



Caring for Yourself
During Pregnancy
& Beyond

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.

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

Sincerely,

Your Team
UCSF Women's Health Obstetrics Services

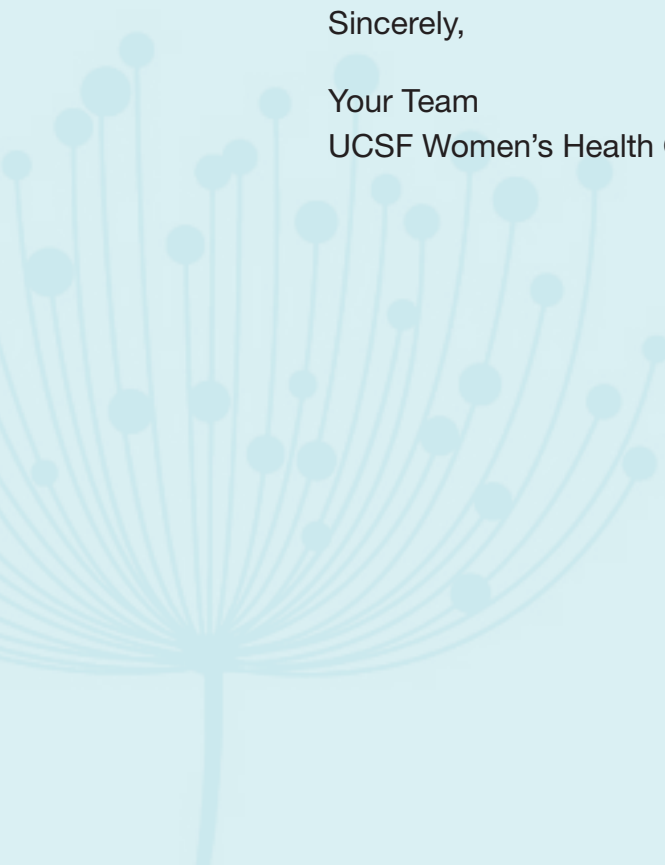


Table of Contents

UCSF Women's Health Obstetrics Services

Important Contact Information	1
Your Health Care Team and Their Roles.....	2
Beginning Your Pregnancy	
What Happens at Your Prenatal Visits	5
CenteringPregnancy®	6
Baby's Month-to-Month Development.....	7
Common Discomforts of Pregnancy	9
Danger Signs during Pregnancy	11
Zika Virus and Pregnancy.....	12
Tests and Other Screenings in the First 3 Months of Pregnancy:	
> Routine Tests.....	13
> Tuberculosis	14
> Genetic Carrier Screening.....	14
> UCSF Prenatal Diagnostic Center	15
Eating Right during Pregnancy	18
Food Safety Guidelines during Pregnancy	20
Weight Gain during Pregnancy	22
Exercise during Pregnancy.....	23
Tips for Better Sleep during Pregnancy & Postpartum	24
The Importance of Breastfeeding	26
Preparation for Breastfeeding.....	27
Breastfeeding Resources.....	29
Toxins in your Environment	32
Alternative Medicine Resources.....	33
Dental Health.....	33
Use of Medications during Pregnancy and while Breastfeeding	34
Tobacco, Marijuana, Alcohol, and Drugs during Pregnancy	37
Secondhand Tobacco Smoke and Children's Health.....	38
Protect Yourself and Your Baby from Violence	39
Protect Yourself and Your Baby from HIV and AIDS	40
Depression and Anxiety during Pregnancy and After Delivery.....	41
Sex during Pregnancy.....	43



Later in Pregnancy and Preparing for Birth

UCSF Research Studies for Pregnant Women.....	44
Travel Recommendations	45
Third Trimester To Do List.....	46
Kick Counts.....	47
Tests Later in Pregnancy:	
› Test for Diabetes in Pregnancy (Gestational Diabetes)	47
› Group B Strep in Pregnancy.....	48
Recognizing Premature Labor	49
UCSF Great Expectations Pregnancy Program	
› Pre- & Postnatal, Childbirth Preparation Classes & Groups.....	50
Pain Relief for Labor and Vaginal Birth	51
Cesarean Birth.....	52
Doula Guidelines.....	53
Circumcision.....	54
Birth Control Methods	55
Protect Your Baby in the Car	57
Disability Benefits during Maternity Leave	58
At the Time of Your Delivery	59
Birth Plan/Preference List	62



Maps, Parking and Public Transportation

UCSF Center for Mothers and Newborns.....	64
Area Map	64
UCSF Women's Health Obstetrics Services	65



Resources

Billing Resources	66
UCSF Women's Health Resource Center.....	66
Pregnancy & Beyond Web Resources	68
Postpartum Resources	68
Choosing a Healthcare Provider for Your Baby.....	68
Birth Certificate Information and Worksheet.....	69

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-4:30pm)
- › 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 94143
(415) 353-2566
ucsfhealth.org/clinics/obstetrics_services/

UCSF Obstetrics & Gynecology at Owens Street

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

Blood Draw Lab

Mission Bay: 1825 4th St, 3rd Floor
(415) 514-2629 M-F, 7:00am-5:30pm
Mount Zion: 2330 Post St, 1st Floor
(415) 885-7531, 7:00am-5:30pm
Parnassus: 400 Parnassus Ave, 1st Floor
(415) 353-2736, 7:30am-6:00pm
Lakeshore: 1569 Sloat Blvd, San Francisco
M-F, 8:00 am-12:00pm and 1:00pm-4:30pm
Berkeley Outpatient Center: 3100 San Pablo Ave,
Berkeley, M-F, 8:00am-5:00pm, (510) 985-5060

Women's Health Resource Center womenshealth.ucsf.edu/whrc

Women's Health Center
2356 Sutter Street, Room J112-Mt. Zion
San Francisco, CA 94143
(415) 353-2667

Betty Irene Moore Women's Hospital
1855 4th Street, A3471-Mission Bay
San Francisco, CA 94158
(415) 514-2670

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

2356 Sutter Street, 6th Floor
San Francisco, CA 94143
(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.



Patients who will deliver at the **ZSFG Family Birth Center**, please refer to your supplemental materials.

Your Health Care Team and Their Roles

Your healthcare team is an integrated group of nurse practitioners, certified nurse midwives and physicians (including residents, fellows and attendings) who specialize in routine and high-risk pregnancy care. Each type of provider provides a unique perspective on pregnancy and birth that enhances your experience. You may see different types of providers throughout your pregnancy.

At the time of delivery, you will be cared for by a team including: nurses, residents, fellows, certified nurse midwives and attending physicians. The team taking care of you on labor and delivery is dedicated to caring for women in labor and rotates from day to day. The provider you have seen for your prenatal visits is not necessarily going to be the provider who delivers your baby. You may not opt out of resident-care.

UCSF is a teaching hospital, committed to training excellent future healthcare providers. There may be a nursing, midwife and/or medical student in training who may participate in your care with close supervision from a licensed provider.

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.

Nurse Practitioner

Our nurse practitioners (NP's) are medical providers who have completed advanced education and clinical training, with an emphasis in women's health. An NP is qualified to provide a wide range of healthcare services, and is part of your prenatal and postpartum care team.

Obstetrician/Gynecologist (OB-Gyn)

Obstetricians/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.

Maternal-Fetal Medicine Perinatologist

A perinatologist (maternal-fetal medicine doctor or "MFM") 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.

Maternal-Fetal Medicine Fellow

A fellow is a physician who is training to care for women with high-risk pregnancies. They have 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.

OB-Gyn Resident

A resident is a physician who has graduated from medical school and is in graduate training. They are supervised by the attending physician. UCSF is also a research institution and you may be approached about research.

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.

Midwifery Students

Midwifery students may also be a part of your health care team, both during prenatal visits and during labor and delivery.

Registered Dietitian

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

Social Worker

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

Lactation Consultant

An International Board Certified Lactation Consultant (IBCLC) provides lactation services to UCSF patients in both outpatient and inpatient areas. One-on-one lactation appointments are available for mother and baby couplets to help address breastfeeding difficulties.

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.

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.

Genetic Counselor

A genetic counselor is a health care professional with a Master of Science degree in Human Genetics. Counselors work closely with families by reviewing screening and testing options, explaining risks for chromosome abnormalities and birth defects, and discussing relevant family histories of genetic conditions. They help families understand this information and provide support during their decision-making process.

Diagnostic Sonographer

The Diagnostic Sonographer specializes in pregnancy ultrasound and works under the supervision of a Perinatologist. A Diagnostic Sonographer performs the ultrasound exam when your baby needs screening for birth defects and growth. The sonographer also assists the physician during diagnostic procedures.

Obstetrics Care Team

Our services are organized into clinical care teams. A clinical care team is made up of physicians, nurse practitioners, certified nurse midwives, clinical and administration staff. Our clinical care teams work closely with you to keep you healthy during pregnancy and make sure your health needs are met.

Your healthcare team is an integrated group of nurse practitioners, certified nurse midwives and physicians (including residents, fellows and attendings) who specialize in routine and high-risk pregnancy care. Each type of provider delivers a unique perspective on pregnancy and birth that enhances your experience in our practice. Using evidence-based medicine approach, our clinical care teams will partner with you to provide comprehensive support.

Why is this important to you? When your main provider is not available, another member of the team is available to see you for follow-up visits, respond to your messages, refill prescriptions, and give you your test results.

Primary Care Provider vs Obstetrician

You may be thinking, now that I am pregnant, my OB provider will take care of all my needs. OB doctors, midwives and perinatologists are experts in pregnancy related issues, but your PCP has a better understanding of your entire health picture.

Symptoms	Provider
Acne or pre-existing skin conditions such as warts, eczema	Dermatologist or PCP to refer to Dermatologist
Allergies	PCP or PCP referral to allergist
Bone Pain-broken bones, sprains	PCP, Emergency Department if you think you have broken a bone
Bug/Insect/Tick bites	PCP
Conjunctivitis/Pink Eye	PCP or urgent care
Dental pain, bleeding gums	Dentist
Earache	PCP
Podiatry issues, foot and toe pain	PCP
Sinus ache, sinus infection	PCP or urgent care
Strep throat, sore throat	PCP
Preexisting back pain	
Ingrown hair follicles or nails	PCP
Referrals to other specialties, e.g. chiropractor, allergist, physical therapy for preexisting conditions, dermatology	PCP
Renewal of medication prescriptions not prescribed by your OB provider	PCP
Lab tests for preexisting or non OB related conditions.	PCP

Your pregnancy timeline at-a-glance

January						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

March						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

General Care steps

- Follow up OB care with MFM team
- Centering Pregnancy program
- Follow up OB care with generalist OB doctor
- Follow up OB care with CNM

What Happens at Your Prenatal Visits

First prenatal visit

Your first visit or “intake visit” will be with an MD, Certified Nurse Midwife, or Nurse Practitioner.

We hope you will have the opportunity to complete your intake paperwork, review genetic tests resources we offered you, and some of the information in this guidebook before your first visit so we can take that time to focus on your questions.

Your first visit will include a detailed review of your health history, a physical exam (which may include a pelvic exam) and a brief ultrasound to check on your pregnancy. You may or may not hear the baby’s heartbeat at this visit depending on many factors (for example – how far along you are, your body shape, the position of the uterus and pregnancy).

At your intake visit, your initial questions will be addressed, you will receive preliminary information about tests that are offered and suggested during pregnancy and you will discuss a plan for your ongoing prenatal care.

We will always make our best effort to see you on time. To reduce clinic delays, please arrive timely. A provider might not be able to see you if you are over 15 minutes late.

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.

Ultrasound visits

Most women are referred for two formal/detailed ultrasounds during their pregnancies. The first is typically done around 12 weeks and is the “nuchal translucency” ultrasound. This is a part of prenatal genetic screening (see page 13 for further information). The next ultrasound is usually done around 20 weeks and is the “fetal anatomic survey” ultrasound. At this ultrasound, the baby’s physical structures including the heart, brain, spine, limbs and some organs will be examined. This visit also includes an assessment of the placenta, uterus and cervix.

At UCSF, these ultrasounds usually take place in our Prenatal Diagnosis Center (“PDC”). The PDC is located in the same building and on the same floor as our OB clinics at Mission Bay – 1825 4th street, 3rd Floor.

Your ultrasounds will be performed by an ultrasound technician (sonographer) and will be reviewed and interpreted by a high-risk OB doctor (perinatologist). Under most circumstances, you will not see the doctor for your 12 week ultrasound, but your results will be reviewed with you by a genetic counselor before you leave the office. You may or may not see the doctor at the time of your 20 week ultrasound depending on many factors.

Rest assured that a doctor reviews your ultrasound images before you leave the office, and if there is any cause for concern or anything that requires additional follow-up, the doctor will speak to you directly.

Some women will be referred for an additional detailed or formal ultrasound in the third trimester depending on individual factors, but for most women, only two formal ultrasounds are performed.

Other brief or informal ultrasounds are usually performed in the office during your first visit and again in the third trimester around 36 weeks, but these ultrasounds will be at the discretion of your provider and depend on your health circumstances.

Antenatal testing visits

For some women, extra fetal monitoring is recommended in the third trimester. These visits, called “antenatal testing” (ante – before, natal – birth) consist of monitoring the baby’s heart beat with an external monitor and monitoring for uterine contractions, typically for around 20-30 minutes. A brief/informal ultrasound will also be performed to evaluate the amount of amniotic fluid around the baby. Antenatal testing starts for most women between 32 and 36 weeks and is performed once or twice weekly, depending on the circumstances.

This may be suggested for women who have high blood pressure, diabetes, twins, are over age 35-40 or have other complications of pregnancy. Your healthcare provider will discuss your individual pregnancy with you and recommend antenatal testing if it is appropriate.

Timing of prenatal visits

Many factors affect the timing and number of visits you will have. Most women with uncomplicated pregnancies have around 8-10 prenatal visits. The visits can be spaced out to 6 weeks until 28 weeks of pregnancy, 4 weeks until 36 weeks, and not closer than 2 weeks until the end of pregnancy.

Other types of visits during your pregnancy may include:

- › Genetic counseling
- › Detailed ultrasounds (performed in our Prenatal Diagnosis Center)
- › Antenatal testing (fetal monitoring in the third trimester)

We hope you already have a primary care provider. We encourage you to choose one in case you do not.

You’ll be seen for postpartum visit at 6-8 weeks after you have your baby. Please schedule it in advance around 36-38 weeks.

CenteringPregnancy[®] Healthcare

UCSF Women's Health Obstetric Services offers an alternative program in receiving your care called CenteringPregnancy[®] Healthcare. In CenteringPregnancy[®] Healthcare, 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. Partners or support persons 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[®] Healthcare."

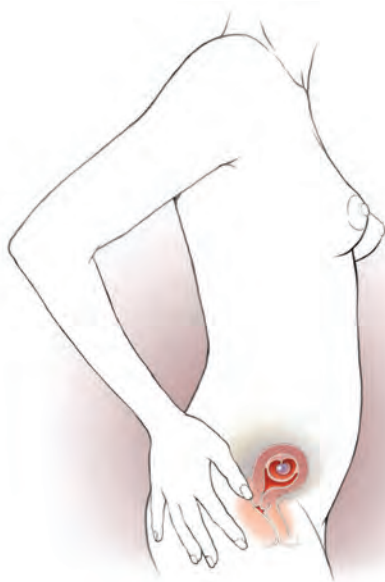
The best thing is building community with other new moms, spending the time to mentally prepare for birth and motherhood.

A great way to meet other moms. The staff was above superb and the level of care was beyond our expectations.

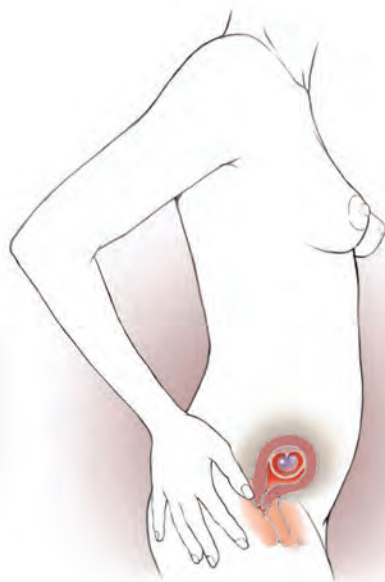
This group setting was incredibly helpful and I'd recommend this for all future parents.

For more information about CenteringPregnancy[®], please view our video at <https://womenshealth.ucsf.edu/whrc/centeringpregnancyr-healthcare> or contact our coordinator to make an appointment: centeringpregnancy@ucsf.edu or call (415) 919-7297.

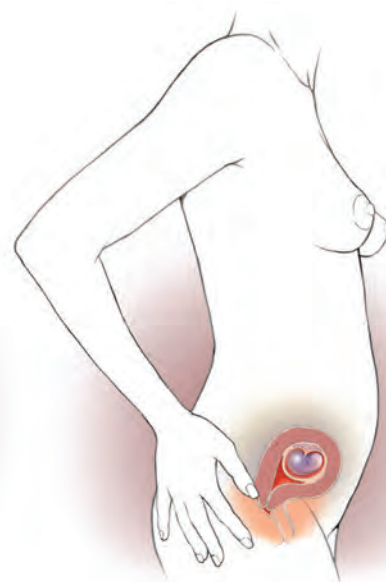
Baby's Month-to-Month Development



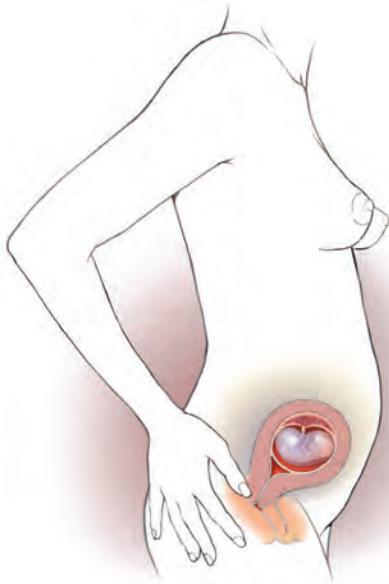
First Month *4-8 weeks (since last menstrual period)*
The baby has begun to develop a heart, liver and digestive system. The baby is being nourished and getting rid of wastes through the placenta and umbilical cord (the vascular structures that connect baby to the wall of the uterus). The entire baby is approximately $\frac{1}{8}$ inch ($\frac{1}{2}$ cm) in length.



Second Month *8-12 weeks*
By the end of the second month, most women begin to notice the physical signs of pregnancy (i.e. nausea, fatigue, breast pain, etc.). 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, 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.



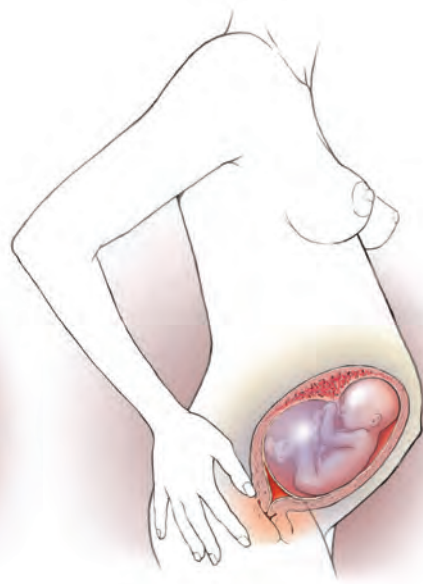
Fourth Month *16-20 weeks*

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 $\frac{1}{4}$ pound (114 g).



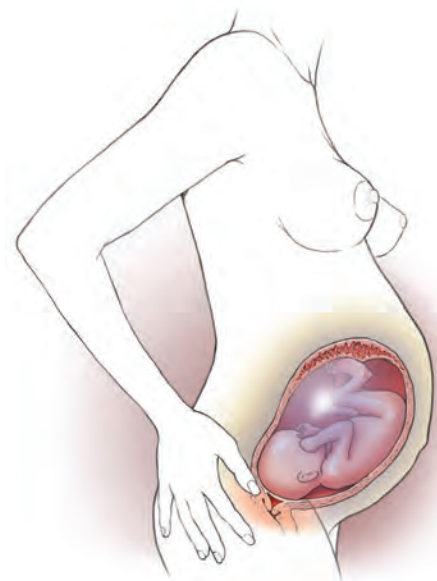
Fifth Month *20-24 weeks*

Movements are stronger and more easily felt. The baby is now about 10 inches (25 cm) long and weighs about $\frac{1}{2}$ pound (227 g).



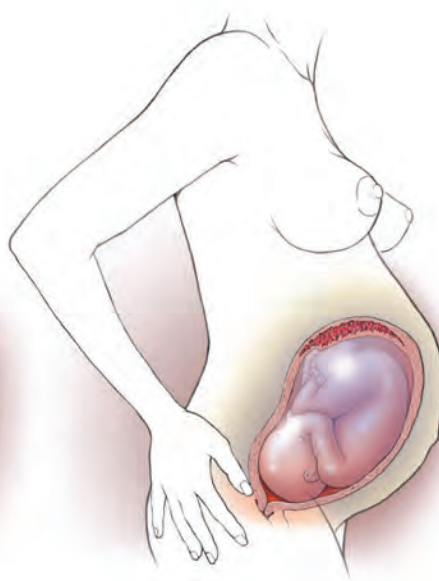
Sixth Month *24-28 weeks*

The woman's abdomen continues to get bigger and the baby's movements become faster. The baby's skin is red and wrinkled. The baby is about 12 inches (30 cm) long and weighs about $1\frac{1}{2}$ pounds (689 g).



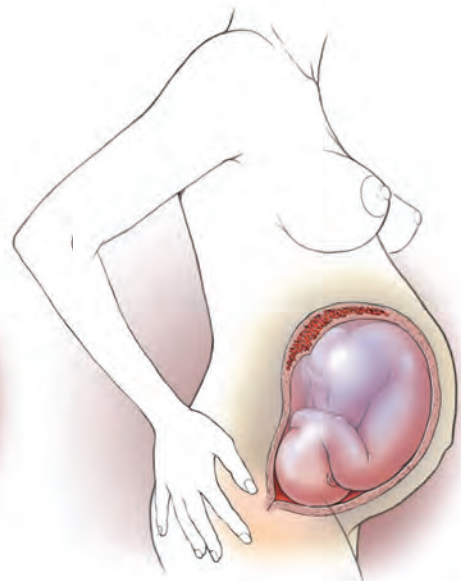
Seventh Month *28-32 weeks*

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 $2\frac{1}{2}$ 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 $16\frac{1}{2}$ 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. The baby 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 (sea-bands). Watch YouTube on how to put them on. These can be purchased at most pharmacies.
- › Please read “Use of Medications during Pregnancy and while Breastfeeding,” included in this guide (pages 33-35).

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.
- › If the problem is not resolved with the above suggestions, let your health care provider know. Over-the-counter stool softeners and laxatives are safe for use in pregnancy. Use them as directed. Be sure to discuss with your healthcare provider. The iron supplements can make constipation worse. The prescription for iron can be adjusted by your provider if it becomes a problem.

Fatigue and insomnia

This is very common during pregnancy. Get as much sleep or rest as you can – even short naps will help. 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. While uncomfortable, this is a positive sign that there will be sufficient milk after birth. 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 or yogurt may relieve heartburn.
- › Antacids including TUMS and Zantac (ranitidine) are safe for use in pregnancy when used as directed. Please contact your provider to discuss further.

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.
- › Exercises called "pelvic rock" and "cat stretch" may help relieve back pain by strengthening the lower back muscles that receive the most stress. They can be done in groups of ten, several times daily.
- › It can also be helpful to elevate the feet onto a stool while sitting.
- › Exercise, stretching, yoga, walking, massage and acupuncture may help to relieve back pain.

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 frequently despite trying the recommendations above, let your healthcare 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.
- › Stool softeners are safe for use in pregnancy. Consult your health care provider for 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



Zika Virus and Pregnancy

If you are pregnant or thinking about becoming pregnant, questions about Zika may be on your mind. For updated information about Zika, please visit our website at www.ucsfhealth.org/education/zika_virus

What is Zika virus?

Zika is a virus that is primarily transmitted through the bite of a mosquito, but also can be transmitted sexually and passed from a woman to her fetus. Zika has the potential to cause devastating birth defects with a wide range of effects known as Congenital Zika Syndrome. Microcephaly, which is an abnormally small head, is one of the potential effects of Congenital Zika Syndrome.

How can I protect myself from a Zika infection?

Avoid travel to Zika areas

Women who are pregnant or thinking of becoming pregnant should avoid travel to areas of active Zika transmission. This includes Mexico, most of Central and South America, the Caribbean, the Pacific Islands, and parts of Asia and Africa. For the most updated list of travel notices, see the Center for Disease Control (CDC) website at <https://www.cdc.gov/zika>

Abstain from sex or use protection if your partner has traveled

If you have a partner who has traveled to a Zika area, the recommendation is to wait 6 months before trying to conceive. If you are already pregnant, abstain from sex or use condoms to reduce the risk of sexual transmission of Zika.

How will my prenatal care be affected by the global Zika epidemic?

Zika Screening

You will be asked at every appointment if you or your partner has traveled since your last office visit and the dates and locations of travel. If you have traveled to an area at risk for Zika, you will be offered the opportunity to discuss Zika testing options.

Zika testing

While the CDC no longer recommends routine Zika testing for pregnancy women who have no symptoms, testing is still available after your travel history and risk are reviewed with a provider. A shared decision will be made whether to proceed with testing. The screening test is valid 2-12 weeks from a potential Zika exposure.

If you or a partner have had symptoms of fever, rash, joint pain, or eye inflammation and there was a potential exposure in the past 2 weeks, please call for follow-up.

Ultrasound monitoring

If it has been more than 12 weeks since your potential Zika exposure, the testing currently available may not be reliable. An additional ultrasound to monitor fetal growth may be recommended.

Anyone with an exposure history, even if tested, is offered an additional 3rd trimester ultrasound to monitor growth.

Are there treatments for Zika?

There are no vaccines or treatments for Zika. There currently is no way to prevent a woman from transmitting Zika to her fetus, though not all fetuses become infected. If a Zika infection is confirmed by lab testing or suspected from ultrasound evaluation, you will be referred to one of our Maternal-Fetal Medicine specialists to follow your care.

How do I get more information?

If you have additional questions, or would like to discuss Zika testing please contact us at (415) 353-2566.

Tests and Other Screenings 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 performing the ultrasound beforehand whether or not you want to know your baby's sex. An ultrasound is not a foolproof method to determine your baby's sex. There is a chance that the ultrasound images can be incorrect.

Your ultrasound visit may take place in the Prenatal Diagnostic Center or ultrasound department. Please note that you will not have an ultrasound at every visit.

Ultrasound visit differs from your prenatal visit and will cover information related to your ultrasound exam only.

An ultrasound uses high-frequency sound waves that transmit through the belly. Be sure to tell the healthcare provider performing the ultrasound beforehand whether or not you want to know your baby's sex.

Tuberculosis Screening and Diagnosis during Pregnancy

Your healthcare provider may recommend testing for tuberculosis if you have any risk factors for infection.

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.

Genetic Carrier Screening

Carrier Screening 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.

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.

Some additional tools to guide your decision-making will be provided to you early in your pregnancy.

UCSF Prenatal Diagnostic Center

UCSF Ron Conway Family Gateway, Medical Building
1825 Fourth Street, 3rd Floor, Reception C
(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 providers 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 is offered at a routine pregnancy care visit. This test is designed to screen 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 is 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 500.

Frequently asked questions

What happens during the office visit? Your visit will take one to two hours. If you are having full integrated screening or a diagnostic test, you will meet with a genetic counselor. The actual procedure (CVS or amniocentesis) usually takes about 10 minutes. Most women do not find the procedure painful, although there is some minor discomfort.

What if the test is positive? If the test finds a genetic abnormality, you will have a chance to discuss the diagnosis and your options with a geneticist and a genetic counselor from the Prenatal Diagnostic Center, as well as with your own doctor. Referrals and support are available for all decisions.

Does insurance cover testing? Most insurance plans cover prenatal testing, especially for women over age 35. Our office staff is available to assist you with insurance questions.

How do I make an appointment? Call (415) 476-4080. In addition to our main office at UCSF Medical Center in San Francisco, we have convenient locations to serve you throughout Northern California.

What other services are offered? The Prenatal Diagnostic Center is part of the UCSF Medical Center Reproductive Genetics Unit, which also provides diagnosis and management of fetal anomalies, specialized fetal tissue biopsy, and fetal therapy for selected disorders. If you are interested in any of these other services, please call our office for more information.

First trimester ultrasound and Nuchal Translucency measurements

The nuchal translucency measurement obtained during the first trimester ultrasound is combined with a blood test to estimate the risk for Down syndrome and trisomy 18. It is helpful if your blood test is performed about a week before the scheduled ultrasound.

The ultrasound is normally performed over your lower belly, and we rarely use the transvaginal approach (a probe inside your vagina). We will be checking your baby's growth and early development, measuring the amount of fluid at the back of the baby's neck, and evaluating your uterus and ovaries. We print some pictures of your baby for you to take home.

During your exam, the sonographer will be concentrating on taking the ultrasound pictures, and you will need to be lying on your back on the exam table. We welcome and encourage you to bring your partner or another support person; our exam rooms can accommodate about 2 guests comfortably.

If you choose to bring young children with you, please also bring another adult who can be responsible for them during the exam. Loud electronic devices can be distracting, so if your child plans to watch a video or use an app, please consider bringing headphones for your child.

Here is some information that you will find useful in preparing for your ultrasound exam:

- › The ultrasound exam will last approximately 30 to 45 minutes
- › Please drink at least 3 glasses of water 45 minutes before your ultrasound is scheduled to begin. Please hold your full bladder until you meet with your Sonographer; if your bladder has reached a point where it is painful, please let us know and we will give you instruction on how to best proceed.
- › When the Sonographer finishes the ultrasound exam you will get to empty your bladder
- › In most situations the Genetic Counselor or Sonographer will review the ultrasound and screening results with you before you leave our office
- › A Maternal Fetal Medicine Doctor reviews all ultrasound images that the Sonographer obtains during your exam, and the Doctor will write a detailed report that is sent to your pregnancy care provider who ordered the exam.

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	Eat this amount from each group daily.*	What Counts as 1 cup or 1 ounce?
Vegetables	2-3 cups	1 cup raw or cooked vegetables or 1 cup of vegetable juice 2 cups raw leafy vegetables
Fruits	2 cups	1 cup fruit or 1/2 cup of juice 2 Tbsp raisins or dried cranberries 1 small apple, orange, or banana
Grains	7-9 ounces	1 slice of bread or small tortilla ½ cup cooked pasta, rice, quinoa, oatmeal, and grits ¾ cup dry cereal
Protein Foods	6-7 ounces	1 ounce lean meat, poultry, or seafood ½ cup cooked beans 1 tablespoon peanut butter, 12 almonds ½ cup tofu
Dairy	3 cups	1 cup of milk or calcium fortified milk replacement such as soy milk 8 ounces yogurt 1½ ounces cheese 2 ounces processed cheese

Other calcium-rich foods include leafy green vegetables such as kale, broccoli, bok choy, and mustard greens. Tofu prepared with calcium sulfate, and legumes such as white beans, and red beans, and pinto beans also contain calcium. However, plant foods contain compounds that inhibit the absorption of calcium (including oxylates and phytates). If you do not use dairy products, you can opt for calcium-fortified replacements or take a calcium supplement.

If you are not gaining weight you may need to eat a little more from each food group. You can also boost calories by including more healthy fats such as olive oil, avocado and nuts. If you are gaining weight too quickly, limit sweets, fats, and fried foods. You can also focus on choosing reduced-fat dairy products and leaner proteins.

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.

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.

If you are not gaining enough weight, you can add more healthy fats to your diet to boost calories. These include nuts, nut butters, avocados and oils.

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.



Food Safety Guidelines during Pregnancy

Food safety is very important for pregnant 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.
- › Avoid unpasteurized dairy products.
- › 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.

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

- › 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.
- › Any amount of alcohol can increase the risk for miscarriage and the baby’s risk for birth defects and low birth weight.

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.
 - › Choices to avoid: swordfish, tilefish (Gulf of Mexico), shark, marlin, orange roughy, king mackerel, tuna, and bigeye.
 - › 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.
 - › Best choices: wild salmon, tilapia, cod, sole, trout, pollock, haddock, catfish, and shrimp.
 - › For up-to-date information and links to information on fish local to your area: <https://www.fda.gov/downloads/food/foodborneillnesscontaminants/metals/ucm537120.pdf>
 - › The American Pregnancy Association provides information on mercury in fish: <http://americanpregnancy.org/?s=mercury+and+fish>

Additional information can be found at the following websites: www.cdc.gov, oehha.ca.gov/fish/women-and-children or www.fda.gov

Caffeine

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, NatraTaste Blue)
 - › Saccharin (Sweet'N Low)
 - › Stevia (Stevia in the Raw, PureVia, Truvia)
 - › Sucralose (Splenda)

Lead

- › Lead is a toxin that can cause miscarriage and is 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 bacteria that can cause food poisoning.
- › Limit risks by avoiding unpasteurized dairy products, reheating ready-to-eat foods until steaming, eating packaged foods by the 'use by' dates, and avoiding under-cooked meats. Wash all produce thoroughly.
- › 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.

Food safety is very important for pregnant women.

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.

For your optimal weight gain ask your provider or use the BMI and pregnancy weight gain calculation www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm

Your weight gain goals:

- › Underweight women should gain 28-40 pounds
- › Normal weight women should gain 25-35 pounds
- › Overweight women should gain 15-25 pounds
- › Obese Women should gain 11-20 pounds

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

- › Average weight women should gain 37-54 pounds
- › For women who are pregnant with twins or more, discuss goal weight-gains with your healthcare provider
- › 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

...goal amount of weight to gain during pregnancy depends on how much you weighed before becoming pregnant

Exercise during 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 everyday 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 in pregnancy
- › Lower your risk of developing high blood pressure
- › 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 will 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
- › Avoid getting so out of breath that you can't talk
- › Avoid extended periods flat on your back in the second half of pregnancy
- › Hot tubs and saunas should be avoided

Tips for Better Sleep during Pregnancy & Postpartum

We recommend 7-9 hours of sleep in a 24-hour period, and we also understand that poor sleep is a common challenge during pregnancy and the postpartum period. Fortunately, there are strategies that may help you sleep better.

General Sleep Tips	
Only use the bed for sleeping	<ul style="list-style-type: none"> › The goal is for your mind and body to equate the bed with sleeping and not with anxiously waiting for sleep to come. › No TV, working, or reading in the bed – only sleeping (and sex)! › If you're awake in bed for longer than 20 minutes, get out of bed and do something relaxing in dim light. Get back in bed when you're sleepy. › Sleep should only happen in bed (not on the sofa).
Avoid media use	<ul style="list-style-type: none"> › Avoid using the computer, phone, television, or tablet in the hour before bed and in the middle of the night. › Anxiety and blue light both make it harder to fall asleep. › Silence the sound and vibration on your phone; ideally store it in another room when you sleep.
Make the room dark	<ul style="list-style-type: none"> › An eye mask (also called sleep masks) may be helpful. › If an eye mask isn't comfortable, use blackout curtains. You can even tape dark garbage bags or tinfoil on your windows. It might look funny, but it does the trick! › Place nightlights in the path to your bathroom so you don't need to turn on bright lights when walking to the bathroom in the middle of the night.
Make the room cool	<ul style="list-style-type: none"> › Warm temperatures can disrupt sleep. › If you have window shades or blinds, close them during the day to keep out the sun. › If possible, use fans and light bedding at night.
Make the room quiet	<ul style="list-style-type: none"> › Reduce disruptive noises by using earplugs or a white-noise or nature-noise machine or app.
Wind down	<ul style="list-style-type: none"> › Prepare your mind and body for sleep an hour before bedtime. › For example, get in your pajamas and try a mindfulness practice.
Tips For Sleep During Pregnancy	
Try to sleep on your side	<ul style="list-style-type: none"> › After 28 weeks, your uterus is getting bigger and can compress the big blood vessels that feed your uterus and the baby. Although it can be difficult to control your sleep position during the night, try to sleep on either side, and not flat on your back if possible.
Keep snacks nearby	<ul style="list-style-type: none"> › To help with hunger or queasiness.
Manage pain and discomfort	<ul style="list-style-type: none"> › Use supportive pillows or a body pillow to improve comfort and relieve pressure on aching muscles. › Yoga may help with pain and improve sleep. › Get regular exercise (but not right before bed).
Treat heartburn	<ul style="list-style-type: none"> › Avoid foods that may contribute to heartburn (citrus fruits, spicy foods, caffeine). › Sleep slightly upright.
Reduce frequent trips to the bathroom	<ul style="list-style-type: none"> › Drink plenty of water during the day, but try cutting back before bed.

Tips for Better Sleep (cont'd)

Tips For Sleep During The Postpartum Period	
Practice safe sleep	<ul style="list-style-type: none"> › The American Academy of Pediatrics recommends that infants sleep in the same bedroom as their parents for at least the first 6 months of life. › Infants should sleep on a separate surface, such as a crib or a bassinet, and never on a couch, armchair, or soft surface. › Place baby on his or her back. › Avoid the use of soft bedding, including crib bumpers, blankets, pillows, and soft toys. The crib should be bare.
Enlist others to help with infant caregiving at night	<ul style="list-style-type: none"> › Discuss with your partner or family how they can help with infant feedings, diaper changes, and soothing as much as possible. › Night doulas can be extremely helpful (especially 2-3 nights per week for the first 2 months), though pricy.
Make it easy to care for infant in the middle of the night	<ul style="list-style-type: none"> › For example, have your infant sleep in a bassinet nearby. › Store infant caregiving supplies nearby. › Place nightlights or dimmable lights near infant care areas.
Feed with breastmilk, if possible	<ul style="list-style-type: none"> › Parents who feed their infant exclusively with breastmilk sleep longer than those who supplement with formula.
Improve infant sleep	<ul style="list-style-type: none"> › “Sleep when the baby sleeps” makes the most sense in the first month or two after birth. › After that, you can find helpful suggestions for improving infant sleep in the following resources: <ul style="list-style-type: none"> › <i>Sleeping Through the Night: How Infants, Toddlers, and Their Parents Can Get a Good Night’s Sleep</i>, by Jodi Mindell › <i>The No-Cry Sleep solution: Gentle Ways to Help Your Baby Sleep Through the Night</i>, by Elizabeth Pantley › Babysleep.com › Takingcarababies.com

Talk to your provider if you are experiencing more severe sleep problems, such as:

- › Insomnia symptoms including difficulty falling asleep, staying asleep, or waking much earlier than wanted
- › Sleep apnea symptoms including snoring, breathing pauses, or gasping, and daytime sleepiness
- › Unpleasant, restless feelings in legs that are worse at night and that can be relieved with movement

Please know that there are treatment options – including those that don’t involve medication.

Bay Area sleep clinics:

- › UCSF Sleep Disorders Center, (415) 885-7886
- › UCSF Neuro/Psych Sleep Clinic, (415) 353-2273
(Dr. Felder specializes in working with pregnant and postpartum women)
- › The Stanford Center for Sleep Sciences and Medicine, (650) 723-6601
- › Stanford Sleep Health and Insomnia Program, (650) 498-9111 option 2
(Dr. Manber specializes in working with pregnant and postpartum women)
- › The Clinic, www.theclinicca.org

Other helpful resources:

- › *Quiet Your Mind & Get to Sleep* by Colleen E. Carney and Rachel Manber
- › *Say Good Night to Insomnia* by Gregg Jacobs and Herbert Benson

The Importance of Breastfeeding

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding (only breastmilk), for the first 6 months and continued breastfeeding as solid foods are introduced, for at least one year, or as long thereafter as mother and baby want. Many mothers continue to breastfeed past 1 year of age.

To support you in breastfeeding, in addition to the prenatal breastfeeding class, you will have help with breastfeeding in the hospital by UCSF nurses. All of our nurses have training in the latest breastfeeding techniques. If you are having special problems, you can also see a specially trained Lactation Consultant in the hospital.

UCSF strongly encourages you to breastfeed for many reasons:

Advantages for your baby

- › Breastmilk is nutritionally complete. It provides everything your baby needs to grow and develop for the first 6 months of life.
- › Breastfeeding after introducing solids provides the best nutrition and helps baby digest new foods.
- › Breastmilk changes as your baby grows, and is perfect for your baby at each age. Premature babies particularly need breastmilk to protect their health.
- › Breastmilk has antibodies to protect baby's immune system and many other components such as growth factors, enzymes that help them digest their milk and food, hormones to lower pain, and hormones that help them sleep and grow.
- › Breastfeeding protects against infections such as diarrhea, ear infections, pneumonia, urinary infections, meningitis and many others.
- › Breastfeeding lowers the risk of autoimmune diseases such as crohn's disease, ulcerative colitis, Type 1 diabetes, eczema and hyperimmune diseases like asthma and allergies.
- › Chronic diseases are lowered with breastfeeding. Some of these include: obesity, heart disease, type 2 diabetes, and certain types of cancers.
- › Breastfeeding lowers SIDS (Sudden Infant Death Syndrome).
- › The longer a baby breastfeeds the less likely they will need braces or speech therapy.
- › Breastfeeding improves fine motor skills (wiggling fingers, and toes), and brain development leading to better achievement in school.

Advantages for the breastfeeding mother

- › Faster recovery from birth or cesarean delivery.
- › Lowered stress and blood pressure, increased appetite.
- › Feeling more loving towards her baby.
- › Lowered Type 2 Diabetes, with the biggest impact on women who had Gestational Diabetes (Diabetes during Pregnancy)
- › Lower Coronary Artery Disease
- › Lower breast and ovarian cancer
- › Less osteoporosis
- › Less Obesity
- › Less missed work while breastfeeding because their breastfed baby is less likely to get sick
- › Deeper sleep
- › More minutes sleeping even though breastfeeding mother wake more times to feed their babies.

Preparation for Breastfeeding

Congratulations on deciding or considering to breastfeed your baby! UCSF has many resources to support you in this journey. (see Breastfeeding Resources)

Your Breasts are Preparing to Breastfeed:

Many women notice that their breasts are become larger and more tender during the first 3 months of pregnancy. These changes are due to the growth of the alveoli and ducts inside of the breasts. These are the “milk factories” that will produce your baby’s milk. Breast tenderness usually decreases after the first 3 months of pregnancy.

Early milk

After 4 months of pregnancy, your breasts are able to produce early milk, or colostrum. (Pronounced ko-LOS-trum). Some women can see tiny beads of early milk or their nipples, but many do not see the early milk until after their baby is born.

Prepare to Breastfeed by taking a Breastfeeding Class:

Many parents don’t realize how helpful it can be to learn as much as possible about breastfeeding while they are pregnant. Women and families who attend a prenatal breastfeeding class are more likely to meet their breastfeeding goals. You and your support person or your partner can attend classes through our Great Expectations Program by calling 415-353-2667 or 415-514-2670. You can also register at www.womenshealth.ucsf.edu/whrc.

Prepare to Breastfeed in Special Situations:

If you have a history of past breastfeeding difficulties, flat or inverted nipples, previous breast surgery, diabetes during or before pregnancy, or no breast changes during pregnancy, your physician, midwife, or nurse-practitioner can refer you for a visit with a UCSF lactation consultant at the Mission Bay or Mt. Zion Prenatal Clinic. Ask your provider if you could benefit from a referral.

After the Birth: You can also see the lactation consultant after having your baby and leaving the hospital. This is highly recommended for all patients, especially if you are experiencing difficulties.

Practices after the birth that help with breastfeeding

The Golden Hour: Your amazing newborn will be hard-wired to breastfeed when placed skin-to-skin with his/her mother during the early time after birth. Ideally, your baby will have uninterrupted skin-to-skin care, until her/his first feed is completed.

Some of the behaviors you will see your baby do after the birth will include the cry after their birth, resting, moving towards the breast, crawling, opening their eyes, licking the breast, mouthing the breast, sucking on their hands, and massaging the breast with their hands. All of these behaviors prepare them to breastfeed.

Many babies will look into your eyes prior to feeding also. Many newborns are able to latch on between 30 and 90 minutes after their birth with very little help! This skin-to-skin time and first feed will get you both off to a good start. It is a once-in-a-lifetime intimate hour, so enjoy this precious time together.

Studies show that babies who are skin-to-skin after their births and breastfeed during the first hour are more likely to be breastfeeding at 6 weeks of age compared to those who don’t feed that first hour.

Skin-to-skin care after the Golden Hour:

Many families don’t realize that Skin-to-Skin care when you are awake, is invaluable to do during the next days after the Golden Hour.

Safe skin-to-skin care includes:

- › The mother is up at around a 30 Degree angle- not flat, but not straight upright.
- › The baby is chest-to-chest with minimal clothing (a diaper is fine, with or without a tee shirt) so that mother keeps baby warm
- › Baby’s head is to the side with sleeping, so that both nostrils are visible.

Do skin-to-skin care as often as possible between feedings. Skin-to-skin care on postpartum has these advantages: your baby will cry less, stay warmer, have more regulated respirations and heart rate, and will eat more frequently.

You will notice the signs (cues) that your baby is ready to eat sooner, and feeds will go more easily when the signs (cues) are picked up earlier. Skin-to-skin care also helps mothers' mood after the birth. Partners and support people will also enjoy doing skin-to-skin care!

Exclusive breastfeeding or exclusive

breastmilk: Babies are healthier if they receive nothing but human milk, and preferably their mother's milk at the breast. Early exposure to formulas can disrupt the balance of your baby's gut flora. The more human milk a baby receives, the healthier that baby can be.

The American Academy of Pediatrics recommends that your baby receive nothing but your breastmilk during the first 6 months and to continue to breastfeed while you introduce the solid foods the next 6 months, for a total of at least one year.

Even one bottle of formula will reduce the health advantages of your milk. Because human breast milk is so important to your newborn's health, UCSF offers pasteurized human milk for any baby who requires more milk than you are producing. Our pasteurized human milk comes from the San Jose Milk Bank. The hospital staff can discuss this further with you.

Frequent Cue-Based Feeds: After the first 24 hours, newborn babies normally eat 8-12 times every 24 hours. Because they are programmed to know when and how much to eat, we advise parents to "Watch your baby, not the clock". Healthy term newborns let us know when they need to eat by communicating with us with their special cues.

Cues are attempts to find the breast and to eat. It is ideal to feed your baby with early cues, such as fluttering eyes, waking up or stirring, moving or opening their mouth, or sucking on their hands. A late cue is fussing or crying.

Try to keep your baby close by you day and night, and observe early cues. Let your baby nurse until your baby stops feeding.

These frequent feeds both help nourish and protect your baby, and also help create a good milk supply for the nursing mother.

Rooming-in Care: Babies get fed more frequently, and are safer when they remain near you night and day. Because of the health benefits for your baby, the American Academy of Pediatrics recommends that your baby sleeps in the same room with you for the first year of life. It emphasizes that the first six months is especially important.

Your baby will feel safer seeing, smelling and hearing you, and will cry less. UCSF values and supports you having your baby with you day and night, so that we can help you learn to care for your baby round-the-clock.

Lactation follow-up after the hospital discharge

All Women and babies can benefit from seeing a Lactation Consultant after they leave the hospital. It is recommended you see a Lactation Consultant within the first two weeks, especially if you are having difficulties with breastfeeding.

The sooner that you come in for help if you need it for breastfeeding, the more successful you will be in meeting your goals. A lactation consultant can answer your questions, weigh your baby, check how breastfeeding is going at the breast, and help with positioning, latch, and making enough milk for your baby.

UCSF has outpatient Lactation Consultants as well as a Breastfeeding Support Group (MILK). Please see the "Resources" page for information on how to book an appointment.

Breastfeeding Positions



Images courtesy of Diane Goettlicher and Pamela Augustine

Breastfeeding Resources

Breastmilk is the ideal food for all babies because it provides complete nutrition for your baby. Breastmilk 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 breastmilk 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 (Mt. Zion only)
- › Lactation supplies, including nursing bras, pillows, breastpumps for sale or rent.

Getting started at the UCSF Center for Mothers and Newborns

- › The Labor & Delivery 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.

...we will provide you with the support and supplies you need to feed your baby

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

(415) 353-2566

Obstetrics & Gynecology at Mission Bay
1825 4th Street, 3rd Floor, San Francisco, CA 94158

Obstetrics & Gynecology at Mt. Zion
2356 Sutter Street, San Francisco, CA 94143

- › 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.
- › Appointments are available Monday-Friday

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 (Mt. Zion only)
- › Lactation supplies, including nursing bras, breast pumps for sale or rent.
- › MILK (Mother & Infant Lactation Kooperative) A breastfeeding support group facilitated by a board certified lactation consultant
Mondays at Mission Bay
Tuesdays and Fridays at Mt Zion.

Register at whrcportal.ucsf.edu/whrcmember
Or call 415-514-2670 or 415-353-2667

Breastfeeding Resources (cont'd)

Community Resources

Alta Bates Outpatient Lactation Clinics

www.altabatesummit.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.

Bay Area Lactation Associates

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

List of private lactation consultants and other resources.

Healthy Horizons

Peninsula Breastfeeding Center

www.healthyhorizonsonline.com

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.

Healthy Horizons

Silicon Valley Breastfeeding Center

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

La Leche League International

www.LLNorcal.org

- › 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 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

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 Sequoia Lactation Center

National Breastfeeding Helpline

www.womenshealth.gov/

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 breastfeeding peer counselor will return your call on the next business day.

Sequoia Lactation Center

www.dignityhealth.org/bayarea/locations/sequoia/services/health-wellness-center
(650) 368-2229 or (650) 367-5597

- › Lactation consultations and breastfeeding supplies.

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 are 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 rentals and supplies.

Breastfeeding Resources *(cont'd)*

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
- › *Working and Breastfeeding Made Simple*, Nancy Mohrbacher
- › *Work. Pump. Repeat.* Jessica Shortall
- › The American Academy of Breastfeeding Medicine: www.bfmed.org
- › American Academy of Pediatrics: www.healthychildren.org (consumer site powered by AAP)
- › Breastfeeding and Parenting. Evidence-based information on breastfeeding and parenting issues: www.kellymom.com
- › Breastfeeding after nipple and breast surgeries www.bfar.org
- › Information and issues related to African American women: www.mochamilk.blogspot.com.
- › International Lactation Consultant Association: www.ilca.org
- › Office on Women's Health: www.womenshealth.gov/breastfeeding/ UC Davis Human Lactation www.secretsofbabybehavior.com
- › San Francisco Breastfeeding Promotion Coalition: <http://sfbreastfeeding.org>

Toxins in your Environment

Toxic substances are chemicals and metals that can harm your health. Everyone is exposed to toxic substances everyday, but developing fetuses, children, pre-teens, and teenagers are especially vulnerable. Below are recommendations on how to prevent and reduce exposures at home, work, and in the community.

Prevent exposures at home

Keep your home a smoke-free environment

- › Don't let people smoke around you and stay away from public places where people are smoking

Choose safe home improvement projects

- › Pregnant women should stay away from remodeling projects and recently remodeled rooms

Check the ingredients in personal care products like soaps and cosmetics

- › Many of these products have ingredients that can harm reproductive health. Find links to safer products on our resource page at <https://prhe.ucsf.edu/work-matters-resources>

Don't use pesticides to spray bugs, kill bacteria or mold, or in tick-and-flea pet collars.

- › Find pesticide-free alternatives at prhe.ucsf.edu/pesticides-matter

Avoid foam products that contain flame retardants

- › Flame retardants can be toxic to brain development- ensure that foam products like crib mattresses and other upholstered items are labeled 'flame-retardant free' or comply with TB-117-2013
- › Find more information about flame retardants from the EPA and more on our resource page at: prhe.ucsf.edu/toxic-matters-resources

Clean your home with non-toxic products like vinegar and baking soda

- › Many toxic substances are present in dust and can spread into the air when swept
- › Use a wet mop or cloth to clean floors and surfaces and vacuum, using a HEPA system if possible, weekly

Pick your plastics

- › Avoid household products like shower curtains, toys, and food containers that contain toxic chemicals like vinyl chloride and bisphenol A (BPA)
- › Don't use plastic containers for hot drink or food, and use glass instead of plastics in the microwave

Keep mercury out of your home and diet

- › Mercury can be found in household items such as light bulbs and thermometers and food like big fish (i.e., tuna, swordfish, orange roughy, shark)

Avoid lead exposure

- › Call the National Lead Information Center for information about how to prevent exposure to lead at: 800-424-LEAD

Test for radon if you have basements or ground floors

- › Learn more by calling 1-800-SOS-RADON

Tips for a healthy diet

- › Avoid foods grown with pesticides. If buying organic doesn't fit into your lifestyle, buy fruits and vegetables with the lowest pesticide levels. Learn about these foods and more at: prhe.ucsf.edu/food-matters
- › Wash fresh fruits and vegetables
- › Limit foods high in animal fat
- › Avoid canned and processed foods as much as possible. Many cans have BPA lining

Prevent Exposures at Work

- › Know your rights in your workplace- you have the right to a safe and healthy work environment
- › Talk to your employer about potential hazardous substances and exposures. Always follow guidelines, use protective gear, and follow protocol when handling potentially harmful substances in the work place

Find more info about work exposures at:
<https://prhe.ucsf.edu/work-matters-resources>

Alternative Medicine Resources

The UCSF Osher Center
for Integrative Medicine

www.osher.ucsf.edu
1545 Divisadero Street, 4th Floor
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 good sources 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 Mother to Baby California Pregnancy Risk Information support line at 1-866-626-6847 (<http://mothertobaby.org/california/>) 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 website 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 website: 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 (not to exceed 3000 mg in 24 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

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

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. › If you take calcium supplements, take them at a separate time from your prenatal vitamin or iron supplement. Calcium and iron interfere with each others absorptions. › Your health care provider may suggest supplements depending on your individual needs. › Avoiding extra-doses of vitamins. Just take a prenatal vitamin without other vitamin supplements. › For a twin pregnancy, take additional 1 mg Folic acid pill when taking a prenatal vitamin. 	<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: 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. › Elevate head of the bed at least 4-6 inches 	<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®) 	<ul style="list-style-type: none"> › If problem continues

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

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 soothing foods and may reduce symptoms. 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

Constipation

What To Do First	Safe Medications	When To Call Your Health Care Provider
<ul style="list-style-type: none"> › Increase fiber in your diet. Choose whole grains such as brown rice, quinoa, oatmeal and whole grain breads. Eat more legumes. › Eat at least 5 servings per day of fruits and vegetables. › Eat prunes or figs, or drink prune juice. › Drink plenty of fluids. › Be more active 	<ul style="list-style-type: none"> › Try over the counter medications as directed: Colace (e.g., docusate sodium), or Miralax, or Senna 	<ul style="list-style-type: none"> › If problem continues

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.
- › Vaping is not a safe alternative to smoking. Even if there is no nicotine, there is no information about content and its safety in pregnancy.

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.

However, do not stop taking regularly prescribed medications without talking with a health care provider first!

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. This is true even when smokers only smoke outdoors!

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 Unexplained Infant Death Syndrome (SUID or 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?
- › Does your partner hurt you emotionally by saying negative things about you that lower your self-esteem?
- › 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
- › Loveisrespect.org (866)331-9474
 - › Casa de Las Madres:
 - › Adult Line-(877) 503-1850
 - › Teen Line-(877) 923-0700
- › 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.
- › Infant Parent Program: (415) 206-4444

Get more information online

- › Living in a Nonviolent Community, the UCSF National Center of Excellence in Women's Health: www.coe.ucsf.edu/linc/index.html
- › 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. They 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.

On other hand, 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.



..Women find that talking to family and friends (including other new mothers), taking time to care for themselves...will help them feel better.

Mood concerns during pregnancy and postpartum: more than just *the blues*

Untreated depression and anxiety are both problems for the mother and her family. We want to hear from you as soon as you are encountering difficulties. Please know that you are not alone. 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, our counselor 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

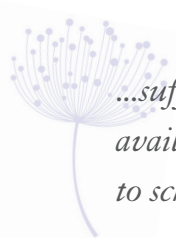
The New Nest: Emotionally Preparing for Parenthood

In this 90-minute workshop, participants will share practical tools that will help you transition from pregnancy to parenthood.

- › Learn how to recognize the signs and symptoms of prenatal and postpartum mood disorders, such as anxiety and depression.
- › Discuss the importance of self-care (for birth and non-birth parents) during pregnancy and the postpartum period, and learn about community support resources. (415) 353-2667 or (415) 514-2670.

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). (415) 353-2667 or (415) 514-2670.



...suffering from mood concerns or if you just want to talk about what resources are available our counselor—can help you evaluate your situation. Call (415) 353.2566 to schedule an appointment.

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 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. Many women enjoy sex during pregnancy.
- › 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 may last longer. 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.

UCSF Research Studies for Pregnant Women

As a patient at UCSF, you are able to participate in research studies to help improve the health of women and babies in the future.

Prenatal Clinics

You may be eligible for various studies throughout your pregnancy & may be approached by a research recruiter before your prenatal appointment.

If you would like to get in touch with a clinical research coordinator, please call (415) 502-0131.

Mission Bay Birth Center

There are also opportunities to donate bio-specimens and participate in a study when you're at the UCSF birth center to deliver your baby. Bio-specimen collection can include cord blood, placenta, maternal blood, or baby saliva. A research recruiter may approach you in your room.

If you would like to get in touch with a clinical research coordinator prior to your admission, please call (415) 476-5277.

Travel Recommendations

Every woman's pregnancy is different and we encourage you to discuss specific travel plans with your healthcare provider. However, for most women with uncomplicated pregnancies, travel through around 36 weeks is generally thought to be safe.

Here are a few things to consider as you make plans:

- › Every airline has different requirements for travel.
- › In the unlikely event that you have a pregnancy complication while traveling, you may wind up being unable to fly home as planned.
- › Travel insurance and/or flexible flights may be good investments in the event of unexpected complications that require you to change your plans.

If/when you do travel:

- › Wear your seatbelt low and under your belly
- › Drink plenty of water
- › Consider wearing compression stockings (knee-length, can be purchased at the drug store)
- › Walk frequently (get up to walk at least 10 minutes every 3 hours)
- › Consider an aisle seat to allow easy access to the restroom and the aisle to stretch your legs
- › Consider traveling with your health records

If you do travel...An aisle seat will allow easy access to the restroom and the aisle to stretch your legs.

Preparing for Birth to do list

More information on many of these topics can be found throughout the booklet. When that is the case, the relevant page number(s) is included in parentheses.

Complete by the end of your Second Trimester

- View labor & delivery rooms in this Birth Center tour: whrc.ucsf.edu/whrc/birth_center_tour2016.html
- Signed up for a Birth Center tour by the second trimester at (415) 353-2667, (415) 514-2670 or womenshealth.ucsf.edu/whrc
Note the on-site walking tour is elective and not mandatory.
- Signed up for classes with Great Expectations Pregnancy Program (p. 49)
- Spoke to my employer/HR about disability and family leave benefits (p. 57)

Complete during your Third Trimester

- Check with provider if you need a PPD test for tuberculosis
- Received a Tdap vaccine for whooping cough (loose handout in back cover pocket)
- Received the flu vaccine, if indicated by my provider
- Familiarized myself with when and where to come for my delivery (p. 58)
- Reviewed my birth preferences with my provider (p. 61-62)
- Choosing a Healthcare Provider for your Baby (p. 67)
- Know to call if I am in labor or leaking water: Birth Center at (415) 353-1787
- Know to bring two forms of ID to my delivery, one with a photo
- Completed the Birth Certificate Worksheet and will bring it to my delivery (p. 69)

Going Home from the Hospital after Birth & Postpartum

- Schedule a postpartum appointment for 6-8 weeks after delivery
- Arrange a ride home by 12:00 pm on your going-home day
- Bring an infant car seat if you plan to drive home in a car
- Plan to stay 24-48 hours after a vaginal delivery
- Plan to stay 48-72 hours after cesarean section unless there are complications.
- Contact Women's Health Resource Center for any postpartum support (i.e., Lactation supplies, breastpumps, classes and support groups)



Patients who will deliver at the **ZSFG Family Birth Center**, please refer to your supplemental materials.

Kick Counts

In the last 3 months of your pregnancy, you should be able to feel the baby moving every day. An active baby is a healthy sign. Most of the days you will feel your baby moving regularly throughout the day. Babies also have more sleep periods throughout the day which can last for over an hour. Be aware of your baby's pattern of activity. On any day that you feel your baby is not moving as much as usual or not at all, follow these steps:

Kick Counts –“Count to 10”

- › You should count how long it takes your baby to kick 10 times, starting with the first kick (so you know your baby is awake)
- › All movements count as a “kick,” but don't count hiccups. Several movements at the same time count as one “kick.” The quickest way to do this is to relax, lie or sit down and concentrate on feeling for kicks

If after 2 hours you have not felt 10 kicks, you should call and ask to speak to a triage nurse

- › Call the OB Clinic if Monday-Friday and between 8am-4pm at 415-353-2566
- › If evenings or weekends please call the UCSF Birth Center Triage at 415-476-7788

Gestational Diabetes Testing

Thank you for taking the time and effort to have your Gestational Diabetes (GDM) testing completed. As you may know, UCSF recommends testing for GDM in all pregnancies, as it is quite common (approximately 10% of pregnant women) and proper treatment can dramatically improve overall health and pregnancy outcomes. Below is some key information that you may find helpful.

One Hour Glucose Challenge Test:

At 24-28 weeks*:

You will be ordered for a 1 hour screening test. You do not need to prepare for this test, just go to UCSF lab and they will give you a drink containing 50 grams of glucose and then draw your blood one hour after. You should plan to stay seated during the hour wait.

The results of this test will show that you either do not have gestational diabetes, you do have it, or you need to complete the 3-hour test to find out for certain. A member of our practice will let you know the results of this test.

*Select patients with risk factors for GDM may be asked to complete this screening before 24 weeks.

Three Hour Oral Glucose Tolerance Test:

If you need to have the 3 hour test to test for gestational diabetes, some preparation is required:

Preparing for your test:

Please arrive for the test having fasted for at least 8 but no more than 10 hours. Fasting longer than 10 hours can result in a false-positive test.

The testing process:

We appreciate your patience, as the complete glucose tolerance test involves three separate blood draws and takes approximately 3 hours to complete. Please arrive before 2pm to ensure that the entire test can be completed.

An initial fasting blood sugar is obtained and then you will be given a drink containing 75 grams of glucose.

One hour, two hours and three hours after the sugar drink, we will collect three more blood samples to complete the test. Please plan to stay at the lab during this time.

What should I do if my test indicates I have gestational diabetes (GDM):

This result may be unexpected for many women, and if you are feeling a little overwhelmed and/or frustrated, you are not alone. Please be assured that you will have many opportunities to discuss this diagnosis and ask any questions you may have in the coming days and weeks.

A nurse from the Diabetes and Pregnancy Program (DAPP) will contact you to discuss next-steps. Typically this involves attending our GDM class where you will learn both how to test your blood sugars at home and about diet to help manage your GDM.

Please do not worry and please do not stop eating! You and your baby need nutrients (including carbohydrates). If you are eager to make adjustments immediately, it is reasonable to avoid juices, sodas, candy and sweets until you learn additional dietary advice. Also, if you don't already get regular exercise, adding a walk into your daily routine can really help.

While a diagnosis of GDM is not necessarily welcome, please know that you will have lots of help and we have every reason to believe that you will have a very healthy pregnancy!

Your Diabetes in Pregnancy Team

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.
- › 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.

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.

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.

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.

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.

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.
- › 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.

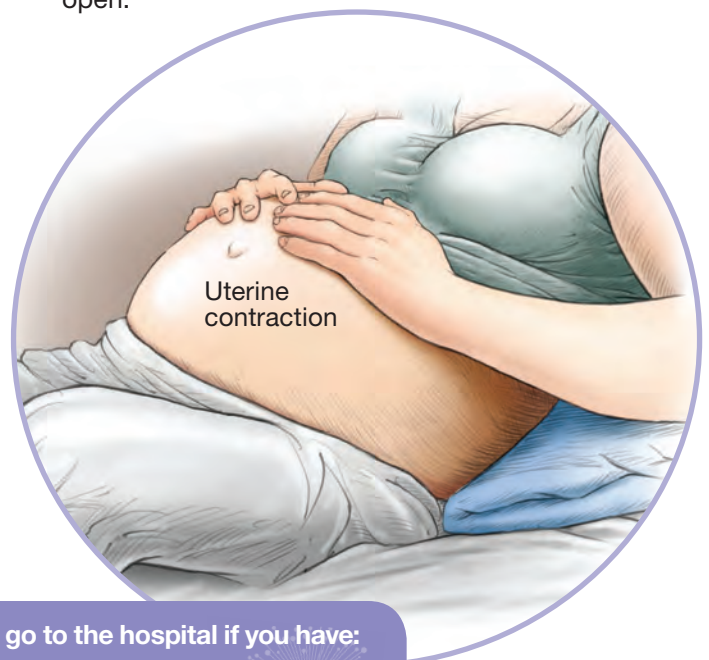
- › Certain factors may increase a woman's chances of having premature labor, such as carrying twins. Often, the causes of premature labor are unknown. Sometimes a woman can have premature labor for no apparent reason.
- › It may be possible to delay a premature birth by knowing the warning signs of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

Warning signs and symptoms

- › Uterine contractions that occur five 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.



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
- › Bleeding or leaking fluid from your vagina

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.
- › 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.

UCSF Great Expectations Pregnancy Program

Prenatal Childbirth Preparation Classes

We offer a variety of classes and groups to help expecting mothers and their partners prepare for birth, breastfeeding, and parenting. More information on class content, schedules, and prices can be found at whrc.ucsf.edu. Please sign up well in advance (as early as second trimester) as classes fill up quickly.

We offer classes at two convenient locations:

San Francisco | Mission Bay: 1855 Fourth Street and Mount Zion: 2356 Sutter Street

To sign up with Great Expectations call 415.353.2667 or 415.514.2670 or visit womenshealth.ucsf.edu/whrc.

Childbirth Preparation: Integrated Methods

Recommended between 6–9 months of pregnancy

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. Classes are a 4-week series or 3 weeks during the holidays. 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. 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.

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/Services:

Baby Care/Parenting

Breastfeeding

Expecting Twins or More

The New Nest: Emotionally Preparing for Parenthood

Infant CPR

Pumping & Returning to Work

Infant Massage-Pre-Delivery & With Newborn

The Afterglow and other Support Groups

Pregnancy and Parental Leave: FREE 'Know Your Rights' Workshops

Classes fill up, sign up early!

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.

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.

- › **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).



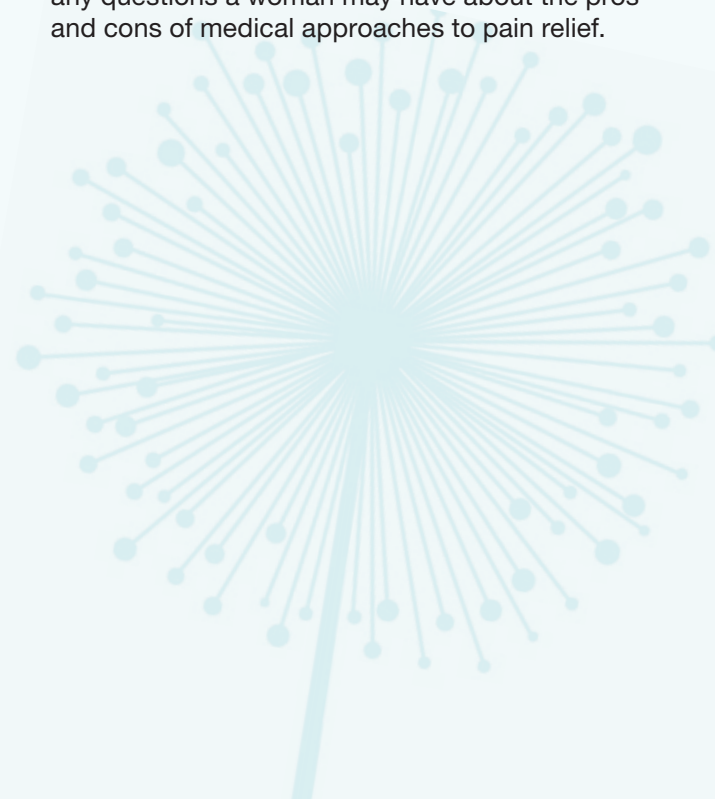
If you are interested in taking a **FREE Pain Relief in Labor class with a UCSF Anesthesiologist, please call Great Expectations at (415) 353-2667**

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.

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 the 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.



Cesarean Birth

While most women will have a vaginal delivery, some may need a cesarean section. UCSF is now offering Family-Friendly Cesarean deliveries for families meeting criteria. In this supportive environment, one or two family members, or support persons, may attend the delivery. Mothers can opt to bring in a small portable device to play her own music during the birth of her child. Surgical draping with a clear window is used to allow for observation of the birth. Delayed cord clamping for 60 seconds is done to allow for transfer of the baby's blood to the baby. Skin-to-skin contact and breastfeeding is encouraged and supported in the delivery room. In the event of an unplanned surgery, this approach may not be possible.

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. Most women are ready to go home on the third day after surgery. 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.

Doula Guidelines

When you come to give birth, our medical team is glad to welcome you and your loved ones.

Your doula is also welcome! Studies show that having a trained birth attendant to provide emotional support and labor coaching can help you have the birth experience you desire. Listed below are guidelines for your doula when she is working to support you in a labor and delivery setting. Your doula will likely be familiar with them — they are based on positions from the DONA (Doulas of North America) organization. Please share with your doula and any other person who intends to support you during labor and delivery. It’s important since the doula works for you and isn’t an employee of the hospital.

Following these important guidelines helps us all foster a safe and supportive environment and makes sure everyone works well together to nurture you and your baby.

What should a doula DO during labor and delivery?	What should a doula NOT DO during labor and delivery?
A doula:	A supportive and well-trained doula does not:
<ul style="list-style-type: none"> • Offers guidance and help with your comfort during labor. For example, your doula may help with breathing and relaxation techniques, movement and positioning, and visualization exercises. • Fosters a positive environment and supports good communication between you and your healthcare team. For example, your doula may help you communicate your wishes for your medical care as recorded in your birth plan. If you like, she may also help the medical team explain some of your care and options to you. Most helpfully, your doula can encourage you to ask questions and to speak for yourself. You are your own best advocate. • Provides physical and emotional support for you and your partner during labor and birth. • A doula protects your privacy. Just as the medical team adheres to Health Insurance Portability and Accountability Act (HIPAA) regulations, your doula should also respect patient confidentiality. 	<ul style="list-style-type: none"> • Perform clinical or medical tasks. Your healthcare team provides these services. This means your doula cannot do these or any other clinical tasks: <ul style="list-style-type: none"> – Take blood pressure or temperature – Check fetal heart tones or adjust monitors – Do vaginal exams – Rupture membranes (“break your water”) – Do perineal massage – Give or adjust medicine (including homeopathic or herbal remedies) • Interfere with medical treatment or disrupt the positive birthing environment. • Diagnose medical conditions or present your options for medical care. Instead, she supports the communication of the medical staff. • Speak for you or make decisions for you. Rather, she encourages you to ask questions about your care and treatment. • Object to following the policies of the hospital and the direction of your healthcare team. As she supports you in your labor, she works at the discretion of the doctor or nurse and cooperates with their requests.

Comfort aids

To help manage the intensity of labor, feel free to bring comfort aids to the hospital—things like birthing balls, framed photos, and massage tools. Note the following are not allowed due to safety:

- › Anything that needs to be plugged in such as blenders, heating pads, or crockpots
- › Essential oil diffusers
- › Candles or anything with an open flame
- › Sacks or packs that need to be microwaved (the healthcare team is not allowed to heat them for you)

If you have questions about what’s appropriate to bring to the hospital, please call the hospital and ask to speak with someone in Labor & Delivery, (415) 3531787.

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 healthcare 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 4 years old, 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

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.	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; decreased milk supply.
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, minimal weight gain (less than 2 lb).
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.		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.	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.

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.
- › 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.

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 children under 2 years old must be rear facing unless they weigh 40 pounds or more, or are 40 inches tall or more.

- › 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 Parents Central
- › American Academy of Pediatrics (AAP) parent website – www.healthychildren.org. Select Safety & Prevention-On the Go
- › SafetyBeltSafe U.S.A. Helpline at 800-745-SAFE (7233), English, or 800-745-SANO (7266), Spanish. www.carseat.org
- › Safe Kids Worldwide-Car Seat Checklist for Parents www.safekids.org/checklist/car-seat-checklist-parents-pdf

Disability Benefits during Maternity Leave

Before you go on Maternity leave...

Your employer should be the first contact regarding questions about leave of absence. Your employer has all disability forms for your job protection and income replacement.

- › Upon request, we could provide a disability leave letter and EDD claim(s) online instructions for patients whom do not have a direct HR contact.
- › When submitting your paperwork, please provide your first day off work and expected due date. While you may have a number of leave benefits available to you, our office certifies the period that you are considered disabled by pregnancy.
- › You may drop off your paperwork to the front desk staff at any of our obstetrics clinic locations, fax forms to (415) 353-2496 or email obstetricssrvcsdisab@ucsf.edu.
- › We kindly ask for 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.
- › If you feel you need to stop working earlier due to complications, please discuss your medical concerns with a provider prior to stopping work. Authorization for early disability must come from a provider.
- › 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 4:30pm, 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. 94158
Box # 4067

Resources:

- › For information about your benefits, please contact your HR or the Legal Aid at Work team at 800-880-8047 or legallaid@work.org.
- › For information regarding California State Disability, please refer to their website: www.edd.ca.gov or call (800) 480-3287.
- › To contact the OB Disability Coordinators, please call (415) 353-2592 or email us at obstetricssrvcsdisab@ucsf.edu

Information about Job Protection and Pay

Job Protection: FMLA (Family & Medical Leave Act) provides up to 12 weeks of unpaid, job protected leave when you are unable to work due to a “serious health condition”. Pregnancy disability qualifies as a serious health condition. You are eligible for FMLA if you have 1+ year of service, 1250+ hours of work in the previous year, and employer has 20+ employees w/in 75 miles.

The 12 weeks FMLA period is 4 weeks before delivery and 6-8 weeks for postpartum recovery. UCSF OB supports 6 weeks postpartum recovery for a vaginal delivery and 8 weeks postpartum recovery for a c-section. For a vaginal delivery, the pregnancy disability period is 10 weeks. Any unused pre-birth time off cannot be attached to the postpartum recovery.

CFRA (California Family Rights Act) provides 12 weeks of unpaid, job protected bonding leave within 1 year of birth starting after pregnancy disability leave ends. Employees are eligible for CFRA if they are eligible for FMLA.

Pay during leave of absence: During pre-birth and postpartum recovery, you may have a private disability insurance through employer and/or EDD State Disability Insurance claim. The income replacement amount is dependent between your employer and the private insurance’s policy. EDD State Disability Insurance provides up to 60% or 70% of weekly wages.

During newborn bonding period, you may have income replacement through employer’s policy and/or the EDD Paid Family Leave claim. The EDD Paid Family Leave provides up to 6 weeks maximum paid leave, if eligible.

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.

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 or (415) 514-2670 to schedule a tour or alternately, you may view the Birth Center video online at: whrc.ucsf.edu/whrc/birth_center_tour2016.html.

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 they normally do
- › 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. 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).

Between the hours of 9:30pm-6:00 am, please enter through the Children's Hospital lobby at 1975 4th St.

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.



Patients who will deliver at the **ZSFG Family Birth Center**, please refer to your supplemental materials.

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 up to 1 support people in the operating room with you depending on the circumstances.

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, they 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 24-48 hrs. after a vaginal birth and 48-72 hrs. 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.

Lactation & Postpartum

All Labor & Delivery nurses are trained in addressing and triaging lactation needs postpartum and are able to assist with general Breastfeeding questions. There are Lactation Consultants in the unit who are available to assist those patients with more challenging and difficult breastfeeding needs.

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.



Patients who will deliver at the **ZSFG Family Birth Center**, please refer to your supplemental materials.

What happens when Labor and Delivery is on DIVERT Status

When a hospital or a unit is on “divert” it means they do not have the capacity to take care of more patients.

If the hospital does go on divert we will help you find another hospital to go for evaluation. Patient safety is the 1st priority.

There are two different reasons why Labor & Delivery unit may need to go on “divert” or diversion status:

- › Patients are using all of the rooms and there is not a safe place to put any new patients.
- › There is not enough staff to safely treat the patients (this is rare at UCSF).

This happens rarely and varies from month to month.

Our unit may be on divert for a few hours or for a day; you can always call back to check.

We will tell you which hospital to go to and will keep track of you so we can follow-up after your evaluation and/or admission. We will also call the hospital we direct you to in order to relay important health information about you and your baby.

Please let your provider know if you have further questions or concerns.

UCSF Women and Children’s Hospital has agreements with three hospitals in the city in the event of divert status: Zuckerberg San Francisco General Hospital, Sutter California Pacific Medical Center and Sutter St. Luke’s Hospital. Locations and phone numbers of these hospitals are listed below.

Zuckerberg San Francisco General Hospital

Birth Center, 2nd floor
1001 Potrero Avenue (entrance is at Potrero and 23rd St)
415-206-8725

Sutter Health California Pacific Medical Center, California Campus

Women and Children’s Center, 2nd floor
3700 California Street
(415) 600-2100

Sutter Health California Pacific Medical Center, Mission Bernal Campus

Women and Children’s Services, 3rd floor
3555 Cesar Chavez Street
(415) 641-6630



*Patients who will deliver at the **ZSFG Family Birth Center**, please refer to your supplemental materials.*

Birth Plan/Preference List

Date: _____

Name: _____

Reviewed with: _____

Our philosophy and practices at UCSF

We provide you and your family with the best evidence-based care, and we adhere to the following standard procedures:

- › Explain recommended interventions including medications or breaking the bag of water around the baby before proceeding.
- › Encourage movement while in labor as often as possible.
- › Encourage families to create the birthing environment that they desire.
- › Encourage eating and drinking in labor, unless otherwise medically indicated.
- › Support women who choose to have an un-medicated birth and encourage them to bring support people to help make this possible (including doulas for those who chose doulas).
- › Support women who desire pain medication with 24/7 availability of anesthesia (these options are discussed upon your arrival in labor and can be modified at any time)
- › Do not offer routine enemas or shaving.
- › Perform episiotomy rarely and only when necessary for the health of mother or baby.
- › Encourage getting breastfeeding guidance from our team after the birth.
- › Do not offer babies formula or sugar water without an important medical reason (or for babies who will be formula-fed).
- › Encourage skin-to-skin contact as soon as the baby is born as long as baby is transitioning well.
- › Routinely delay procedures and first bath to enhance bonding and promote breastfeeding.
- › In most cases, if you are having a vaginal birth, you will be assisted by an OB-GYN Resident and a Certified Nurse-Midwife attending. If any complications arise, you will be evaluated and possibly treated by the Chief Resident and OB-GYN Attending.
- › After birth, the baby will be treated with erythromycin eye-ointment to reduce the risk of certain eye-infections that may be transmitted at the time of birth and a vitamin K injection to reduce the risk of bleeding. These medications are recommended for all newborns.

Please mark your preferences and bring this with you to your next prenatal appointment to discuss with your care provider. In addition, present a copy to the nurse upon arrival to Labor & Delivery.

During my labor and birth, I plan to have the following people in the room with me: _____

To assist with my comfort, I would prefer:

- Alternative pain relief options (such as breathing, massage, hydrotherapy, position changes).
- I will ask for medication if needed.
- To hear about my medication options if you see that I am having difficulty coping with labor.
- To try IV narcotics
- To try Nitrous Oxide
- An epidural (regional anesthesia)

Other preferences include:

- Intermittent fetal monitoring if it is safe for my baby
- A saline lock placed when my blood is drawn during hospital admission. I understand this will allow IV access for medications and hydration, if needed, but will allow me freedom of movement.
- Not to have an IV placed on admission. I understand that I will need to stay hydrated by drinking clear liquids and may need an IV later in the labor process.

When pushing, I would prefer:

- To “labor down” until I have the urge to push, for a maximum of 1 hour, if it is safe to do so.
- To be offered coaching if progress is slow or pushing is not felt to be effective
- To be given a choice to push in whatever position feels most comfortable as long as it is safe.
- To use a mirror to see the baby as it crowns
- To touch the baby as it crowns

After the birth, I would like:

- A delay in cord clamping, as long as baby is transitioning well
- To have the cord blood collected for banking (I have provided a cord collection kit)

To have my birth partner:

- Cut the umbilical cord
- Stay with the baby during routine care procedures
- Announce the sex of our baby

If a cesarean birth is necessary, I would like to:

- Have my birth companion present: _____
- Have the baby placed skin to skin post delivery

For my baby:

- I plan to have usual newborn treatments including Erythromycin eye ointment and the Vitamin K injection
- I plan to decline use of Erythromycin eye ointment, but consent to Vitamin K injection.
- I do not consent to Erythromycin ointment and the Vitamin K injection. (I am aware that a pediatrician will speak to me about the risks.)
- I consent to Hepatitis B vaccine in the hospital (usual recommended treatment for newborns)
- I wish to decline Hepatitis B vaccine in the hospital

If I have a boy, I plan to:

- Have him circumcised before leaving the hospital
- Not circumcised

For the baby’s feedings, I plan to:

- Formula feed
- Breastfeed



UCSF Center for Mothers and Newborns

UCSF Betty Irene Moore Women's Hospital

Birth Center Welcome Desk

1855 4th Street, 3rd Floor, San Francisco, CA 94158
(415) 353-1787

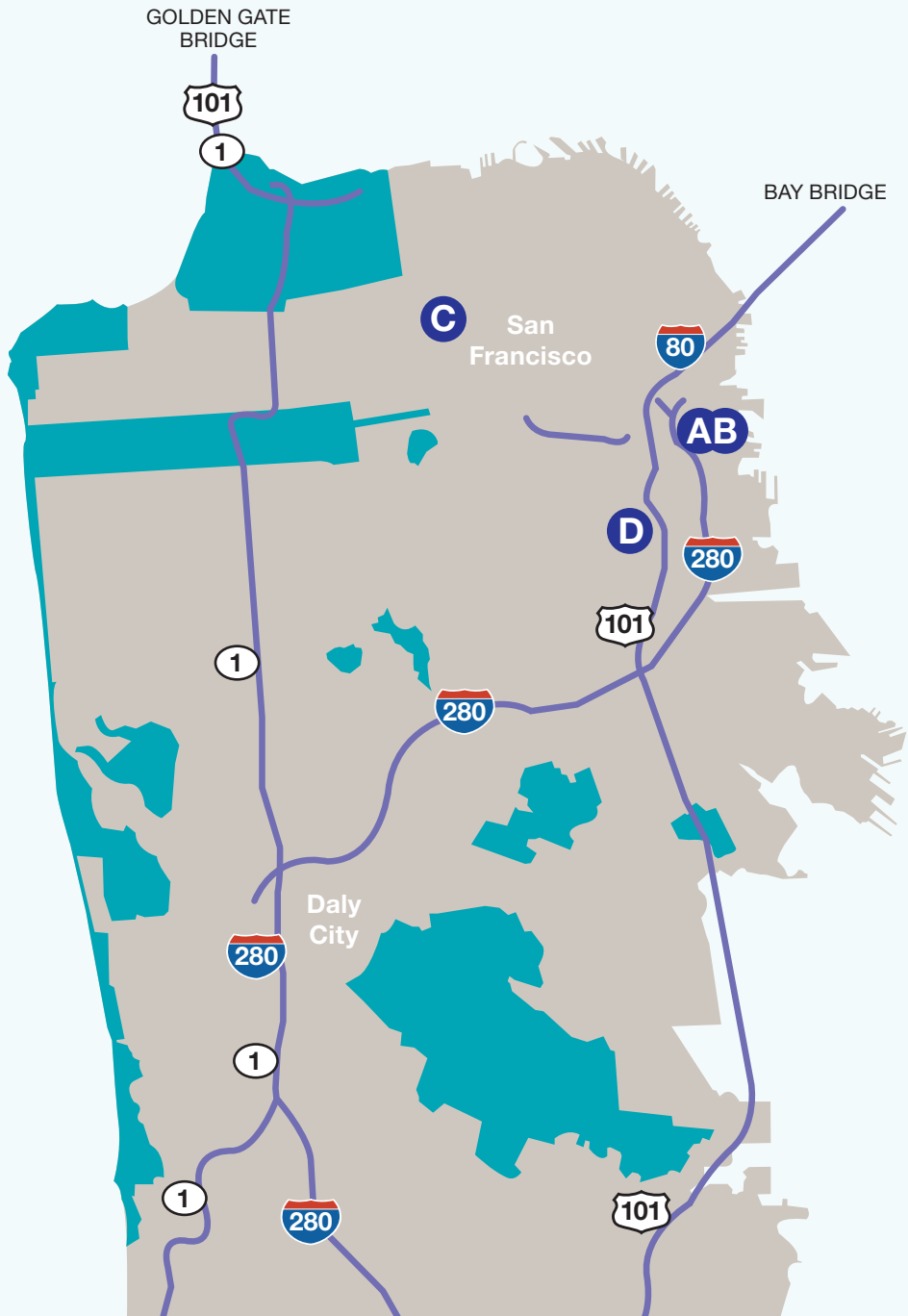
Parking

Patients may be dropped off at the circle at 1855 4th Street, for about 15 minutes. See parking information on page 58.



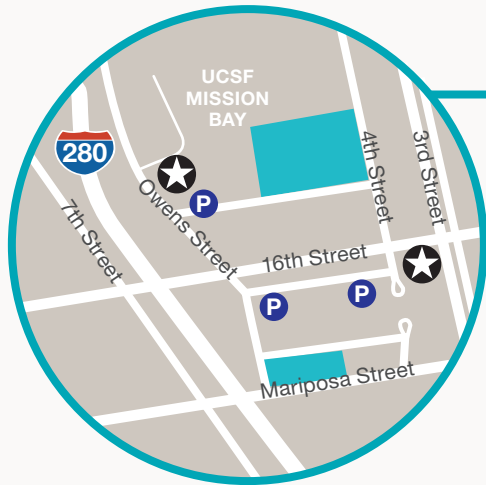
Area Map

- 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** ZSFG Family Birth Center



See area map on previous page

UCSF Women's Health Obstetrics Services



Mission Bay locations

1825 4th Street, 3rd Floor, San Francisco, CA 94158
(415) 353-2566

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

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, 5/6th floor, San Francisco, CA 94143
(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
- › 2420 Sutter Street Garage: Between Divisadero and Broderick

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.

Blood Draw Lab

Quantiferon Testing is offered M-Th, 8:00 am-2:00 pm

- › Mission Bay: 1825 Fourth St, San Francisco
M-F, 7:00 am – 5:30 pm
(415)514-2629
- › Mount Zion: 2330 Post St, San Francisco
M-F, 7:00 am-5:30 pm
(415) 885-7531
- › Parnassus: 400 Parnassus Ave, San Francisco
M-F, 7:30 am-6:30 pm
(415) 353-2736
- › Lakeshore: 1569 Sloat Blvd, San Francisco
M-F, 8:00 am-12:00 pm and 1:00 pm-4:30 pm
- › Berkeley Outpatient Center: 3100 San Pablo Ave, Berkeley
M-F, 8:00 am-5:00 pm
(510) 985-5060

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 completed 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 related to your hospital visits and delivery, call **(415) 514-3979**.

For all billing questions related to your clinic visits, please call **(415) 353-2566**.

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.womenshealth.ucsf.edu/whrc

Mission Bay: 1855 4th Street, Suite A3471, 3rd Fl
San Francisco, CA 94158
(415) 514-2670

Mt. Zion: 2356 Sutter Street, J112, 1st floor
San Francisco, CA 94143
(415) 353-2667 (pregnancy-specific)

Services for Pregnant Women and Their Families

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

Other Services for Women throughout the Lifespan

- › If you don't have a Primary Care provider already, please establish care sooner rather than later. You can contact your insurance. Find a list of our resources at: www.ucsfhealth.org/clinics/primary_care/index.html
- › Lending library (*Mt. Zion only*)
- › 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

Pregnancy and Beyond Web Resources

- › 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: mypyramid.gov/mypyramid-moms/index.html
- › The American Academy of Nutrition and Dietetics –Nutrition for Women and Kids: www.eatright.org/Public

Postpartum Resources

- › 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
- › PostPartum Progress: www.postpartumprogress.com
- › PostPartum Men: www.postpartummen.com
- › Golden Gate Mothers Group: www.ggmg.org

Mental Health Access Referral Line: Call anytime, in any language, for referrals to neighborhood mental health clinics and therapists in San Francisco. Staff provides phone-based program information, support, assessment, suicide prevention, and clinic referrals.
Contact: (415) 255-3737 or (888) 246-3333

The Parent line: The University of San Francisco School of Nursing and Health Professions is offering a new service called Parent line. It’s a free and confidential service for expectant parents, new parents, and caregivers of children up to the age of three. The Parent line staff are trained professionals who can provide help in addressing non-medical concerns regarding parenting and child development issues.
Contact: (844) 415-2229

Infant Parent Program: 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.
Contact: (415) 206-5270

Choosing a Healthcare Provider for your Baby

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. The baby's information will be forwarded to the healthcare provider you choose. Your baby's first appointment will be scheduled for you before leaving the hospital. You do not have to set up a pediatric appointment before your baby is due.

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

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

UCSF Groups

UCSF Lakeshore Family Practice*

www.ucsfhealth.org/adult/special/1/105818.html
1569 Sloat Boulevard, Suite 333
San Francisco, CA 94132
(415) 353-9339

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 94143-1660
(415) 885-7478
Some clinic hours are also available at Mission Bay: 1825 4th Street, SF CA

UCSF Primary Care China Basin*

185 Berry Street, Suite 130
San Francisco, CA 94107
(415) 514-6420

Non-UCSF Groups

Golden Gate Pediatrics

www.goldengatepediatrics.com
› 3637 & 3641 California Street
San Francisco, CA 94118
(415) 668-0888

› 61 Camino Alto, Suite 107
Mill Valley, CA 94941
(415) 388-6303

One Medical

› 3490 California St #203
San Francisco, CA 94118
Open until 6:00 PM

› 3850 Grand Ave.
Oakland, CA 94607
(510) 225-1013
Open until 6:00 PM

Tamalpais Pediatrics

› 5 Bon Air Road, Suite 105
Larkspur, CA 94904
(415) 461-0440

› 400 Professional Center Drive, Suite 423
Novato, CA 94947
(415) 892-0965

Other Pediatric Groups

<http://www.ubcp.org/locations/>

*Accept Medi-Cal insurance

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 can be obtained in person or via mail. Instructions will be provided prior to discharge. 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. See the following page and bring the worksheet 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 PARENT'S HOME ADDRESS:

STREET _____ CITY _____ STATE _____ ZIP _____
COUNTY _____ PHONE _____
NUMBER OF PREVIOUS LIVE BIRTHS: _____
DATE OF LAST LIVE BIRTH: _____
PARENTS MARRIED? YES NO

FATHER / MOTHER / PARENT NOT GIVING BIRTH

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
 OTHER HISPANIC SPECIFY: _____

IS THIS THE BABY'S BIOLOGICAL FATHER? YES NO
IF NO, NAME OF BIOLOGICAL FATHER: _____

WIC RECIPIENT? YES NO SMOKE TOBACCO? YES NO

MOTHER / FATHER / PARENT GIVING BIRTH

CURRENT LAST NAME: _____
NAME: _____ FIRST (GIVEN) _____ MIDDLE _____ LAST NAME GIVEN AT BIRTH _____
SSN: _____ - _____ - _____ DATE OF BIRTH: _____
STATE OR COUNTRY OF BIRTH: _____
USUAL OCCUPATION: _____
USUAL BUSINESS OR INDUSTRY: _____
EDUCATION (GRADE OR DEGREE): _____
LAST DATE 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
 OTHER HISPANIC SPECIFY: _____

