

INFORMATION FOR PATIENTS

Postpartum: Now that You've Given Birth



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Important Phone Numbers

UCSF obstetric clinic phone numbers

- Mission Bay OB Clinic. (415) 353-2566
1825 4th Street, 3rd Floor
- Mt. Zion Clinic. (415) 353-2566
2356 Sutter Street, 4th and 5th Floor
- Owens Street Clinic. (415) 353-4600
1500 Owens Street, Suite 380
- Family Practice Clinic (415) 353-9339
- Young Women's Clinic. (415) 885-7478
- One Medical Group. (415) 644-5265
- UCSF Triage (415) 353-1787 ex. 2

UCSF pediatric primary care practices in San Francisco

- Mount Zion Pediatrics (415) 885-7478
2330 Post Street, Suite 320
- Primary Care at Laurel Village (415) 514-6200
3490 California Street, Suite 200
- Primary Care at China Basin (415) 514-6420
185 Berry St., Suite 130
- Family Medicine Practice at Lakeshore (415) 353-9339
1569 Sloat Blvd., Suite 333

Postpartum Care and Recovery: The First Six Weeks

Before you leave the hospital your provider will tell you when to schedule a postpartum visit in the office. Usually this will be in about six weeks. You should, however, call your provider anytime you have any concerns.

Vaginal bleeding

It is normal to have some bleeding or discharge for six weeks or more after giving birth. At first, the bleeding is bright red and heavier than a period. Within two weeks, the flow should lighten so you need only a mini pad. The color may be pink, brown, or red. The bleeding may stop for a few days and then start again. This is normal and may depend on how active you were during the day.

Stitches

After giving birth, women may have some tears, swelling around the vagina, and/or hemorrhoids. Ice packs will help with swelling and discomfort during the first day. By the second day, switch from ice to “sitz baths,” soaking in warm water in the tub or in a basin that fits in the toilet.

Continuing these soaks once or twice a day for about 10 days will be comforting, may prevent infection, and may speed up the healing process. Your nurse will show you how to use a sitz bath.

If your tears require stitches, the stitches will dissolve and do not need to be removed.

Hemorrhoids

Hemorrhoids are generally aggravated by pregnancy and also during pushing in labor. They will start to improve after childbirth. In addition to taking sitz baths, avoid constipation by drinking lots of water and eating lots of fiber (such as bran cereal) every day. Taking a stool softener, which is available over the counter, also may help. Cold helps to shrink them, so cold packs just to the hemorrhoids (avoid your stitches area) can help.

Pain and discomfort

It is normal to have pain and discomfort after giving birth. Most often women have cramping that may be similar or worse than menstrual cramps. The cramps may occur before or during breastfeeding as your body releases hormones.

There also may be pain/soreness in your vagina and perineum (bottom). This will get better over time and using comfort measures such as ice, warm water and rest will help. You can take ibuprofen (Motrin, Advil), acetaminophen (Tylenol) or other pain medications as prescribed by your provider.

Bladder function

Due to muscle stretching, nerve damage, and hormonal changes that occur during pregnancy and childbirth, some women may have trouble holding their urine. This means having trouble holding urine long enough to make it to the bathroom when the urge strikes (urge incontinence) or losing urine when they cough, sneeze, or run (stress incontinence).

Urinary incontinence may improve on its own postpartum; however many women may need individualized treatment from a pelvic physical therapist to resolve the issue. If you still have incontinence when you see your Provider for your 6 week follow-up then that is a good time to ask for a referral to see a pelvic physical therapist. The good news is that both stress and urge incontinence respond well to pelvic floor muscle strengthening.

Diet

Continue to eat well-balanced meals as you have during pregnancy. You may continue your prenatal vitamins as desired. Follow your body's signals to drink plenty of water. Plenty of water helps you feel better after blood loss, and helps minimize constipation.

Sleep

Not getting enough sleep is a problem for all new parents. While there is no way to get as much sleep as you need, make sure that you get as much as you can. Pain, frustration and depression are all increased by lack of sleep. Whenever possible have another adult at home with you during the first few weeks to help take care of your baby and help you get some extra rest.

Sexual activity

Bleeding, healing stitches, fatigue, hormonal changes and the demands of breastfeeding all can affect a woman's comfort and interest in sexual activity. Only you can decide when you are ready. Emotional support and affection are always important. We recommend that you wait to begin sexual activity until after seeing your provider.

The vagina may be dryer after giving birth, particularly for breastfeeding women. Using a lubricant may make sex play or intercourse more comfortable. If you need more vaginal lubrication we recommend using a water or silicon-based lubricant. Oils or Vaseline as a lubricant can cause a vaginal infection as well as damage condoms.

Although breastfeeding can reduce the chances of getting pregnant in the first few months, it does not completely protect against pregnancy. Using contraception for intercourse immediately after giving birth is recommended if you do not want to get pregnant again right away.

Condoms are always an option. Read Birth Control Methods, page 14 in this packet and talk with your provider about other options. Choose what works best for you and your family.

Activity and exercise

After nine months of being pregnant, many women are eager to "get their bodies back." However, just as it took those many months to prepare to give birth, it takes time to feel and look like "you" again. There are certain changes that need to occur and cannot be sped along. It takes time for the uterus to shrink, for your body to lose the extra fluid and hormone levels to return to normal.

The activities of daily living that you do to care for yourself and your baby around home are enough activity in the first few weeks. Any "spare" time should be spent sleeping and off your feet. This will allow stitches to heal, bleeding to slow down and your body to recover.

Kegel exercises can be started anytime. *Instructions on how to do Kegals can be found on page 12.* After four to six weeks, you may begin gradually to add other exercise into your routine.

Special instructions after cesarean birth

Giving birth by cesarean means you have had major abdominal surgery and may require a longer recovery time. Allow yourself time to heal during the first six weeks. It is easy to get frustrated; make sure to ask for help when you need it.

It is normal to feel pain or numbness around the incision site and this will diminish over time.

Try not to strain the incision by lifting anything heavier than your baby. Being up and about is important as it promotes healing, but your activity should be limited in the first few weeks. Slowly start to increase your activity levels based on how you are feeling.

It may be unsafe to drive a car for two to three weeks if you are taking narcotics for pain, as they may make you drowsy.

You can shower and bathe but keep your incision dry at other times. The adhesive strips (steri-strips) that are across the incision will gradually start to fall off within the first week. After 10 days, you should gently remove all remaining strips.

When to call your provider:

- Increase in bleeding: Soaking > 1 maxi pad/hour; passing > walnut size clots
- Foul smelling discharge
- Fever over 100.4° F (38° C)
- New or worsening pain including a headache, that is not helped by pain medicine
- Problems with urinating or emptying your bladder
- Signs of infection of the C-section incision such as redness, opening of incision, drainage and/or foul odor.

Please call the office where you received your prenatal care with your concerns.

UCSF Obstetric clinic phone numbers

- Mission Bay OB Clinic (415) 353-2566
- Family Practice Clinic (415) 353-9339
- Young Women's Clinic (415) 885-7478
- One Medical Group (415) 644-5265
- UCSF Owens Street (415) 353-4600

If your clinic is closed due to weekends, holidays, or after-hours, please call UCSF Triage for advice. They can see you if there is an urgent problem and troubleshoot problems on the phone: call 415-353-1787 and press "2" for triage.

Depression during Pregnancy and Postpartum

Pregnancy and the postpartum period are times of great change – physically, hormonally, emotionally and socially. Even though pregnancy and birth are often joyful occasions, they are also times of increased stress that put women at higher risk for depression.

Depression is common

Depression affects 10–20% of all women in pregnancy and postpartum. It can begin before the baby is born or develop months after the baby arrives. Any woman can develop depression during pregnancy or postpartum.

The blues: a normal part of adjusting to pregnancy and parenting

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 childbirth, a majority of women will develop postpartum blues within the first few 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.

Depression: more than just the blues

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

- Feelings of worthlessness or guilt
- Dislike or fear of touching the baby
- Low energy, difficulty getting out of bed
- Loss of appetite or overeating
- Feeling overwhelmed or unable to take care of your baby
- Thoughts of death or suicide
- Anxiety or panic attacks
- Trouble sleeping
- Loss of interest in previously enjoyable activities

Depression is treatable

Untreated depression can last for months or years, but there are many good treatment options available. They include individual therapy, group therapy, education, and medication. Many antidepressant medications can be taken during pregnancy and while breastfeeding.

If you feel you may be suffering from depression or if you just want to talk about what resources are available, call and make an appointment with our counselor who can help you evaluate your situation.

Online Resources

- Postpartum Support International: (800) 944-4773, www.postpartum.net
Promotes awareness, prevention and treatment of perinatal mood disorders. Helps women access information, social support and informed professional care. Website directs to regional coordinators to help with local resources.
- Perinatal and Reproductive Psychiatry Information: www.womensmentalhealth.org
- UCSF Pregnancy and Postpartum Mood Assessment Clinic: Providing comprehensive counseling and information for pregnant women and new mothers.
http://obgyn.ucsf.edu/patientcare/preg_post-part_clin.aspx
- Postpartum Progress, a widely read blog addressing issues surrounding motherhood and perinatal mood concerns www.postpartumprogress.com
- This Emotional Life, special section on postpartum health
www.pbs.org/thisemotionallife/topic/postpartum
- Postpartum Support International www.postpartum.net
- Mindful Motherhood, Dr. Cassandra Vieten www.mindfulmotherhood.com
- Mindful Childbirth and Parenting, Nancy Bardacke www.mindfulbirthing.org
- California Maternal Mental Health Collaborative: www.camaternalmentalhealth.org

Additional Articles about the Motherhood Journey:

- New Research on Postpartum Depression Could Change the way we Think About the Baby Blues:
<http://qz.com/612694/new-research-on-postpartum-depression-could-change-the-way-we-talk-about-the-baby-blues/>
- Motherhood Mindset: Three Ways to Practice Mindfulness with Your Baby
www.huffingtonpost.com/dr-juli-fraga/motherhood-mindset-three-ways-to-practice-mindfulness-with-your-baby_b_5816650.html
- Nursing Your Baby: Sometimes It Takes a Village - by Dr. Juli Fraga
www.huffingtonpost.com/dr-juli-fraga/nursing-your-baby-sometimes-it-takes-a-village_b_4878565.html
- The Biggest Mistake We Mothers Will Make
www.huffingtonpost.com/aidan-donnelley-rowley/the-biggest-mistake-we-mo_b_5295627.html?utm_hp_ref=forgiveness
- From Partners to Parents: www.theconversation.tv/parenting/first-time-parents-care/

Books, a sampling:

Becoming the Parent You Want To Be, Laura Davis & Janis Keyser

Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression & Anxiety,
Shoshana Bennet, PhD & Pec Indman, EdD, MFT

The Birth of a Mother: How the Motherhood Experience Changes You Forever, Daniel Stern, MD

Mothering Without a Map, Kathryn Black

Parenting From the Inside Out, Daniel Siegel, MD & Mary Hartzell, MEd

UCSF Postpartum Depression Resources

Resources for Emergencies

9-1-1

Dial 9-1-1 for any emergency assistance.

The Afterglow: A Postpartum Support Group for New Moms (UCSF) (415) 353-2667

Fee: \$150 per six session series. Sliding scale available. www.whrc.ucsf.edu/whrc/gex/afterglow.html

The "Afterglow" is a postpartum support group for new moms with babies anywhere between the ages of 0-6 months. New moms and their babies gather to share their experiences and support one another in the early days of parenting.

During this 6-week series, participants will delve deep to discuss some of the most poignant topics that arise for women during postpartum.

Learn about the 'baby blues' and the emotional changes that can occur after childbirth.

Practice self-care, relaxation techniques, including yoga, which are clinically proven to reduce stress and increase mom's wellbeing.

Discuss the highs and lows of motherhood in a supportive space.

Connect with other new parents.

This group is facilitated by **Melissa Whippo, LCSW**, Social Worker at the UCSF Pregnancy & Postpartum Mood Assessment Clinic and **Juli Fraga, PsyD**, Psychologist specializing in perinatal wellness.

Is this a therapy group?

We will cover a range of therapeutic topics and teach some therapeutic tools for self-care and stress management. This is not a therapy group.

Will my insurance reimburse me for this group?

UCSF will not bill insurance for this group series, however, if you have a PPO insurance benefit, we can give you the CPT code so that you may file your own claim.

UCSF Pregnancy and Postpartum Mood Assessment Clinic (415) 353-2566

8:00am – 5:00pm Monday – Friday

UCSF Outpatient Obstetrics Clinic

1825 Fourth Street, Third Floor

Evaluations for pregnant and postpartum patients who may be suffering from depression/anxiety. Treatment referrals made to therapists and for medication, resources, and support groups in the greater Bay Area. Provides education and counseling on postpartum depression for women and their partners.

Serves only UCSF patients.

Additional San Francisco Resources:

ZSFG Psychiatric Emergency Services (415) 206-8125

1001 Potrero Avenue, 24 hours a day, seven days a week.

Evaluation for hospitalization/legal hold.

SF DPH Mobile Crisis Treatment Team (415) 970-4000

8:30am – 11:00pm Monday – Friday

12pm – 8pm Saturday

Anyone, including clients, can call for an evaluation of a psychiatric crisis in the community. Will see clients in the home or elsewhere, including the street, regardless of insurance status.

Westside Integrated Services - Community Crisis Clinic (415) 355-0311 x1200

245 11th Street (at Howard)

Monday – Friday 8:00am – 6:00pm Saturday:

9:00am – 5:00pm Drop-in only. No appointments. First come, first served.

Clients should go early to be seen (around 7 am).

Provides services in English. Translation services available. Only serves San Francisco residents.

Does not accept private insurance.

Child Protective Services

SF Human Services Agency - Child Abuse Reporting (415) 558-2650 or 1-800-856-5553

24 hours a day, seven days a week.

Telephone Counseling

Suicide Prevention

(415) 781-0500 or 1-800-273-TALK

24 hours a day, seven days a week.

Trained volunteer counselors provide crisis telephone counseling, information, and referral.

Postpartum Support International - Postpartum Depression Stress line 1-800-944-4773

9:00am – 9:00pm Everyday

Free and confidential telephone support and referral to medical providers and support groups for women experiencing postpartum blues, depression, and anxiety. Call and leave a message and they will return your call within 24 hours.

Provides services only in English. For more information visit: www.postpartum.net

TALK Line Family Support Center Parental Stress Line (415) 441-KIDS or (415) 441-5437

Phone hours: 24 hours a day, seven days a week. 1757 Waller Street (between Stanyan and Shrader)

Drop-In: 10:00am – 2:00pm Monday – Thursday

By Appointment: 9:00am – 8:30pm Monday – Thursday

9:00am – 5:00pm Friday

Parental stress, child abuse prevention, emergency respite care, single parent network, parents' group, crisis counseling, substance abuse services and ongoing therapy.

Childcare is available starting at 10:00am. <http://talklineforparents.org>

National Perinatal Hotline - Postpartum Moms' Line 1-800-773-6667

24 hours a day, seven days a week.

Provides counseling and referrals for women experiencing postpartum depression. Provides services in English and Spanish.

The Parentline

Contact: (844) 415-2229

The University of San Francisco School of Nursing and Health Professions is offering a new service called Parentline. It's a free and confidential service for expectant parents, new parents, and caregivers of children up to the age of three. The Parentline staff are trained professionals who can provide help in addressing non-medical concerns regarding parenting and child development issues.

Community Resources

Public Health Nursing – Women & Children's Referral Line 1-800-300-9950

8:00am – 5:00pm Monday – Friday.

Home visits to high-risk prenatal and postpartum women and chronically ill children. Services in English, Spanish, & Chinese.

Postpartum Depression Resources in San Francisco (continued)

Infant Parent Program (415) 206-5270

1001 Potrero Ave., Building 5, 6B

8:00am – 5:00pm Monday – Friday.

Intensive mental health services to children at risk.

Birth to age 3. Home visits by professional staff.

Provides individual psychotherapy treatment. Focus on mother-baby relationship.

Serves only San Francisco residents with Medi-Cal.

Epiphany In-Home Services Program (415) 567-8370

100 Masonic Avenue

8:30am – 4:45pm Monday-Friday

Provides in-home parenting education and support services to parents with children 0–5 years old. No income limit.

Insurance or Medi-Cal is not required.

Asian Perinatal Advocates (APA) Family Support Services

(415) 617-0061 (counseling center)

10 Nottingham Place

8:30am – 5:00pm Monday-Friday

Cambodian line: (415) 674-6819

Laotian line: (415) 674-6825

Chinese line: (415) 642-6850

Tagalog line: (415) 642-6851

Vietnamese line: (415) 674-6820

Samoan line: (415) 642-6854

Home visits, counseling, family hotline, domestic violence program, support groups and Family Resources Network.

Referrals to Outpatient Mental Health

Resources

Mental Health Access Referral Line

(415) 255-3737 or (888) 246-3333

24 hours a day, seven days a week.

Call anytime, in any language, for referrals to neighborhood mental health clinics and therapists in San Francisco. Staff provide phone-based program information, support, assessment, suicide prevention, and clinic referrals. The program serves only San Francisco residents and accepts SF Medi-Cal, Medicare, Healthy San Francisco, and Healthy Workers coverage. The uninsured may be served on a sliding scale basis. Private insurance is not accepted.

Perinatal Triage Line (CPMC)

(for Pregnancy & Postpartum)

(415) 600-3637

24 hours a day, seven days a week.

Call anytime, leave a message and a clinician will call you back. Focuses on your current concerns to assess potential treatment options. After a short phone intake, clinician may recommend a specialty-trained provider, who best meets your (and/or your partner's) needs. Accepts Medi-Cal or \$38.00 flat fee per in-person session. Can refer to other resources for those with other health insurances.

For ZSFG and SF Health Network Members

Psychiatry Services at SFGH OB Clinic (5M)

(415) 206-3409

Providers can make an appointment for prenatal to 2 months postpartum women for mental health assessment and treatment by calling ZSFG Women's Health Center (5M) at 415-206-3409 from 8 AM – 5 PM Monday – Friday or by referral to High Risk OB (HROB).

Mental health appointments occur Thursday morning 9 AM – 12 PM in High Risk OB Clinic. San Francisco Health Network and ZSFG maternal child health providers can call (415) 990-2327 for consultation.

Pelvic Floor Exercises

Pelvic floor muscle exercises (aka Kegel exercises)

Pelvic floor muscle exercises, also called Kegel exercises, strengthen the group of muscles called the pelvic floor muscles. These muscles surround the urethra, vagina, and rectum, and contract and relax under your command. They are important for normal bowel, bladder and sexual function, and provide support to our back and pelvis along with our other core muscles. When they are weak and/or tight, they can cause various symptoms including urinary incontinence, vaginal prolapse and pelvic pain.

Who should perform pelvic floor muscle exercises, aka Kegel exercises?

Research has shown pelvic floor muscle exercises can be beneficial for people with stress urinary incontinence, urge incontinence and vaginal prolapse. These exercises can be started right away after birth (either vaginal or C-section birth); however If you have any worsening of pelvic pain or urinary incontinence or prolapse, you should stop the pelvic floor muscle exercises and pursue treatment with a pelvic physical therapist. You may be doing the exercise incorrectly and need some guidance on correct form.

How to perform pelvic floor muscle exercises, aka Kegel exercises

Begin by locating the correct muscles. It can be challenging to locate these muscles in the start but keep trying.

- 1) Squeeze and lift the area of your vagina and rectum (your pelvic floor region) as if you are trying to stop the flow of urine or stop the pass of gas.
- 2) Also, you can insert a finger in your vagina to test if you are doing the contraction correctly. You want to feel the muscles squeezing and lifting upward.

Once you have found the muscles, you can start exercising. Here are a few guidelines:

- 1) Avoid tightening the abdominal, buttock and thigh muscles while doing this. These are compensatory muscles and it is best to try to isolate the pelvic floor muscles only.
- 2) Do not hold your breath. It is best to perform the exercise coordinated with your breathing. Keep your pelvic muscles relaxed on the inhale, and then squeeze and lift the pelvic muscles on the exhale.
- 3) The recommended number of repetitions per day can be variable depending on a person's baseline of strength, but a general recommendation is 10 to 15 repetitions performed three times a day.
- 4) It can be helpful to work on both the fast & slow twitch muscle fibers of the pelvic floor by doing some short-hold contractions and some long-hold contractions. Eg. Short holds: 2 sec squeeze/2 sec rest, Long holds: 5 sec squeeze/5 sec rest. You can slowly work on building up your endurance to 10 sec for the long holds.
- 5) Completely relax your pelvic floor muscles after each repetition. Do not push out/bear down when relaxing the pelvic muscles.
- 6) Do not do the exercises while urinating, this confuses the bladder.
- 7) It can take 4-6 weeks to notice a difference in the frequency of leaking.

When to perform Kegel exercises?

You can do these exercises at any time during the day: watching television, doing dishes, sitting in school, at your desk, or lying in bed. Typically lying down can be the easiest place to contract the muscles when you first begin to do them.

Other tips:

- 1) Avoiding bladder irritants such as caffeine, alcohol and artificial sweeteners can help reduce symptoms of urinary urgency and frequency
- 2) Timed voiding i.e. going to the bathroom at specific time intervals about every 2 hours can help you with symptoms of urinary incontinence and urinary urgency
- 3) Drink adequate amounts of water in the day

When to go see a specialist?

If you continue to have symptoms of incontinence or vaginal heaviness, or you are experiencing pelvic pain at your 6 week postpartum visit then ask your provider if seeing a pelvic physical therapist is right for you.

Benefits of performing Kegel exercises include:

- Improved healing of the perineum after childbirth
- Reduce urinary stress incontinence (when urine leaks during coughing, sneezing, or laughing)
- Possible prevention of a sagging uterus or other pelvic organs
- Greater pleasure in sexual intercourse
- Less discomfort from pelvic exams
- Increased awareness of circulation in genital area

Birth Control Methods Appropriate With Lactation

Method	Range of Effectiveness	How it Works	Advantages	Disadvantages	Side Effects
NON-HORMONAL METHODS					
LAM: Lactational Amenorrhea	<i>Typical Use:</i> <i>Unknown</i> <i>Perfect Use:</i> 98%	Suckling stops development of the follicle or egg-containing sac.	No cost, Non-Hormonal, Encourages Exclusive Breastfeeding	Dependent on 100% feeding at the breast round-the-clock. Works 6 months only. If going more than 4 hours between feeds might not be effective. Ineffective once menses resume.	With exclusive breastfeeding many women have less vaginal lubrication. A water-soluble lubricant is advised for use with all birth control methods while breastfeeding.
Condoms: Male or Female	<i>Typical Use: Male Condom:</i> 82%, <i>Female Condom:</i> 79% <i>Perfect Use: Male Condom:</i> 98%, <i>Female Condom:</i> 95%	Inhibits sperm from entering uterus. Placed on penis or into vagina before expected intercourse.	Inexpensive, Can be used "at last minute", Protects against some STDs, No prescription needed, no hormones.	Requires partner cooperation, Can break, could interfere with spontaneity, must be used every time you have intercourse.	Rare latex allergies with male latex condom. Using a condom that comes lubricated, or a water soluble lubricant while breastfeeding is advised.
Diaphragm or Cervical Cap with Spermicidal Gel	<i>Typical Use:</i> 88% <i>Perfect Use:</i> 94%	Prevents and inhibits sperm from entering uterus. Placed into vagina before expected Intercourse.	Inexpensive, no hormones, few side effects.	Requires learning to use, may interrupt spontaneity, and must be used every time you have intercourse.	Rare bladder infections, rare latex allergy.
Copper T IUD: ParaGard®	<i>Typical use:</i> 99.2% <i>Perfect use:</i> 99.4%	Inhibits sperm activity, kills sperm, it is inserted into uterus by a Provider. Lasts up to 12 years.	No hormonal side-effects, long-term, fertility returns quickly when removed. Easy to use.	Clinician must insert and remove. Possible irregular spotting for the first months after insertion.	Increased bleeding and cramping usually lasts 6 months.
Fertility Awareness Method (Natural Family Planning)	<i>Typical use:</i> 75% <i>Perfect use:</i> 96%	Uses events of menstrual cycle, basal temperature, and fertility signs to predict periods of infertility.	Inexpensive, helps women learn about their body	Requires careful daily attention to fertility signs and to calendar. Women who are breastfeeding usually do not have regular cycles or the fertility signs that are essential parts of predicting when they are "safe". LAM (see above) is the natural method that works while breastfeeding.	None.
Withdrawal or "Pull-out" method	<i>Typical Use:</i> 73%, <i>Perfect use:</i> 96%	Greatly reduces amount of sperm released in vagina.	Inexpensive, can be used at the last minute.	Requires partner cooperation. May be more difficult to do when "under the influence".	May decrease sexual satisfaction.

Method	Range of Effectiveness	How it Works	Advantages	Disadvantages	Side Effects
Progesterone-Only Methods, Usually Appropriate With Breastfeeding					
Levonorgestrel IUD: Mirena® (6 years) Skyla® (3 years)	<i>Typical Use:</i> 99.8% <i>Perfect Use:</i> 99.9%	Thickens cervical mucus, inhibits sperm. Inserted by health care provider.	Extremely effective, long-term, decreases cramping and menstrual bleeding several months after insertion.	Clinician must insert and remove. Possible irregular spotting for the first months after insertion.	Hormonally-related side effects are less with Skyla. Irregular and light periods. Some women report mild negative mood effects.
Implantable small rod in arm: Nexplanon® (3 years)	<i>Typical Use:</i> 99.9% <i>Perfect Use:</i> 100%	Thickens cervical mucus which inhibits sperm. Thins uterine lining and prevents ovulation. Small rod inserted in upper arm secretes progesterone.	Extremely effective, easy to use. May have lighter bleeding with cycles.	Clinician must insert and remove. Irregular bleeding first 6 months.	Irregular periods. Some women report mild or negative effects on mood.
Progesterone-only birth control pills: Mini-pill or Nor-Be®	<i>Typical Use:</i> 91% <i>Perfect Use:</i> 99.7%	Thickens cervical mucus and thins uterine lining which inhibits sperm. Taken same time each day by mouth.	Usually safe for milk supply with breastfeeding and the only oral birth control that doesn't contain estrogen.	Must be taken every day and at same time each day to be effective.	Irregular periods.
Progesterone Injection: Depo-Provera®	<i>Typical Use:</i> 94% <i>Perfect Use:</i> 99.7%	Thickens cervical mucus and thins uterine lining Disrupts ovulation. Must be injected every 3 months.	Easy to use, very confidential, decreases menstrual bleeding.	Need regular office visits every 3 months. Takes 12-18 months for fertility to return. Cannot discontinue and once injected lasts 90 days. Larger amount of progesterone, so side-effects can be stronger.	Can have irregular or no periods, but if given directly following delivery, postpartum bleeding may last longer. Larger weight gain for some individuals than other methods; some women suffer mood changes.
PERMANENT METHODS					
Tubal Ligation	<i>Typical Use and Perfect Use:</i> 99.5%	Surgically cuts the fallopian tubes so the egg cannot pass through.	Permanent, not dependent upon future actions.	Post-surgical discomfort, non-reversible	Surgical and anesthesia risks
Vasectomy	<i>Typical Use:</i> 99.8% <i>Perfect Use:</i> 99.9%	Surgically cuts, clamps, or seals the ducts on a male partner that allow the sperm to mix with the ejaculate.	Permanent, not dependent upon future actions.	Post-surgical discomfort, non-reversible. Must have 10-20 ejaculations after surgery and a sperm count done 3-4 months after surgery to be sure surgery was effective.	Surgical and anesthesia risks

Method	Range of Effectiveness	How it Works	Advantages	Disadvantages	Side Effects
Combined Hormonal Birth Control Methods					
Progesterone Plus Estrogen Methods: Not advised while breastfeeding as can lower milk supply					
Combination Birth Control Pills	<i>Typical Use:</i> 91% <i>Perfect Use:</i> 99.7%	Prevents ovaries from releasing egg. Thickens cervical mucus and thins uterine lining.	Decreased risk of ovarian cancer, regular cycles, less cramping, improvement PMS	Dependent on taking regularly (daily), can reduce milk supply, rare but serious side-effects such as blood clots. Should not be taken during the first 6 weeks postpartum.	Nausea, headaches, breast tenderness and mood changes initially.
Vaginal Ring: NuvaRing®	<i>Typical Use:</i> 92% <i>Perfect Use:</i> 99.7%	Same as combination birth control pills. Put new ring in vagina every month as directed.	Similar to combination birth control pills; once-a-month application, more constant level of hormones therefore less side-effects, such as nausea, than combination pills.	Can have same side effects as combination birth control pills including reducing milk supply of mother.	Possible increased vaginal discharge, otherwise same side effects as combination pills with possibly less nausea.
The Patch: Ortho Eva®	<i>Typical Use:</i> 92% <i>Perfect Use:</i> 99.3%	Same as combination birth control pills. Apply to skin weekly, as directed.	Similar to combination birth control pills; once-a-month application patch, more constant level of hormones therefore can have similar side-effects than combination pills.	Can have same side effects as combination birth control pills including reducing milk supply of mother.	Possible skin irritation, otherwise same side effects as combination pills with possibly less nausea.

Td and Tdap Vaccine Information

VACCINE INFORMATION STATEMENT

Tdap Vaccine *What You Need to Know*

(Tetanus,
Diphtheria and
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
 - have seizures or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had a condition called Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap (*Did not interfere with activities*)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap (*Interfered with activities, but did not require medical attention*)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap (*Unable to perform usual activities; required medical attention*)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement **Tdap Vaccine**

2/24/2015

42 U.S.C. § 300aa-26



Your Guide to Breastfeeding Your Newborn Baby

Congratulations on your decision to breastfeed your baby! UCSF supports breastfeeding due to the many health benefits for both mother and baby. All of our nurses are trained to help you with breastfeeding while you are in the hospital, and we have lactation consultants to see you if you are having any problems.

Because of the many health advantages for you and your baby, the American Academy of Pediatrics recommends that you exclusively breastfeed (only breastmilk) for the first six months. They recommend that you continue breastfeeding as solid foods are introduced, for a total of at least one year or as long after that as you and your baby want.

Getting Started with frequent Breastfeeding: Move Milk!

The most important recommendation for successful breastfeeding is to “move milk.” What this means is that frequent feeds in the early days of breastfeeding create an excellent milk supply. This is the foundation for successful feeding. Here are some details of “moving milk”:

- The early milk is called colostrum. It is a small volume, so your baby can practice sucking, swallowing and breathing with small amounts.
- The early milk is also called “liquid gold” because each drop has so many protective properties for your baby’s immune system.
- While some babies are sleepy the first 24 hours and nurse less frequently, most babies are waking up and nursing 8-12 times in 24 hours by day 2. These frequent feeds will bring in the milk sooner, and make a bigger milk supply.
- Expressing milk or pumping 8 or more times in 24 hours will create a good milk supply if your baby is not latching at the breast. Breast pumping and hand expression are important to do if your baby does not or cannot latch at the breast.

Cue-Based or Infant-led feeding

- Healthy term babies know just how much to eat and how often to eat. That is why we say “watch the baby, not the clock.” This means that you should feed your baby when your baby gives signals or cues that they are ready to eat.
- Sometimes babies sleep through a meal and then eat several meals in a row to catch up. This is normal and healthy, and it is called cluster feeding.
- Early cues to feed: opening eyes to look for the breast, opening their mouth, sucking on their hands. Babies feed best when fed while exhibiting early cues.
- Later cues to feed: fussing and crying. It is best to calm the baby down before feeding if crying.
- Babies who are fed by their cues usually eat more often, bring in the milk sooner, lose less weight, and create a better milk supply.

Rooming-in care

UCSF values and supports you in having your baby with you day and night so we can help you care for your baby around-the-clock. Some reasons for having your baby with you in the same room include:

- We can help show you positions to feed your baby at night that are comfortable and safe.
- We can help you learn your baby's feeding cues. This will lead to more frequent feeds and a good milk supply.
- Night feeds are good for your baby's health. Frequent waking is one of the reasons breastfed babies have up to 50% less Sudden Infant Death Syndrome.
- Your baby will cry less when close to you.
- We are here to help you and your support person work as a team to care for your baby when you are tired.

Avoiding bottles and pacifiers at first if your baby is breastfeeding

UCSF supports you in being successful in learning to feed your baby at the breast. Ideally, your baby will do most of the work sucking at the breast, and create an excellent milk supply. If your baby needs to have supplemental milk for a medical reason, alternative feeding methods can be explored with your nurse or lactation consultant. Avoiding bottles and pacifiers is advised until breastfeeding is well-established because:

- Your baby may learn to suck in a different way with a bottle or a pacifier, which might make breastfeeding more difficult
- When using a pacifier, you might miss some important feeds as you might not notice subtle infant feeding cues.
- The ways we can supplement a baby without using a bottle include using a feeding syringe, spoon and cup feeding, and tube feeding at the breast.

Note: Except for pain relief, for example during a circumcision, the American Academy of Pediatrics recommends no pacifiers for breastfeeding babies until breastfeeding is well-established (around 3-4 weeks).

Comfortable Mom, Comfortable Baby, Baby's Mouth Near the Nipple

How to get a wide, comfortable latch:

- Hold your baby close to your body, with their tummy facing yours. Your baby's nose should be across from your nipple.
- Gently tickle their upper lip up and down with your nipple until their mouth opens wide like a yawn or touch your nipple near to your baby's nose until they open wide.
- Pull your baby in quickly, chin leading, so they take in as much breast as possible, resulting in a deep latch.
- Relatch your baby if there is a shallow latch (only the nipple or a small amount of breast is in their mouth).

Note: Baby's chin is in close, baby's mouth is open very wide!



Your baby is able to breastfeed in many positions. All positions have these things in common:

- Your baby's mouth is open very wide as your baby latches.
- Your baby's chin is in close to the breast.
- Mother and baby are comfortable.

Here are some of the positions you might find comfortable, feel free to try one or all of them:



Cross-Cradle Hold



Cradle Hold



Laid-Back Nursing



Football Hold



Upright Hold



Side-Lying Position



Double-Football with twins



Over-the-shoulder hold for during or after a Cesarean Delivery

Signs that your baby is getting enough milk in the hospital:

- Your baby's weight is within the normal range for a newborn. Please note: we expect all babies to lose a small percentage of their birthweight. We will let you know if the weight loss is of concern.
- Your baby passes urine at least once during the day the first day, and twice on the second day and three times on the third day.
- Your baby is passing meconium stools.

Signs that your baby is getting enough milk at home:

- Your baby breastfeeds about 8 to 12 times in 24 hours, including at least 1-2 night feeds
- You can hear your baby suck and swallow.
- Your baby has more clear or pale-yellow wet diapers by day 4.
- Your baby may have as many as 4 or more loose yellow stools daily by day 5.
- Your baby appears calm and full after feedings.
- Your breasts feel fuller prior to each feed than after the feed, when they feel softer.

Note: we will be watching your baby's weight closely, and let you know if supplementation is needed both in the hospital and after discharge.

Hand Expression of Milk:

Hand Expression of milk is a wonderful skill taught to all of our breastfeeding mothers. It can be used to help stimulate a larger milk supply and to provide extra early milk for your baby. It can also be used to soften your breasts once the later milk comes in if your breasts are too full. Always wash your hands before hand expression of your milk. Your nurse can give you a feeding syringe or a spoon to collect your early milk, and you can feed this to your baby. Women who are exclusively using an electric pump to pump their milk, can make and collect more milk if after most of their pumping sessions are finished, they hand-express their milk. Ask your nurse if you have any questions.

How to hand-express:

1. Wash your hands.
2. Massage your breasts. This will stimulate more milk.
3. Place your hands in a wide "C" on the breasts, with your fingers together below and your thumb above. (You can use one or two hands)
4. PRESS back towards your chest. Avoid stretching your skin.
5. COMPRESS or squeeze your breast bringing the fingers and thumb towards each other and towards the nipple at the same time. Avoid sliding your fingers around.



6. RELAX your thumb and fingers, and start the process again. Move your hand around your breast to drain all areas.
7. Collect any expressed colostrum or breastmilk drops with a spoon, cup, or feeding syringe and give to baby.



Use your breastfeeding resources while in the hospital, like help from your nurses, but you can also watch how to do hand-expression of your milk by watching these excellent videos on hand-expression online for extra reinforcement:

1. Hand-Expression by Jane Morton: www.youtube.com/watch?v=613yqVEtu3I&index=3&list=PLwhVFNpBugEtJPEfInJd8cALY4OucNFY&t=26s&frags=pl%2Cwn or simply search: Hand Expression Jane Morton
2. Global Health Media Hand Expression: <https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/> or simply search: Global Health Media How to Express Breastmilk

Using an electric breast pump

Using an electric breast pump if you are separated from your baby, will help you create and maintain your milk supply. Some tips for using the electric pump include:

- Begin pumping with a hospital grade pump if your baby is in the Intensive Care Nursery (ICN) as soon as advised. You can pump the first feeds by Hand Expression for several minutes (see above), but will want to add the electric breast pump at about 6 hours or as advised.
- We advise 8 – 10 pumping sessions in 24 hours to create an excellent milk supply. This should include at least 1-2 night pumping sessions.
- It is normal to have small amounts of milk at first. Even drops of colostrum can be beneficial for your baby.
- You can increase milk flow by placing warm washcloths on your breast, playing nice music, taking a prior warm shower, putting your pump flanges under warm water prior to pumping, and/or massaging your breasts.
- Clean the pump parts that come in contact with the breastmilk in hot, soapy water. Rinse, and air dry after each use. You may also boil the kits or place in a dishwasher daily. Follow the written cleaning instructions specific to your pump.

Using a Manual or Hand Pump:

- We give many patients a manual pump prior to discharge from the postpartum unit.
- Start with breast massage or warmth to the breast as advised above under the topic Using an electric breast pump.
- Center the pump flange over the nipple.
- Begin pumping with a steady slow pull, and repeat until milk no longer flows.

Handling and Storing Your Milk:

- Storing and feeding from the same bottle decreases the risk of contamination that can occur when the milk is poured from the storage container to the bottle.
- Label each bottle with the date and time the milk was expressed. This will help you feed the milk in the sequence that it was pumped.
- Refrigerated or frozen milk should be stored in the back of the refrigerator or freezer to avoid temperature changes when the door is opened.
- Defrost milk in the refrigerator overnight, or place the bottle in warm (not hot) water for several minutes. Never microwave breast milk as it can have hot spots that can burn your baby.
- When thawing frozen milk, label the time when the milk is thawed completely to start acceptable time limits.
- Use fresh milk whenever available. Freezing decreases some of the immune and digestive functions of breastmilk.

Breast and Nipple Care

- It is ideal to wash your hands with soap and water before each feeding.
- You may wash your nipples with a mild soap and water each day.
- You may express colostrum, the breastmilk drops, and apply it to your nipples. Air dry to keep your nipples healthy.
- Wear a well-fitting bra if you need support. Avoid bras that are too tight. Underwire bras have been associated with plugged ducts if the underwire puts pressure on the breast. The underwire should be against the ribs, underneath the breast.

Breastfeeding Challenges

Flat or inverted nipples:

Flat or inverted nipples can be challenging or might not cause any problems at all with breastfeeding. Your infant should open her/his mouth widely and close her/his mouth as far back as possible.

Here are some tips:

- Make a “sandwich” with the breast, which means keeping your fingers and thumb parallel to your baby’s lips, and pushing as much breast into your baby’s mouth as possible. This can particularly help when your nipples are “flat” or “smooth”. Here is a picture of making a sandwich:



The thumb and fingers are parallel to the lips and the breast is scooped towards the baby.

- Help evert your nipples by rolling and gently tugging on the nipple with your fingers.
- Pump for a short time before feeding to draw the nipples out.
- Use a nipple shield, only if needed, to allow your baby to latch and help pull out your nipple.

- Avoid pacifiers or bottles as their use may make your baby less likely to latch well.
- Get hands-on help from your Nurse or a Lactation Consultant.

Sore Nipples

In the process of getting a “good latch,” your baby should attach with a wide mouth, and lead with the chin. (see: How to get a wide, comfortable latch). If your baby latches deeply, your nipples should not have damage. However, you might experience some sensitivity, especially during the first several sucks of the feeding when your baby first attaches. Nipple sensitivity is common during the first week of breastfeeding, but should improve with practice.

If your nipple continues to hurt after the first several sucks, your baby may not be attached deeply enough. You can carefully unlatch and try latching again. After the feeding, your nipples should look the same as they did at the start of the feeding. If they are pinched or creased, your baby may not be deeply latched. If your baby is latched correctly, and in a good position, breastfeeding is usually comfortable. After you are discharged: If your nipples become sore after being comfortable, or they remain uncomfortable without improvement, contact a breastfeeding resource person in your area.

Help for Sore Nipples:

- Start feeds on the less sore side first
- Use hand expression or massage, or warm compresses to start your milk flowing prior to feeding.
- Try the clutch (football) hold, or the cross-cradle hold, and you can most easily get a deep latch in these holds. Tilt your baby's head back and lead with the chin.
- Try changing positions each time you breastfeed.
- Use comfort measures such as warm compresses, lanolin creams such as Lanisoh and Purelan, your own colostrum, or hydrogel dressings after the feeds. These can be very soothing.
- Release the suction if you remove your baby from the breast before your baby detaches. Put a clean finger in the side of your baby's mouth, between the jaws, to break the suction. Then remove your baby.
- Expose your nipples to air as often as possible. Wearing breast shells using the large opening, can help keep your sore nipple from touching your clothing with: can also be more comfortable.

Engorgement

Engorgement may occur in the first days after childbirth. As low-volume colostrum changes to higher volume mature milk, your breasts will feel full and may become hard and uncomfortable, especially just before a feeding. This usually lasts 2–3 days. Sometimes the breasts are so firm that your baby has difficulty latching.

Help for engorgement

- Breastfeed frequently, at least 10–12 times in 24 hours. Frequent feeds are the most important thing you can do to resolve this overfull feeling.
- Make sure your baby is well latched when feeding. A thorough feeding will soften the breasts, making them feel empty.
- Some mothers find that applying a warm, moist towel to your breasts for 2–5 minutes or taking a warm shower before breastfeeding helps improve the milk flow.

- If your baby has trouble latching onto your swollen, full breasts, try hand expressing or pumping for a few minutes to remove a little milk and soften the areola before s/he feeds.
- If your breasts become so full that your baby cannot latch-on at all, your milk should be expressed and fed to your baby. Examples of alternative feeding methods are spoon-feeding, cup feeding, and finger feeding. The nurse or lactation consultant may teach these techniques to you.
- Express milk after breastfeeding either by hand or with a pump if your breasts still feel uncomfortably full after a feeding, but try not to over-pump. This can encourage your breasts to make more milk than your baby needs and prolong your engorgement.
- Many mothers find that placing ice packs on their breasts after feedings helps to relieve some of the swelling and pain. Ice packs can be used for up to 20 minutes every couple of hours. Lying down while applying ice may help relieve fullness and aid in the natural drainage of the breasts.

Help for plugged ducts

- Make sure your baby is well latched onto breast.
- Breastfeed frequently on the affected side.
- Position your baby so that her/his chin points to the blocked duct.
- Alternate breastfeeding positions so your baby can more completely drain the breast.
- Gentle massage around the plugged duct while in the shower and while breastfeeding can help with drainage.
- Use warm compresses over area before feeding.
- Soak the breast in a basin of warm water and gently massage the affected area of the breast before expressing milk.
- Increase your fluid intake and rest as much as possible.

Mastitis

Mastitis is an inflammation of the breast that may be the result of an infection or a plugged duct. The milk is generally not affected. Symptoms include having a hard, red, painful area on your breast, fever over 100.4 degrees, and flu-like symptoms.

Help for mastitis

- Any infection of the breast should be seen by a health care provider, and antibiotics are usually necessary.
- Increase frequency, duration of breastfeeding, and alternate positions to help with breast drainage.
- If your baby cannot breastfeed from the affected breast, pump that breast until your baby can resume breastfeeding.
- Rest as much as possible. Go to bed with your baby close by for the first few days of antibiotics. Put off all non-essential tasks or get help with cleaning, shopping, etc. Your job is to rest and nurse.
- Take a mild pain medication as recommended by your health care provider.
- Apply warm compresses to the breast several times per day before breastfeeding.
- Increase your fluid intake.

Breast Milk Storage for Term Infants*				
Human Milk	Room Temperature	Refrigerator	Refrigerator Freezer (0°/-18C)	Deep Freezer (<0°)
Freshly expressed breast milk	Up to 6 hours	Up to 5 days	Up to 6 months	12 months
Previously frozen, thawed in fridge	Up to 4 hours	24 hours	Do not re-freeze	Do not re-freeze
Previously frozen & brought to room temp	Until feeding ends	Up to 4 hours	Do not re-freeze	Do not re-freeze
Previously frozen, warmed and fed	Until feeding ends	Up to 4 hours	Do not re-freeze	Do not re-freeze

*Storage time may vary for premature or sick babies. Please check with your baby's healthcare provider.

Adapted from, Jones, F. (2011). Best Practice for Expressing, Storing and Handling Human Milk. In hospitals, homes, and child care settings. 3rd Ed. Human Milk Banking Association of North America, pg. 44.

Breastpump Rental Program

- Hospital-grade electric pumps are available for use during your hospital stay and for rent once you leave the hospital.

Breast Pump Rental Program

Contact UCSF's Women's Resource Center "Great Expectations"

2536 Sutter Street, J112, 1st floor

San Francisco, CA 94115

(415) 353-2667

M-Th 830-530 PM, F 9-5 PM

1855 4th Street / Suite A3471

San Francisco, CA 94158

(415) 514-2670

M-Th 8-5 PM, F 9-5 PM

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

(415) 353-2566

Obstetrics & Gynecology at Mount Zion

2356 Sutter Street, San Francisco, CA 94115

- The Lactation Clinic is available Monday to Friday at both Mount Zion and Mission Bay. Appointments are 45-90 minutes for a one-on-one visit with a board-certified lactation consultant depending on patient needs.

UCSF Women's Health Resource Center, Great Expectations

2356 Sutter Street, 1st Floor

San Francisco, CA 94115

415-353-2667

1855 4th Street / Suite A3471

San Francisco, CA 94158

415-514-2670

- Returning to work class: a one-time 2 hour program to provide practical tips and advice.
- Bookstore and lending library (Mt Zion only).
- Lactation supplies, including nursing bras, pillows, breast pumps for sale or rent.
- MILK (Mother & Infant Lactation Kooperative): A breastfeeding support group facilitated by a board certified lactation consultant on Mondays at Mission Bay and Tuesdays and Fridays at Mt Zion. Register at: whrcportal.ucsf.edu/whrcmember or call 415-514-2670 (Mission Bay) or 415-353-2667 (Mt Zion)

Community Resources

Alta Bates Outpatient Lactation Clinics

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 94549 (by appointment) (510) 204-7701

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

Bay Area Lactation Associates

Bayarealactation.org/find-a-lactation-consultant.html List of private lactation consultants & other resources.

Healthy Horizons

www.healthyhorizonsonline.com

Peninsula Breastfeeding Center
1432 Burlingame Avenue
Burlingame, CA 94010
(650) 347-6455

Silicon Valley Breastfeeding Center
671 Oak Grove Avenue, Ste P
Menlo Park, CA 94025
(650) 847-1907

- 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 or www.LLNorcal.org; 24 hour Hotline: (877) 4 LA LECHE (525-3243)

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

Marin General Lactation Center

www.maringeneral.org/family-birth-center/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 and lactation supplies 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 consultations, fee for service, pump rentals.

Nursing Mothers Counsel

www.nursingmothers.org; (415) 386-2229

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

Newborn Connections

www.cpmc.org/newbornconnections/

3698 California St. 1st Floor, San Francisco, CA 94118 (415) 600-BABY (2229)

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

Sequoia Lactation Center

www.dignityhealth.org/bayarea/locations/sequoia/services/health-wellness-center

- Lactation consultations and breastfeeding supplies. (650) 368-2229 or (650) 367-5597

U.S. Department of Health and Human Services Office on Women's Health:

www.womenshealth.gov/breastfeeding; The 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 a.m. to 6 p.m., EST. If you call after hours, you can leave a message, and a breastfeeding peer counselor will return your call on the next business day.

WIC (Women, Infants and Children) Program

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

- WIC is an excellent resource for income-eligible 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.
- 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.

Call (415) 575-5688 for rentals/supplies

Other Resources

- *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
- *Work. Pump. Repeat*, Jessica Shortall
- *Working and Breastfeeding Made Simple*, Nancy Mohrbacher
- A site for mothers and nursing professionals who want support and advice: www.breastfeeding.com
- International Lactation Consultant Association: www.ilca.org
- Breastfeeding and Parenting. Evidence-based information on breastfeeding and parenting issues: www.kellymom.com
- American Academy of Pediatrics (AAP): 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
- San Francisco Breastfeeding Promotion Coalition: <http://sfbreastfeeding.org>
- World Alliance for Breastfeeding Action: www.waba.org.my

Keeping Your Baby in Good Health

Burping

Babies swallow air during feeding, sometimes causing stomach discomfort or spitting-up. These can be helped by burping the baby. Burp one or two times during a feeding and after.

- Spitting up is common during infancy. Sometimes spitting up means your baby has eaten more than her/his stomach can hold; sometimes s/he spits up while burping. It is important to know the difference between normal spitting up and true vomiting.
- Unlike spitting up, which most babies don't even seem to notice, vomiting is forceful and usually causes discomfort for your baby. Contact your pediatrician if you notice true vomiting or if the spit-up/vomit is bloody or green.

Vitamin D

Vitamin D is a bone builder that works with calcium to keep bones strong. Adequate vitamin D intake in infancy is important to prevent rickets.

400 International Units (IU) of vitamin D supplement is recommended for:

- All breastfed infants
- Formula-fed infants taking less than 1 quart of formula per day

Discuss with your pediatrician whether your infant needs vitamin D supplementation.

Other foods

In general, infants younger than 6 months should eat only breast milk or formula. They do not need additional water, juice, milk, or solid foods. Discuss with your baby's health care provider when your baby may be ready for the introduction of solid food.

Diaper output

Every baby's stool (bowel movement) pattern is a little different. Track stool and urine in the book provided to you from the hospital. Following discharge, continue to track your baby's stools and urine until your baby's two-week appointment.

- Your baby's initial stools, called meconium, will be dark black and sticky.
- Breast-fed babies usually have loose, seed-like yellow stools as your breastmilk supply increases.
- Breast-fed babies often will have a stool after every feeding. As your baby gets older stools may occur less often. This is normal.
- Formula-fed babies have stools that are more formed.
- Laxatives, suppositories, or enemas should not be used.

Notify your baby's health care provider of the following:

- Your baby is not having stools
- Stools are still dark green/brown by the 5th day
- Your baby's stools are excessively watery or hard
- Bloody stools

Normal Urination

- Babies usually urinate once the first day of life, twice on the second day, and three times on the third day of life. These initial urine outputs can appear concentrated or yellow in color.
- Babies should urinate 6-8 or more times/day when your milk supply or formula feeding is well established. This urine should be nearly colorless or pale-yellow.

Skin care

Cord care: The remaining piece of umbilical cord dries up gradually and falls off before two weeks of age. The routine application of alcohol is not necessary to prevent infection, but try to keep area clean and dry. Please talk with your baby's health care provider about specific recommendations regarding umbilical cord care.

Contact your baby's healthcare provider if:

- The area around the cord becomes hot, red or swollen
- Your baby develops a fever
- The cord has a foul smelling discharge
- There is continued bleeding and/or discharge after the cord falls off

Bathing: Sponge baths are recommended until the cord has fallen off and the remaining area is clear of discharge. Use water or a mild soap. Daily baths are not necessary if you clean the diaper area thoroughly during diaper changes. Keep your baby wrapped in a towel, and expose only the parts of their body you are actively washing to reduce stress for the baby and keep them warm. Use the dampened cloth first without soap to wash the face, so you don't get soap into their eyes or mouth. Then dip it in the basin of soapy water before washing the rest of the body and, finally, the diaper area. Pay special attention to creases under the arms, behind the ears, around the neck, and, especially with a girl, in the genital area. Always wipe front to back. Babies have sensitive skin, and oils, lotions or powders are not recommended until directed by your child's provider.

Circumcision care: 24–48 hours after the circumcision, there may be a patchy yellow film on the glans of the penis. This film is part of the normal healing response that should be left alone and should not be removed with a tissue or gauze.

- Circumcisions usually heal within 7 to 10 days. Until that time, you may drip water over your baby's penis to clean off stool. Sponge baths are recommended instead of tub baths following a circumcision.
- Apply A&D ointment to the penis or the part of the diaper in contact your baby's penis with each diaper change until the penis begins to heal (less red, swollen and "wet" looking) which will take 3 to 5 days.

Contact your baby's health care provider if:

- There is excessive swelling
- There is bleeding the size of a quarter or more
- There is a foul odor
- Your baby does not urinate 12–24 hours after circumcision

Jaundice: Jaundice causes a yellowing of the baby's skin and progresses from head to toe. Almost all newborn babies get some degree of jaundice.

- Jaundice can happen from a number of different causes in the newborn period. The most common cause is slow elimination of bilirubin (the substance that causes jaundice) by the baby's liver and intestines.
- Jaundice usually peaks at age three to five days; however, in some babies the jaundice may occur earlier or later.
- Feeding your baby frequently will help your baby eliminate the bilirubin in the stool and decrease the jaundice. Jaundice can be serious if the bilirubin level gets too high and remains untreated.

If you notice your baby becoming yellow, please contact your baby's health care provider for further instructions.

Nails: In the first few weeks, your baby's nails will likely need care 1–2 times per week. Keep the nails trimmed short and smooth to avoid scratches.

- You can use baby nail clippers or a soft emery board. Take extra care when using clippers because it is possible to cut the tip of your baby's finger or toe, causing pain and bleeding.
- Push down on the fingertip skin so you can get the clippers around both sides of the nail and avoid cutting your baby's finger (or toe).
- For best results, trim or file your baby's nails when asleep or calm and their hands are less of a moving target.
- Do not bite your baby's nails as a way of trimming them. This may cause a condition called "Herpetic Whitlow" which is a finger infection caused by the herpes simplex virus.

Infant behavior

Sneezing: All babies sneeze. It is the only way for them to clear their nose. If mucus is visible in the nostrils and seems to be bothering your baby, remove it by using a rubber bulb syringe. Sneezing in the first 2 weeks is usually not a symptom of a cold.

Hiccoughing: Hiccoughs are normal, sporadic, and go away without any special treatment. Hiccoughs do not cause pain to your baby.

Sleep: Every baby has her/his own sleep pattern. During the first few weeks of life, babies do not know the difference between day and night and will wake up every couple of hours to feed.

Always place your baby on their back to sleep in a crib or bassinet.

- Keep the crib free from toys, soft bedding, bumpers, blankets, and pillows.
- Do not use wedges or positioners.
- Avoid overheating or smoking near your baby.
- Have your baby within an arm's reach. Room sharing, but not bed sharing, is the safest sleep environment for your baby.

Crying: All babies cry to communicate. Try to respond to your baby's crying as soon as possible. Babies cry because they are hungry, wet, tired, have gas pains, etc. Sometimes it is hard to discover the reason and your baby will continue to cry even after feeding, changing, rocking, burping. However, if your baby's crying appears to have changed in quality, your baby might be crying from pain. Contact your baby's health care provider.

Development: Newborn infants can see, hear, and respond to touch. They try to focus on close objects of about 6–12 inches and often respond to a face and a voice. Your baby will enjoy being talked to and cuddled.

Keeping your baby in good health

You can help keep your baby healthy by taking an active role in your baby's safety to prevent unnecessary illnesses and accidents.

Safety: It is important to be safety-conscious even during the newborn period. Never leave your baby unattended. Newborns can scoot, roll and fall off beds, counters, and tables. Avoid placing your baby on high surfaces. Watch over other children and pets when they play around your baby.

Car and travel: California state law mandates that infants must be restrained in a rear-facing car safety seat in the rear seat of a car until 2 years old and at least 20 pounds.

We follow recommendations from the American Academy of Pediatrics which state that infants should ride rear-facing until the age of 2 or until they reach both the height/weight limits of the car safety seat.

Doctor's visits and immunizations: Your baby needs to be checked by a health care provider shortly after discharge from the hospital during the first two weeks of life. Future appointments and immunizations need to be arranged by your baby's health care provider. After the Hepatitis B Vaccine, immunizations are usually started at 2 months of age.

Trust your own judgment: You know your baby better than anyone else in the world, so trust your judgment in meeting your baby's needs. Many parenting responsibilities are learned. Help yourself become informed through books, articles, and parent support groups.

If you feel like your baby has a life threatening emergency, call 911.

San Francisco emergency rooms

- **CPMC** 3700 California Street, (415) 600-4444
- **SFGH** 1001 Potrero Ave, (415) 206-8111
- **UCSF Benioff Children's Hospital** 1975 Fourth Street, First Floor, (415) 353-1818

San Francisco pediatric urgent care centers

- **UCSF Acute Care**
Available to all patients with a UCSF affiliated provider. 9am–5pm, Monday–Friday.
400 Parnassus, 2nd Floor
Phone: (415) 353-2001
- **CPMC Pediatric Emergency Care**
Open to the public: 24 hours/day, including weekends and holidays.
3700 California Street Phone: (415) 600-4444

Pediatric primary care clinics

There are many pediatric providers in the Bay Area for you to choose from including these listed below operated by UCSF. Many of these practices have websites that outline their practice and specific pediatricians. If you would like a list of local pediatric practices, or if you have any questions about selecting a pediatric provider, please ask a member of your baby's health care team.

UCSF pediatric primary care practices:

All UCSF Pediatric Groups accept MediCal Insurance.

- **Mount Zion Pediatrics:** 2330 Post Street, Suite 320; (415) 885-7478
- **Primary Care at Laurel Village:** 3490 California Street, Suite 200; (415) 514-6200
- **Family Medicine Practice at Lakeshore:** 1569 Sloat Blvd. Suite 333; (415) 353-9339
- **Primary Care at China Basin:** 185 Berry St. Lobby2, Suite 130; (415) 514-6420

Community pediatric resources

- www.healthychildren.org
Designed by the American Academy of Pediatrics
- www.ewg.org/skindeep/
The Environmental Working Group maintains a database on the safety of skin-care products.

Protect Your Baby in the Car

Beginning with your baby's first car trip, make the car safe by using an approved car safety 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.

Keeping your baby safe:

- Have your car safety seat inspected by a certified child safety seat technician. Call your local California Highway Patrol office (see list on 2nd page) or NHTSA (888) 327-4236 for locations.
- The American Academy of Pediatrics (AAP) recommends using a rear-facing car safety seat from birth until your child is 2 years old or reaches the highest weight or height limit allowed by the car safety seat manufacturer. If your baby outgrows their seat before reaching 2 yrs of age, consider switching to a seat with a harness approved for rear-facing safety seats with higher weight/height limits.
- California State Law states that your baby must ride rear facing until 2 years old.
- 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 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, English, or 800-745-SANO (7266) (Spanish). www.carseat.org

Car Safety Seat Installation Resource

The following agencies listed by county can assist you with car safety seat installation checks or low-cost car safety seat programs in your community. Please call the number provided for an appointment or more information.

Alameda

California Highway Patrol (CHP)
(510) 450-3821

Safe Kids Coalition
(510) 618-2027

Amador

CHP
(209) 223-4890
Mon-Fri 8-5pm

Butte

Public Health Department (PHD)–Chico
(530) 891-2732 or
(800) 339-2941
(if calling from Butte County)

Contra Costa

Nurses & Cops Caring for Contra Costa Children
(925) 941-7989

CHP–Martinez
(925) 646-4980

Humboldt

CHP–Arcata
(707) 822-5981

Lake

CHP–Clear Lake
(707) 279-0103

Early Head Start
(707) 262-1379

Madera

CHP–Fresno
(559) 441-5441

Marin

CHP–Corte Madera
(415) 924-1100

Mendocino

CHP–Ukiah
(707) 467-4040

Monterey

CHP–Monterey
(831) 796-2100

Napa

CHP–Napa
(707) 253-4906

Placer County

Safe Kids Coalition
(916) 772-6300

Sacramento

CHP–Sacramento–North
(916) 338-6710

CHP–Sacramento–South
(916) 681-2300

Sacramento Safe Kids Coalition
(916) 864-5684

San Francisco

CHP
(415) 557-1094

SFPD
(415) 575-6363

San Joaquin

CHP–Stockton
(209) 943-8666

San Mateo

CHP–Redwood City
(650) 369-6261

Safe Kids Coalition
(650) 736-2981

Santa Clara

CHP–San Jose
(408) 467-5400

Shasta

CHP–Redding
(530) 242-3200

Solano

CHP
(707) 428-2100

Sonoma

CHP–Santa Rosa
(707) 588-1400

Safe Kids Coalition
(707) 525-3500 ext 3264

Stanislaus

CHP–Modesto
(209) 545-7440

Tehama

CHP–Red Bluff
(530) 527-2034

Community Action/Housing Authority
(530) 527-6159

Yolo

CHP–Woodland
(530) 662-4685

Hepatitis B Vaccine Information

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.

- **If the person getting the vaccine is not feeling well.**

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis B Vaccine



Office use only

10/12/2018 | 42 U.S.C. § 300aa-26



1855 Fourth St., Third Floor | San Francisco, CA 94158
Phone: 415-353-1787

Website: www.ucsfhealth.org
Maps and directions: www.ucsfhealth.org/pathway



UCSF Medical Center and UCSF Benioff Children's Hospitals strive to provide equal access to our facilities and services for our patients with disabilities. For more information or assistance, please call Patient Relations at 415-353-1936.



PRINTED ON PARTIALLY RECYCLED PAPER • 3.19