penny Simkin
- *Ina May's Guide to Childbirth*, Ina May Gaskin
- *Birthing a Better Way: 12 Secrets for Natural Childbirth*, Kalena Cook, Margaret Christensen, MD

Parenting and Child Development

- *Heading Home with Your Newborn: From Birth to Reality*, Laura A. Jana, MD, Jennifer Shu, MD
- *Caring for Your Baby and Young Child: Birth to Age 5*, American Academy of Pediatrics
- *Guide to Your Child's Sleep*, American Academy of Pediatrics
- *The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer*, Harvey Karp, MD
- *Infant Massage – Revised Edition: A Handbook for Loving Parents*, Vimala Schneider McClure

Twins and Multiple Pregnancy

- *Twins! Pregnancy, Birth and the First Year of Life*, Agnew, Klein, Ganon
- *Having Twins and More: A Parents Guide to Multiple Pregnancy, Birth, and Early Childhood*, Noble, Sorger, Keith
- *Mothering Multiples: Breastfeeding & Caring for Twins or More*, Karen Kerkhoff Gromada

Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Pregnancy, Childbirth and Parenting

- *The New Essential Guide to Lesbian Conception, Pregnancy & Birth*, Stephanie Brill

- *The Ultimate Guide to Pregnancy for Lesbians: Tips and Techniques from Conception to Birth: How to Stay Sane and Care for Yourself*, Rachel Pepper
- *For Lesbian Parents: Your Guide to Helping Your Family Grow Up Happy, Healthy, and Proud*, Johnson, O'Connor
- *The Complete Lesbian and Gay Parenting Guide*, Arlene Istar Lev
- *The Lesbian Parenting Book*, Clunis, Green
- *Lesbian Health 101: A Clinician's Guide*, Dibble, Robertson

Single Motherhood

- *Single Mothers by Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood*, Jane Mattes

Teen Pregnancy, Childbirth and Parenting

- *You Look Too Young To Be a Mom, Teen Mothers Speak Out on Love, Learning, and Success*, edited by Deborah Davis
- *The Unplanned Pregnancy Book for Teens and College Students*, Dorrie Williams-Wheeler
- *Life Interrupted: Scoop on Being a Young Mom*, Tricia Goyer
- *Your Pregnancy and Newborn Journey: A Guide For Pregnant Teens*, Jeanne Warren Lindsay

Older Mothers

- *Warm Bottles Hot Flashes: First-Time Mothers Over Forty*, Nancy London
- *Midlife Motherhood: A Woman-to-Woman Guide to Pregnancy and Parenting*, Jann Blackstone Ford
- *Pregnancy and Parenting after Thirty-Five: Mid Life, New Life*, Michele C. Moore MD, Caroline M. de Costa MD

Nutrition and Managing Morning Sickness during Pregnancy

- *Eating for Pregnancy: The Essential Nutrition Guide and Cookbook for Today's Mothers-to-Be*, Jones, Hudson
- *Expect the Best: Your Guide to Eating Before, During and After Pregnancy*, The American Academy of Nutrition and Dietetics
- *Managing Morning Sickness: A Survival Guide for Pregnant Women*, Miriam Erick, MS, RD

Web Resources

Drug and Environmental Exposures during Pregnancy

- *The Complete Guide to Everyday Risks in Pregnancy and Breastfeeding: Answers to All Your Questions about Medications, Morning Sickness, Herbs, Diseases, Chemical Exposures and More*, Gideon Koren, MD

After Delivery

- *Mothering the New Mother: Women's Feelings & Needs After Childbirth: A Support and Resource Guide*, Sally Placksin
- *Cesarean Recovery*, Gallagher-Mundy

Breastfeeding and Infant Nutrition

- *The Breastfeeding Mother's Guide to Making More Milk*, West, Marasco
- *Nursing Mother, Working Mother*, Kathleen Huggins
- *The Nursing Mother's Companion*, Kathleen Huggins
- *Defining Your Own Success*, Diana West
- *The Womanly Art of Breastfeeding*, La Leche League International

Books for Introducing the New Baby to Siblings

- *How Was I Born: A Child's Journey Through the Miracle of Birth*, Nilsson, Swanberg
- *The New Baby at Your House*, Cole, Miller

Postpartum Depression

- *Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression*, Bennett, Indman
- *The Birth of a Mother: How the Motherhood Experience Changes You Forever*, Daniel Stern, MD
- *Becoming the Parent You Want To Be*, Laura Davis & Janis Keyser
- *Mothering Without a Map*, Kathryn Black
- *Mindful Birthing*, Nancy Bardacke, CNM
- *Parenting From the Inside Out*, Daniel Siegel, MD, & Mary Hartzell, MEd
- *Becoming Attached*, Robert Karen, PhD

Pregnancy and Beyond

- American Pregnancy Association: www.americanpregnancy.org
- March of Dimes Foundation: www.marchofdimes.com/pnhec/pnhec.asp
- WebMD – Health & Parenting Center: www.webmd.com/parenting/default.htm
- Storknet: Your Pregnancy and Parenting Web Station: www.storknet.com
- American College of Nurse-Midwives: Share with Women: www.acnm.org/share_with_women.cfm
- National Women's Health Information Center: www.4woman.gov
- Centers for Disease Control and Prevention Pregnancy Site: www.cdc.gov/ncbddd/pregnancy
- Lamaze® International: www.lamaze.org
- Mindful Birthing: www.mindfulbirthing.org
- Adult Immunization and Travel Clinic: www.sfdph.org/aitc
- Organization of Teratology Information Specialists: www.otispregnancy.org
- Environmental Working Group: www.ewg.org
- Perinatal Reproductive Psychiatry Information: www.womensmentalhealth.org
- La Leche League: www.llli.org
- National Healthy Mothers, Healthy Babies Coalition (get free text messages about your pregnancy): www.text4baby.org
- USDA MyPyramid: www.mypyramid.gov/mypyramidmoms/index.html
- The American Academy of Nutrition and Dietetics –Nutrition for Women and Kids: www.eatright.org/Public

Postpartum Depression

- Postpartum Support International: (800) 944-4773, www.postpartum.net
- Perinatal and Reproductive Psychiatry Information: www.womensmentalhealth.org
- Meditations to download: www.dharmaseed.org
- Mamas Resource Network: www.mamasresourcenetwork.com
- Mindful Motherhood: www.mindfulmotherhood.org
- Post-Partum Progress: www.postpartumprogress.com
- Post-Partum Men: www.postpartummen.com
- Golden Gate Mothers Group: www.ggmog.org

Choosing a Pediatrician

While you are in the hospital, a team of UCSF pediatric nurse practitioners and doctors are responsible for examining and caring for your baby. We recommend that in the final few months of your pregnancy, you choose a pediatrician, family doctor or nurse practitioner to provide medical care for your baby once you go home. Before leaving the hospital, the baby's information is forwarded from UCSF to the health care provider you chose, and your first baby appointment is scheduled.

There are many health care providers to choose from in the San Francisco Bay Area. Make sure the one you choose:

- Accepts your health insurance
- Is relatively convenient to your home
- Is recommended by someone you know

Be sure to call your health insurance provider within 30 days of your delivery to include your baby in your health insurance plan.

UCSF Pediatric Groups

UCSF Lakeshore Family Practice*

www.ucsfhealth.org/adult/special/I/105818.html
1569 Sloat Boulevard, Suite 333
San Francisco, CA 94132
(415) 353-9339
Spanish, Cantonese, French speaking

UCSF Primary Care Laurel Village

3490 California Street, Suite 200
San Francisco, CA 94118
(415) 514-6200

UCSF Mount Zion Pediatrics*

2330 Post Street, Suite 320
San Francisco, CA 94113-1660
(415) 885-7478
Spanish, Mandarin, Tagalog, Japanese speaking
Interpreter services for other languages

UCSF Primary Care China Basin

185 Berry Street, Suite 130
San Francisco, CA 94115
(415) 514-6420

Other Pediatric Groups – San Francisco

Pacific Pediatric Medical Group

45 Castro Street, Suite 232
San Francisco, CA 94114
(415) 565-6810

Noe Valley Pediatric Office

3700 24th Street
San Francisco, CA 94114
(415) 641-1019
German, Spanish speaking

Private Pediatric Office*

950 Stockton Street, Suite 205
San Francisco, CA 94108
(415) 989-1453
Cantonese, Mandarin speaking

Town and Country Pediatrics

3838 California Street, Suite 111
San Francisco, CA 94118
(415) 666-1860

*Accept Medi-Cal insurance

Golden Gate Pediatrics

www.goldengatepediatrics.com
3641 California Street
San Francisco, CA 94118
(415) 668-0888

Pediatric Medical Group of San Francisco

Stonestown Medical Building
595 Buckingham Way, Suite 430
San Francisco, CA 94132
(415) 242-5433
Spanish, Tagalog speaking

Stonestown Pediatric

Stonestown Medical Building
595 Buckingham Way, Suite 335
San Francisco, CA 94132
(415) 566-2727
(415) 666-1860

Peninsula Pediatric Groups

Bay Area Pediatrics

www.bayareapediatrics.com

- 123 South San Mateo Drive
San Mateo, CA 94401
(650) 343-4200
- 1500 Southgate Avenue, Suite 104
Daly City, CA 94015
(650) 992-4200
Spanish speaking
- 1800 Sullivan Avenue, Suite 202
Daly City, CA 94015
(650) 756-4200
- 57 El Camino Real
San Carlos, CA 94070
(650) 591-3937

Marin Pediatric Groups

Tamalpais Pediatrics

- 599 Sir Francis Drake Boulevard, Suite 102
Greenbrae, CA 94904
(415) 461-0440

- 1615 Hill Road, Suite 11
Novato, CA 94947
(415) 892-0965
Spanish, Portuguese speaking

Golden Gate Pediatrics

www.goldengatepediatrics.com
61 Camino Alto, Suite 107
Mill Valley, CA 94941
(415) 388-6303
Spanish speaking

Town and Country Pediatrics

61 Camino Alto, Suite 103
Mill Valley, CA 94941
(415) 383-0918

East Bay Pediatric Groups

Bayside Medical Group*

www.baysidemed.com

- 2915 Telegraph Avenue, Suite 200
Berkeley, CA 94705
(510) 843-4544
- 3100 Telegraph Avenue, 2nd Floor
Oakland, CA 94609
(510) 452-5231
- Also in Alameda, Livermore, Tracy, Pinole,
San Ramon, Walnut Creek and Pleasanton
baysidemedical.com
Spanish speaking

Berkeley Pediatric Medical Group*

www.berkeleypediatrics.com
1650 Walnut Street
Berkeley, CA 94709
(510) 848-2566
Spanish, Mandarin speaking

East Bay Pediatrics

www.eastbaypediatrics.com

- 96 Davis Road, Suite 2
Orinda, CA 94563
(925) 438-1100 option 7
- 2999 Regent Street, Suite 325
Berkeley, CA 94705
(925) 438-1100 option 7

Breastfeeding Resources

Breast milk is the ideal food for all babies because it provides complete nutrition for your baby. Breast milk contains substances that help fight infection. It is especially beneficial for premature babies and infants with a strong family history of allergies. The American Academy of Pediatrics (AAP) recommends breast milk as the ideal food for the first year of life. We encourage you to breastfeed. If you have a medical condition that prohibits you from breastfeeding, we will provide you with the support and supplies you need to feed your baby during your stay.

Preparation for Breastfeeding

UCSF Women's Health Resource Center

1855 4th Street, Suite A3471
San Francisco, CA 94158
(415) 514-2670

2356 Sutter Street, J112, 1st Floor
San Francisco, CA 94143
(415) 353-2667

- Breastfeeding class: a preparation program to help learn about breastfeeding and provides practical tips for returning to work. Highly recommended.
- Bookstore and lending library
- Lactation supplies, including nursing bras, pillows, breast pumps for sale or rent.

Getting Started at the UCSF Center for Mothers and Newborns

- The postpartum nurses are trained in breastfeeding and manage lactation concerns for the majority of new mothers. If special breastfeeding needs or concerns arise, a board-certified lactation consultant is available to provide additional support.
- After your baby's birth, enjoy the convenience of Great Expectations' continuum of educational support services delivered right to your hospital room. Notify your nurse if you would like to view the Mom Mobile catalog during your stay. Call Great Expectations for more information (415) 514-2670.

UCSF Resources after You Leave the Hospital

UCSF Women's Health Obstetrics Services

(415) 353-2566

- Registered nurses with breastfeeding and postpartum knowledge are available to answer breastfeeding questions or concerns via the telephone, Monday-Friday: 8:00am-5:00pm.

UCSF Outpatient Lactation Clinic

Obstetrics & Gynecology at Mission Bay

1825 4th Street, 3rd Floor, San Francisco, CA 94158
Monday, Wednesday, Thursday

Obstetrics & Gynecology at Mt. Zion

2356 Sutter Street, San Francisco, CA 94115
Tuesday, Friday (afternoon only)

- The lactation clinic is available at both Mount Zion and Mission Bay locations. Appointments are made for a one-on-one visit with an IBCLC (International Board Certified Lactation Consultant). Initial appointments are 60-90 minutes and follow-ups are 45 minutes.

UCSF Women's Health Resource Center

1855 4th Street, Suite A3471
San Francisco, CA 94158
(415) 514-2670

2356 Sutter Street, J112, 1st Floor
San Francisco, CA 94143
(415) 353-2667

- Hospital-grade electric pumps are available for use during your hospital stay and for rent once you leave the hospital.
- Bookstore and lending library. Lactation supplies, including nursing bras, pillows, breast pumps for sale or rent.





Community Resources

Alta Bates Outpatient Lactation Clinics

<http://www.altabatessummit.org/clinical/lactation.html>

Berkeley

2450 Ashby Ave., lobby level, Berkeley, CA 94705

(510) 204-6546

Lafayette

3595 Mount Diablo Blvd. Suite 350

Lafayette, CA 94705

(510) 204-7701

- Breastfeeding support group, board-certified lactation consultants available for private consultations. Breast pumps and lactation supplies available.

Bayarealactation.org/find-a-lactation-consultant.html

List of private lactation consultants and other resources.

Day One Baby

<https://www.dayonebaby.com/>

San Francisco

sacramentostreet@dayonebaby.com

3548 Sacramento Street, San Francisco, CA 94118

(415) 813-1931

Palo Alto

552 Waverly St., Suite 127, Palo Alto, CA 94301

(650) 646-7644

- Fee-for-service classes and support groups. Board-certified lactation consultants for private consultations. Breastfeeding, baby supplies and pump rentals are available.

Healthy Horizons

<http://www.healthyhorizonsonline.com>

Peninsula Breastfeeding Center

1432 Burlingame Avenue, Burlingame, CA 94010

(650) 347-6455

- Board-certified lactation consultants are available for private consultations. Breastfeeding classes and support groups as well as supplies.

La Leche League International

www.LLLi.org

24-hour Hotline: (877) 4 LA LECHE (525-3243)

- Breastfeeding information, telephone advice, education and support to nursing mothers.

Breastfeeding Resources (continued)

Community Resources

Marin General Lactation Center

www.maringeneral.org/programs-services/pregnancy-childbirth/lactation-center
250 Bon Air Road, Greenbrae, CA 94904
(415) 925-7522

- Breastfeeding support, counseling and assistance by board-certified lactation consultants. Breast pump rentals are also available.

Natural Resources

www.naturalresources-sf.com
1367 Valencia Street, San Francisco, CA 94110
(415) 550-2611

- Breastfeeding support groups and other parenting classes. Breastfeeding supplies and community resources are available. Lactation consultants at fee-for-service, pump rentals.

Newborn Connections

<http://www.cpmc.org/newbornconnections/>
3698 California St. 1st Floor Street, San Francisco, CA 94118
(415) 600-BABY (2229)

- Breastfeeding support groups, latch clinic, board-certified lactation consultations available or private consultations. Breastfeeding and baby supplies and pump rentals are also available.

Nursing Mothers Counsel

www.nursingmothers.org
(650) 327-6455

- Breastfeeding information, counseling and support. Free breastfeeding classes. Breast pump rentals and supplies.

National Breastfeeding Helpline

<http://www.womenshealth.gov/about-us/health-information-by-phone/>
National Breastfeeding Helpline: (800) 994-9662

- Talk with a trained breastfeeding peer counselor in English or Spanish. The counselors can answer common breastfeeding questions.
- Monday through Friday, from 9 am-6 pm., EST. If you call after hours, you will be able to leave a message, and a breastfeeding peer counselor will return your call on the next business day.

Sequoia Lactation Center

http://www.sequoiahospital.org/Medical_Services/Birth_Center/LACTATION_CENTER

(650) 368-2229

- Lactation consultations and breastfeeding supplies.

Silicon Valley Breastfeeding Center

671 Oak Grove Ave., Suite P
Menlo Park, CA 94025
(650) 847-1907

WIC (Women, Infants and Children) Program

www.cdph.ca.gov/programs/wicworks
(888) 942-9675

- WIC is an excellent resource for eligible, low-income clients. This program provides breastfeeding assistance and breast pump loans to those clients having difficulty nursing or returning to work.
- They have many offices statewide.
- The San Francisco WIC Breastfeeding Support Warm Line: If you live in San Francisco, this hotline is available for questions, problems, and support. Assistance is available in English, Spanish and Chinese.
(415) 575-5688

Books & Websites

- *The Nursing Mother's Companion*, Kathleen Huggins
- *The Womanly Art of Breastfeeding*, La Leche League International
- *Mothering Multiples: Breastfeeding and Caring for Twins or More*, Karen Kerkhoff Gromada
- *Making More Milk*
Diana West IBCLC and Lisa Marasco MA, IBCLC
- *Defining Your Own Success: Breastfeeding after Breast Reduction Surgery*, Diana West
- *Nursing Mother; Working Mother; Revised Edition*, Gale Pryor and Kathleen Huggins
- *The Nursing Mother's Guide to Weaning, Revised Edition*, Kathleen Huggins and Linda Ziedrich
- International Lactation Consultant Association:
www.ilca.org
- Breastfeeding and Parenting.
Evidence-based information on breastfeeding and parenting issues:
www.kellymom.com
- Office on Women's Health:
www.womenshealth.gov
- American Academy of Pediatrics:
www.healthychildren.org (consumer site powered by AAP)
- Information and issues related to African American women:
www.mochamilk.blogspot.com.
- The American Academy of Breastfeeding Medicine: www.bfmed.org
- UC Davis Human Lactation
www.secretsofbabybehavior.com
- Breastfeeding after nipple and breast surgeries
www.bfar.org
- Breastfeeding after nipple and breast surgeries
www.bfar.org

Birth Certificate Information and Worksheet

After your child's birth, UCSF will submit the birth certificate, which is required by California law, to the San Francisco County Health Department for registration. A certified copy will be mailed to your home. Should you ever need additional certified copies, you may get them from the San Francisco Department of Public Health, Office of Vital Records or the California Office of Vital Records.

A birth certificate is a legal document, which your child may need to:

- Obtain a social security number
- Enroll in a school
- Obtain a work permit
- Apply for a driver's license
- Obtain a passport
- Apply for various benefits, such as public assistance and military

Please be certain the information on the certificate is accurate and complete. Your signature on the birth certificate confirms that you have carefully reviewed the information and that it is correct.

An amendment form is required to make corrections to the birth certificate. It can take up to one year to apply an amendment, and it becomes a two-page document instead of a single page.

Many changes on the birth certificate require the applicant to go to court for a court order.

Common mistakes that require amendments:

- Use of a nickname rather than the formal first name (i.e., Kathy instead of Katherine)
- Misspelled first, middle and last names of child and/or parents
- Incorrect state, country and/or birth date of parent(s)
- Reversed order of last (family) names
- Incorrect sex of child
- Incorrect birth date

If you make an error, amendment forms may be obtained at the San Francisco Department of Public Health, Office of Vital Records or the California Office of Vital Records.

Please fill out the birth certificate worksheet on the opposite page and bring it with you to the hospital.

Birth Certificate Worksheet

Girl Boy

NAME: _____ FIRST (GIVEN) _____ MIDDLE _____ LAST (FAMILY) _____
PEDIATRICIAN: _____ NAME _____ PHONE _____

Confidential information for Public Health Department use only.

BIRTH MOTHER'S HOME ADDRESS:

STREET _____ CITY _____ STATE _____ ZIP _____ PARENTS MARRIED? YES NO
COUNTY _____ PHONE _____ BIRTHDATE OF MOST RECENT CHILD: _____
NUMBER OF PREVIOUS CHILDREN: _____

FATHER / PARENT

NAME: _____ FIRST (GIVEN) _____ MIDDLE _____ LAST (FAMILY) _____
SSN: _____ - _____ - _____ DATE OF BIRTH: _____
STATE OR COUNTRY OF BIRTH: _____
USUAL OCCUPATION: _____
USUAL BUSINESS OR INDUSTRY: _____
EDUCATION (GRADE OR DEGREE): _____
RACE (LIST UP TO THREE): 1) _____ 2) _____ 3) _____
HISPANIC, LATINO OR SPANISH? NO MEXICAN, MEXICAN-AMERICAN, CHICANO
 CENTRAL AMERICAN, CUBAN SOUTH AMERICAN PUERTO RICAN
IS THIS THE BABY'S BIOLOGICAL FATHER? YES NO
IF NO, NAME OF BIOLOGICAL FATHER: _____

MOTHER / PARENT – CURRENT LAST NAME:

NAME: _____ FIRST (GIVEN) _____ MIDDLE _____ LAST (NAME YOU WERE BORN WITH) _____
SSN: _____ - _____ - _____ DATE OF BIRTH: _____
STATE OR COUNTRY OF BIRTH: _____
USUAL OCCUPATION: _____
USUAL BUSINESS OR INDUSTRY: _____
EDUCATION (GRADE OR DEGREE): _____
DATE LAST WORKED: _____
RACE (LIST UP TO THREE): 1) _____ 2) _____ 3) _____
PRIMARY LANGUAGE: _____
HISPANIC, LATINO OR SPANISH? NO MEXICAN, MEXICAN-AMERICAN, CHICANO
 CENTRAL AMERICAN, CUBAN SOUTH AMERICAN PUERTO RICAN

WIC RECIPIENT? YES NO SMOKE TOBACCO? YES NO



