your guide to pregnancy

A RESOURCE FOR EXPECTANT PARENTS

SHARP

welcome

At Sharp HealthCare, we know that pregnancy is a time of excitement and anticipation. It also can be an anxious time for expectant parents. This booklet is designed to provide you with information to help you stay healthy and informed throughout your pregnancy.

You have chosen a Sharp Rees-Stealy doctor to care for you as you prepare for the birth of your baby. Our Sharp Rees-Stealy team includes high-risk pregnancy specialists, obstetricians, family practice doctors, certified nurse-midwives, nurse practitioners and nurses who care for patients at locations throughout San Diego County. Your doctor will admit you to **Sharp Mary Birch Hospital for Women & Newborns** when it is time to have your baby.

During your pregnancy, please ask any questions you may have. If it is important to you, it is important to us.

Sharp offers a variety of resources to help you prepare for your baby's arrival, including classes and support groups on healthy pregnancy, childbirth preparation, breastfeeding, baby care, parenting and more. Visit **sharp.com/classes** for details.

Thank you for choosing Sharp Rees-Stealy and Sharp Mary Birch for your care. We look forward to partnering with you during this special time in your life.

One of a Kind

Sharp Mary Birch is San Diego's only hospital exclusively dedicated to caring for women at all stages of life.

- More than 7,000 babies are born here each year.
- Experts here specialize in high-risk pregnancy; labor and delivery; neonatal intensive care; and neonatal research.
- Personal birthing choices are welcomed. We feature nurses specially trained in natural birthing techniques, a certified nurse-midwife program and all-private patient rooms — each with a place for a loved one to stay the night.
- If your baby needs extra care after being born, they may go to the hospital's Level III Neonatal Intensive Care Unit (NICU), which is recognized among being the best in the world.

NEW BEGINNINGS BOUTIQUE & GIFT SHOP

Located on the first floor of the hospital and staffed by certified lactation experts 7 days a week, our boutique is a unique resource center for nursing moms. We offer breast pumps for sale and rent, breastfeeding accessories and guidance on choosing a nursing bra from among the largest selection in San Diego.

Hours

Monday to Friday
10 a.m. to 4 p.m.

Saturday and Sunday
10 a.m. to 3 p.m.

858-939-4127

contents

first trimester: conception through week 13

A full-term pregnancy lasts 40 weeks, and is measured from the first day of your last menstrual period. For most women, fertilization occurs before your next menstrual cycle. This means it's likely that by the time you found out you were pregnant, you were already a few weeks into your pregnancy.

Your doctor will ask you the date of your last menstrual period to help determine your expected due date. An early ultrasound can also help determine this date. No two pregnancies are alike, and your due date is just a guideline to help you plan. Your baby may come before or after your due date.

Prenatal Care Visits

First Visit

In most cases, your first appointment will be scheduled with a nurse practitioner. These clinical professionals are specially trained to assess you, order lab tests, prescribe medications and more. They will review your medical history and explain how it may affect your pregnancy. A physical exam, ultrasound, blood work and Pap smear (if needed) will be done at this visit. We will also discuss optional genetic screening. You will be scheduled for your next visits and an ultrasound will be ordered through our radiology department.

Follow-Up Appointments

You will continue to see your doctor or nurse practitioner about every 4 weeks throughout this trimester to monitor your baby's heartbeat, and to check your blood pressure, urine and weight.

In addition to answering your questions and helping you stay healthy during pregnancy, your health care provider will be assessing the health of your baby. Although most babies are born healthy, some have defects or disorders that can be detected during pregnancy. Many defects, but not all, can be detected during screening.

Screenings and Tests

Ultrasound

An ultrasound will be done during your first or second visit to measure your baby and estimate your due date. An additional ultrasound is typically done at 18 to 20 weeks. Further ultrasounds may be done if medically indicated.

Genetic Disorder Testing

Problems in the genes or chromosomes of a fetus are called genetic disorders. They may be passed from parent to child or they may occur without a family history. Some examples are:

- *Sickle cell disease*: An inherited disorder in which red blood cells have a crescent shape, causing chronic anemia and episodes of pain. It occurs most often in African Americans.
- *Tay-Sachs disease*: An inherited birth defect that causes brain development issues, blindness, seizures and death, usually by age 5. It occurs mostly in people of Eastern European (Ashkenazi) Jewish descent, and among French-Canadians and Cajuns.
- *Cystic fibrosis*: An inherited disorder that causes problems in digestion and breathing, and can be associated with a shortened life expectancy. It occurs mostly in people of Northern European and Ashkenazi Jewish descent.
- *Spinal muscular atrophy (SMA)*: A genetic disorder characterized by weakness and wasting (atrophy) in muscles used for movement (skeletal muscles). It is caused by a loss of specialized nerve cells, called motor neurons that control muscle movement. There are many types of SMA. The risk of your baby developing SMA can be assessed prior to or during pregnancy with a blood test.
- *Thalassemia*: Inherited blood disorders that can cause anemia. They can be screened for with a complete blood count and a test called hemoglobin electrophoresis before or during pregnancy.

Carrier Testing: Either or both parents can be tested to determine if they are a carrier of certain genetic defects. You will be offered a test to determine if you are a carrier of cystic fibrosis and spinal muscular atrophy. Other tests for genetic defects, such as Tay-Sachs disease or sickle cell disease, will be offered depending on your ethnic background.

Chromosomal Disorders: These disorders are the result of a missing, damaged or extra chromosome, usually caused by an error when the egg is fertilized. Most children with chromosomal disorders have physical defects, and some have mental defects. The risk of having a child with a chromosomal disorder increases as a woman ages. Two examples of chromosomal disorders are:

- *Down syndrome (Trisomy 21; T21)*: This disorder results from an extra copy of the 21st chromosome, and can cause problems with mental development, abnormal features of the face and medical problems such as heart defects.
- *Trisomy 18 (T18)*: This disorder results from an extra copy of the 18th chromosome, and can cause serious problems with physical and mental development. Babies with trisomy 18 usually die in utero or within the first year of life.

Diagnostic Testing: Amniocentesis and chorionic villus sampling (CVS) are also available to detect the above defects and a number of others. These tests are highly accurate in determining whether your baby has a genetic abnormality; however, they are invasive and do carry a small risk of miscarriage.

Noninvasive Prenatal Testing (NIPT): This blood test looks for fetal cells in the mother's blood to assess risk for chromosomal abnormalities in the baby. This is a screening that can help determine whether additional testing is needed.

It is your choice whether or not you want to be tested for birth defects or genetic disorders. Some couples would rather not know if they are at risk for a problem, but others benefit from knowing in advance.

Additional Screenings

Optional screenings are offered by the California Department of Public Health. There are no risks to you or your baby, and they can detect some birth defects, including:

- Open neural tube defects (NTD) and abdominal wall defects (AWD)
- Smith-Lemli-Opitz syndrome (SLOS)

If the screening detects an increased risk for a birth defect, further testing will be offered.

If you are over age 35 at the time of your due date, additional testing is available.

Before or at your first visit, you will receive the California Prenatal Screening Program booklet, which contains additional details of screening test options. We will ask you to sign a form to specify your testing choices.

DECIDING ON PRENATAL TESTS

Answer the following questions to help decide which test, if any, is right for you.

Would knowing that my baby has a birth defect help me prepare for having a baby with special needs?

Would I consider ending my pregnancy if the baby has a birth defect?

NO

If you answered **NO** to both questions, you may decide not to have any prenatal testing for birth defects.

YES

If you answered **YES** to either question, you may want to consider having some type of testing.

OR

Do I want to know whether my pregnancy is at higher risk for certain birth defects?

Am I willing to accept a test that might miss these birth defects?

If you answered **YES** to both questions, you may want to consider having a **SCREENING TEST**.

Do I want to know for certain if my baby has a chromosomal abnormality?

Am I willing to accept a test that has a risk for miscarriage?

If you answered **YES** to these questions, you may want to consider having a **DIAGNOSTIC TEST**.

Staying Healthy

Exercise: Stay active and hydrated. Gentle exercises such as walking, swimming and stationary biking are best. Yoga and stretching are also great. Be careful not to become overheated or overdo it while you exercise. You may want to dress in layers and have a healthy snack available for when you are done exercising, as pregnant women tend to get low blood sugar more frequently than non-pregnant women. After 20 weeks of pregnancy, avoid lying flat on your back while exercising.

Intercourse: During a normal, healthy pregnancy, intercourse is considered safe. If you experience preterm labor, placenta previa or bleeding, your doctor may tell you to avoid intercourse.

Travel: Unless your pregnancy is considered high-risk, it is generally safe to travel up to 36 weeks. When flying or driving, change positions often, get up and move frequently, stay well hydrated and have good back support. Cruise ships do not usually allow patients who are beyond 24 weeks to travel.

Dental work: If X-rays are needed, your dentist should cover your abdomen with a lead apron to protect your baby. Antibiotics and anesthetics are generally safe. Your doctor can provide you with a letter outlining the recommendations for your dentist, if needed.

Cosmetics: In general, it is best to avoid hair color, perms, manicures and pedicures during the first trimester. These do not appear to have risks during the second and third trimesters.

Pesticides and other environmental toxins: Direct contact with these substances should be avoided. More information about these and other chemicals you may be exposed to is available at **mothertobabyca.org**.

Viruses:

- *Chickenpox*: If you have not had chickenpox, avoid children with chickenpox or adults with shingles because the virus can make you and your baby very ill.
- *Fifth's disease (parvovirus) and cytomegalovirus (CMV) infections*: Avoid contact with children who have these illnesses.

Vaccines: Being up to date with vaccines is important to help you stay healthy during pregnancy. They also transfer some immunity to your baby to help your newborn stay healthy. Recommended vaccines (and boosters) during pregnancy include COVID-19, influenza (flu) and Tdap (tetanus, diphtheria and pertussis). You should also make sure any people who will be in close, consistent contact with your newborn are up to date with these vaccines.

If you're not sure if you have been exposed to any of the above viruses, your doctor can order a blood test to determine your immunity.

Spas, baths and saunas: Avoid spas and saunas throughout pregnancy. Time in a bath should be limited to avoid overheating. Baths can be comforting and can help relieve low back pain and pelvic discomfort. We recommend keeping the bath water lukewarm (not hot).

Cleaning agents/paints: Avoid scraping or sanding paint that may contain lead. Make sure you are in a well-ventilated area if using these products.

Vaginal bleeding: Some bleeding or spotting is common during pregnancy, and doesn't always mean there is a problem. If you experience any bleeding more than spotting or if you have any questions about bleeding, call **858-499-2702** to connect with your doctor.

Proper Nutrition

A balanced diet, including plenty of fresh fruits and vegetables, is especially important during pregnancy. Limit caffeine, diet sodas, sugar, salt and fatty foods. Make your calories count by choosing foods that taste great and naturally have a lot of vitamins and minerals.

Folic Acid

Folic acid and folate are forms of a B vitamin your body needs daily, even when you're not pregnant. Folic acid is the synthetic form of this vitamin, whereas folate occurs naturally in food. This nutrient is necessary for the growth and repair of every cell in your body, and particularly for your hair, skin and nails.

It is especially important to have enough folic acid in your body prior to and in the early months of pregnancy because it lowers your chances of having a baby with a serious birth defect of the brain or spinal cord. It also may lower your chances of having a baby with birth defects of the heart, lips or mouth. Taking a daily prenatal vitamin will provide your baby with the folic acid they need.

MAKE YOUR CALORIES COUNT	
Eat more	**Eat less**
• Low-fat or fat-free dairy products • Vegetables • Fruits • Whole grains • Lean meats and beans	• Fats • Salt • Added sugars

Food Safety

Some foods have substances in them that can be dangerous for you and your baby. When you are pregnant, it is best to avoid foods that may contain:

- *Listeria* — bacteria that can be found in raw meat or unpasteurized dairy
- *Mercury* — a metal found in some fish; at high levels, it can be harmful to an unborn baby's developing nervous system
- *Toxoplasma* — a parasite that can be present in undercooked meat and unwashed fruits

  Note: Toxoplasma also can be found in cat litter and soil. It's best to avoid cleaning a litter box, but if you must do so, wear gloves and a mask; do the same while gardening.

Foods and Drinks to Avoid

- Raw or undercooked foods such as raw eggs, sushi, ceviche, poultry, meat and fish
- Unpasteurized juices and raw milk
- Unwashed fruits and vegetables
- Soft cheeses that are not pasteurized such as feta, Brie, blue-veined cheese or Mexican-style cheese like queso blanco and queso fresco; if the label says "Made with pasteurized milk," these are considered safe
- Fish with high levels of mercury such as shark, swordfish, king mackerel or tilefish; tuna should be limited to 2 servings per week
- Alcoholic drinks, including beer and wine; abstaining from all alcohol is recommended in pregnancy
- Certain sprouts, especially alfalfa
- Refrigerated pâtés and meat spreads
- Refrigerated smoked seafood such as salmon, trout, whitefish, cod, tuna and mackerel (these are most often labeled "nova-style," "lox," "kippered," "smoked" or "jerky"), unless the seafood is in a cooked dish, like a casserole

Other Food Safety Tips

- Heat hot dogs, lunch meats and deli meats until steaming hot before eating
- Wash fruits and vegetables well, even “prewashed” salad greens
- Check with your health care provider before taking any vitamins or supplements other than prenatal vitamins

Weight Gain

Gaining the right amount of weight throughout your pregnancy helps protect the health of your baby. Women who gain too little are at an increased risk of having a small baby. Women who gain too much are at an increased risk of having a large baby, which could potentially require a cesarean section. Excess maternal weight gain also may cause health problems such as diabetes, high blood pressure and varicose veins.

The amount of weight you should gain depends on how much you weighed when you became pregnant. Ask your doctor to help calculate your body mass index (BMI). BMI is a measure of your body based on height and weight. Your BMI will tell you whether you started at a healthy weight, or were underweight or overweight.

If you began your pregnancy at a healthy weight, you should gain 25 to 35 pounds while pregnant. Adding about 300 extra calories a day to your diet will help you reach this goal. (One extra healthy snack, such as four fig bars and a glass of skim milk or one half of a sandwich, will provide these calories.)

If you began your pregnancy underweight, you should probably gain a little more. That’s because underweight women are more likely to have small babies. A 28- to 40-pound gain is usually recommended. Try to gain slightly more than 1 pound a week in the second and third trimesters.

If you began pregnancy overweight or obese, you should try to gain only 15 to 25 pounds. This means you should put on 1 pound every 2 weeks in the second and third trimesters. While you don’t want to gain too much weight, you should never try to lose weight during pregnancy because that could harm your baby.

If you’re expecting twins, you should probably gain a total of 35 to 45 pounds.

Putting on weight slowly and steadily is best. But don’t worry if you gain less than 4 pounds in the first trimester, and make up for it later (or vice versa). Also, many women have one or two growth spurts during which they gain several pounds in a short time period and then level off. Again, this should not be a problem unless it becomes a pattern. The important thing is to keep an eye on your overall weight gain.

The amount of weight you should gain depends on how much you weighed when you became pregnant.

COMMON DISCOMFORTS

Discomfort	Things to Try
Fatigue	• Resting and taking naps whenever possible • Mild exercise and good nutrition
Round ligament pain occurs due to the stretching of the uterus as it grows to make room for your growing baby. It usually feels like a tugging or pulling sensation on either side of your lower abdomen or vagina. You will likely notice it in early pregnancy and then again as you get close to delivery.	• Bending toward the pain will ease the stretch on the ligament when it occurs • Flexing your knees up toward your abdomen • Supporting your belly with pillows while lying down or sitting • Using a heating pad on a low setting • Wearing a pregnancy support belt
Headaches are very common during weeks 12 to 20. Significant headaches that do not improve should be reported to your doctor.	• Changing body position slowly and rising slowly • Eating small, frequent meals to avoid drops in blood sugar levels • Staying hydrated — drinking at least 8 cups of water per day • Taking the recommended adult dosage of acetaminophen (Tylenol®)
Vaginal secretions can increase during pregnancy due to hormonal changes and an increased blood supply to the cervix. Itching, irritation and a bad odor may suggest an infection — let your doctor know if this occurs.	• Cleansing daily with a mild soap or water • Keeping the area dry to prevent irritation • Do not use feminine hygiene products, such as douches, fragrant soaps or powders
Leg and muscle cramps	• Exercising regularly • Elevating your legs or flexing your toes when resting
Heartburn often occurs when there is a delay in your stomach emptying, causing a burning sensation in the throat.	• Eating small, frequent meals and limiting the amount you drink at any individual time • Avoiding fats, especially fried foods • Avoiding a heavy meal before bed • Avoiding spicy foods • Staying upright for at least 2 hours after eating before lying down • Taking an antacid, such as Pepcid® or Tums® (see medications list on page 15)

COMMON DISCOMFORTS (CONTINUED)

Discomfort	Things to Try
Backaches are often caused by muscles and ligaments relaxing in preparation for delivery, and the added weight of the uterus pulling forward.	• Performing back stretch exercises • Maintaining good posture • Wearing a pregnancy support belt • Taking acetaminophen (Tylenol)
Constipation is caused by the slowing of the digestion process and the iron in prenatal vitamins.	• Eating foods high in fiber, such as raw fruits and vegetables, cereals and bran, or adding a fiber supplement • Drinking plenty of liquids (mostly water), at least 8 cups per day • Exercising regularly • Regularly taking stool softeners, such as Colace® (results typical within a few days)
Hemorrhoids may occur as a result of constipation.	• Preventing constipation (as noted above) • Using ointments or suppositories, such as Anusol-HC®, Preparation H® or Tucks® pads
Sleeplessness or insomnia may occur due to the discomforts of your enlarged uterus.	• Drinking warm milk or decaffeinated tea before bed • Relaxing prior to going to bed
Sciatica is a shooting pain, tingling or numbness that starts in the back or buttocks and radiates down the back of your legs. At various times throughout your pregnancy, your expanding uterus may put pressure on the sciatic nerve in the lower part of your spine.	• Resting off your feet • Placing a heating pad on your lower back where you feel the pain • Taking acetaminophen (Tylenol) • Doing some pelvic tilts to relieve the pressure on the nerve; stretching or swimming also can relieve pressure

Nausea and Vomiting (Morning Sickness)

While many people call nausea and vomiting during pregnancy morning sickness, for many women, the symptoms can strike at any time and sometimes last all day.

What causes nausea and vomiting?

Two out of every three pregnant women experience some degree of nausea, yet relatively little is known about why nausea occurs or how to relieve it. Many researchers believe nausea is caused by rising hormone levels early in pregnancy.

When will it go away?

Nausea typically goes away near the end of the first trimester, and does not interfere with your nutritional health or the health of your baby. However, excessive vomiting can lead to dehydration. If excessive vomiting occurs, talk to your health care provider or go to a Sharp Rees-Stealy urgent care center for treatment.

Does anything really help?

Although no single solution works for everyone, the following recommendations may make you more comfortable:

- Keep crackers or dry toast near you at all times. Eat these when you feel nauseated.
- Eat several small meals instead of three large ones. An overly full or empty stomach may cause nausea. This eating method is recommended throughout your pregnancy.
- Have meals without a beverage. Save liquids for 30 to 60 minutes after the meal to keep your stomach from becoming too full.
- Limit high-fat foods, including oil, margarine, butter, whole-milk dairy products, fatty meats (such as bacon and sausage), salad dressing and rich desserts. Fat causes your stomach to produce more stomach acid, which increases the risk of nausea.
- Limit spicy foods. Such foods also cause your stomach to produce more acid.
- Avoid alcohol, caffeine and smoking — all of which increase the risk of nausea.
- Take time to sit down for meals and chew food well. Eating on the run can lead to stress, which increases the risk of nausea. Chewing your food well decreases the work your stomach must do.
- Consume foods and drinks with ginger, such as ginger snaps, real ginger ale, ginger tea or ginger candies.
- Try acupressure, such as seasickness or nausea relief bands.
- Explore any of the classic stress-reduction techniques, such as meditation or prenatal yoga.
- Take your prenatal vitamin in the evening.

Taking Medications

While it is better to manage symptoms during pregnancy without the use of medication, there are times when more relief is needed.

You should be aware that most drugs cross the placenta and reach your baby's bloodstream. The following medications are generally considered safe to use during pregnancy, meaning they do not appear to increase the chance of birth defects or other harmful side effects. These medications are available over the counter (without a prescription). Follow the medication label's directions for adult dosing unless told otherwise by your health care provider. Care should be taken when using these medications, particularly during the first trimester.

Let your doctor know if you have any symptom that does not improve within 24 hours, as it may require medical attention.

MEDICATIONS FOR USE DURING PREGNANCY†

Symptom	Medication	Generic
Allergies	Benadryl® Chlor-Trimeton® Claritin® Zyrtec®	diphenhydramine hydrochloride (HCl) chlorpheniramine loratadine cetirizine HCl
Cold/Congestion	(general) Benadryl (nasal) Saline nasal spray; neti pot; Afrin® nasal spray (for 3 days only: once in each nostril only, up to twice a day) — **do not use** if you have high blood pressure **Avoid in first trimester only:** *Actifed® *Dimetapp® *Sudafed® *Tylenol Cold and Head *Tylenol Cold Max *Tylenol Sinus and Headache Cross check any medications in question with list of generics, as the brand names have many variations. ***Avoid products with pseudoephedrine or phenylephrine in the first trimester**.	iphenhydramine HCl oxymetazoline HCl triprolidine HCl and pseudoephedrine HCl brompheniramine maleate and pseudoephedrine HCl pseudoephedrine HCl acetaminophen, guaifenesin and phenylephrine acetaminophen, dextromethorphan and phenylephrine acetaminophen and phenylephrine
Constipation	Colace Metamucil Milk of Magnesia MiraLAX Senna	docusate sodium psyllium husk magnesium hydroxide polyethylene glycol senna
Cough	Robitussin® (chest congestion) Robitussin DM	guaifenesin dextromethorphan hydrobromide and guaifenesin
Diarrhea	Imodium AD® Kaopectate®	ioperamide HCl bismuth subsalicylate
Gas	Gas-X®, Mylicon®, Phazyme®	simethicone

†These medications are generally considered safe to use during pregnancy, meaning they do not appear to increase the chance of birth defects or other harmful side effects. Throughout your pregnancy, be sure to check with your health care provider before taking any medication (prescription, over the counter, herbal or homeopathic).

MEDICATIONS FOR USE DURING PREGNANCY (CONTINUED)

Headaches or body aches	Tylenol, Extra Strength Tylenol — do not exceed more than 4,000 mg over a 24-hour period **Do not use any aspirin, ibuprofen (Motrin®, Advil®) or naproxen (Aleve®) products**	acetaminophen
Hemorrhoids	Tucks Anusol-HC, Preparation H cream or suppositories	benzyl alcohol, soybean oil, tocopheryl acetate hydrocortisone topical
Indigestion or heartburn	Maalox® Mylanta® Pepcid Riopan® Rolaids® (low-sodium products) Tums Zantac® **Avoid in first and second trimesters:** Prilosec®	aluminum hydroxide and magnesium hydroxide aluminum hydroxide, magnesium hydroxide and simethicone famotidine magaldrate calcium carbonate and magnesium hydroxide calcium carbonate ranitidine HCl omeprazole
Nausea	Emetrol® Vitamin B-6, 50 mg per day Unisom® 10 mg at bedtime (this medication will make you drowsy) **with** vitamin B-6 (25 mg) *3 times per day. The combination of these two medications is most effective.* Acupressure relief bands Benadryl Dramamine® Meclizine	fructose, glucose and phosphoric acid pyridoxine HCl doxylamine diphenhydramine HCl dimenhydrinate meclizine HCl
Sore throat	Chloraseptic® throat spray or lozenges; cough drops, saline gargle	phenol
Vaginal yeast	Gyne-Lotrimin® Monistat® (Make sure to use the 7-day formulation)	clotrimazole miconazole nitrate

If you are unsure about a medication, ask your doctor or nurse for specific instructions, or call MotherToBaby CA at 1-866-626-6847.

Depression and Selective Serotonin Reuptake Inhibitors (SSRIs)

Depression may be one of the most common conditions pregnant women experience. Approximately 3% to 5% of women have major depression, and about 15% have clinical depression of some sort during pregnancy.

Depression can be difficult to manage without medications. But if left untreated, depression carries significant risks. Half of women with untreated depression during pregnancy will have it get worse after their baby is born.

Selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac®), citalopram (Celexa®) and sertraline (Zoloft®) are effective medicines to manage depression. If you take any of these medications, please talk to your prescribing doctor about the risks and benefits of continuing this medication during pregnancy. We do not recommend stopping these medications without talking to a health care provider first.

If you have a history of mental health issues, or think you may be developing any, mental health services are available through Psychiatric Centers at San Diego. For more information, visit psychiatriccenters.com or call 619-528-4600.

Warning Signs That Need Immediate Attention

If you experience any of the following warning signs, regardless of trimester, or have other symptoms that you feel are not normal, **get immediate medical attention**.

- Vaginal Bleeding
  Although spotting in the first trimester is common, an excessive amount of bright red vaginal bleeding is not normal. Note the following:
  - Amount of bleeding
  - Presence and size of clots
- Severe Abdominal Pain
- Fever
- Headache
  - Unusually severe, not relieved with acetaminophen (Tylenol)
  - Seeing spots or flashing lights
  - Other neurological symptoms — numbness, loss of vision, weakness, loss of balance or difficulty speaking
- Urinary Discomfort

second trimester: weeks 14 through 27

Prenatal Care Visits

Follow-Up Appointments: You will see your health care provider throughout your second trimester. They will continue to monitor your baby's size for proper growth, listen to the fetal heartbeat, and check your blood pressure, urine and weight.

Screenings and Tests

Ultrasound: A second ultrasound is done between 18 and 20 weeks at one of our Sharp Rees-Stealy Radiology Departments. This ultrasound is an attempt to do a physical exam of the baby, but it cannot detect all possible defects. If you wish, your ultrasound technician may be able to tell you your baby's gender at this exam. Your doctor will have a report within 1 to 2 days and will review it with you at your next appointment.

If you would like an additional 3D ultrasound for fun, you can arrange one directly with any of the local companies that offer this service. Note that the safety of these exams has not been determined, and they are not covered by insurance.

Glucola: This test is to make sure you haven't developed gestational diabetes during your pregnancy. It is done between 24 and 28 weeks. If you have a strong family history of diabetes, a previous baby born larger than 9 pounds or certain risk factors, it may also be done earlier in the pregnancy.

Amniocentesis: This test diagnoses major chromosomal birth defects such as Down syndrome and trisomy 18. This test is usually done at 16 weeks, with ultrasound guidance. A doctor inserts a needle into the amniotic sac and draws out fluid from around the baby. There is a small risk of miscarriage with this procedure.

Choosing Your Baby's Doctor

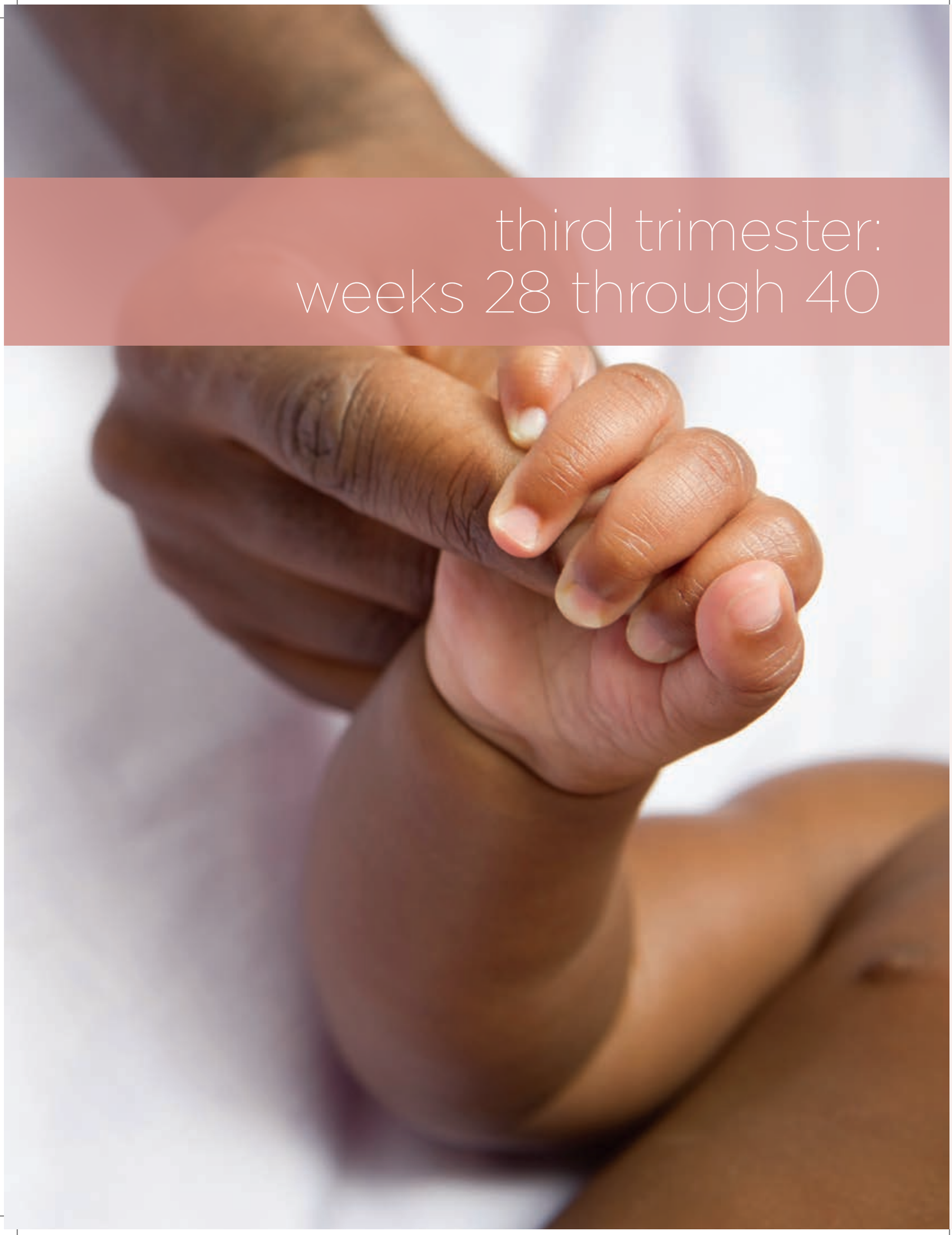
Your second trimester is a good time to begin thinking about choosing a pediatrician. This doctor will care for your newborn starting with visits in the hospital soon after your baby is born.

Sharp Rees-Stealy has a team of pediatricians, family medicine doctors, nurse practitioners, doctor assistants, nurses and staff in offices throughout San Diego County. Our patients have access to convenient after-hours pediatric clinics, urgent care centers and a nurse triage phone line when illnesses or accidents happen after business hours.

Your baby is usually covered by your insurance for the first 30 days. Please check with your insurance provider to confirm before your baby is born.

To find a doctor who meets your family's needs, visit **sharp.com** or speak to a specially trained doctor referral nurse at **1-800-82-SHARP** (1-800-827-4277).

Your baby's doctor will care for your newborn starting with visits in the hospital soon after your baby is born.



third trimester: weeks 28 through 40

Prenatal Care Visits

Follow-Up Appointments: You will probably see your health care provider more frequently as your due date approaches. They will continue to assess your baby's size for proper growth, listen to the fetal heartbeat, and check your blood pressure, urine and weight.

Screenings and Tests

Group B Strep: This is a type of bacteria that some people carry. It is often harmless, except when the baby passes through the birth canal. Babies exposed to group B strep rarely become ill. We screen for group B strep in all women at 35 to 37 weeks of pregnancy. If you test positive, you will be treated with intravenous (IV) antibiotics in labor to significantly reduce the risk of the baby becoming infected. Please tell your provider if you have a significant allergy to penicillin.

Pelvic Exams: Routine pelvic exams start in the last month of pregnancy. These will confirm that the baby is head down (vertex) and if the baby has dropped and engaged. Your health care provider also will be able to tell whether your cervix is dilated.

Fetal Kick Counts (or Movement Counts)

There is a special test that you can do to help us check your baby's health. To do this test, count your baby's movements **once each day**. It is recommended to begin this at 28 to 30 weeks and continue until the end of the pregnancy.

Remember: Your baby will have both quiet and active times during the day.

Instructions:

1. Stop to evaluate your baby's fetal movements once each day, any time of the day, when your baby is typically active (many times, this is after a meal). This should be done when you are at rest and focused on counting.
2. Note the time you feel your baby move for the first time.
3. Note the time you feel the 10th movement of your baby.

Important: You should feel 10 movements in a period of up to 1 hour.

If your baby does not kick or move 10 times within 1 hour, you can extend this to 2 hours. We recommend drinking water and eating a small snack if your baby hasn't reached the 10 movements in 1 hour. If you have followed the above recommendations and have not felt 10 kicks by the end of the second hour, **you should immediately go to Triage at Sharp Mary Birch.**

Protecting Yourself and Your Baby

Pregnancy is a time to take care of yourself and get regular medical checkups for your health and your baby's health. Your health care provider will ask you questions and check for conditions so that you and your baby can be as healthy as possible.

Cord Blood Collection and Banking

Umbilical cord blood stem cells can be used in potentially lifesaving treatments for your family members or others in need. Stem cells are currently being used to treat more than 80 diseases, including leukemia, lymphoma, inherited metabolic disorders and sickle cell anemia.

You have the option of collecting your baby's cord blood stem cells at birth and banking them for your family's future use, or donating them to help save someone else's life.

For more information on banking or donating your baby's cord blood, speak with your doctor or visit stemcyte.com or call 1-866-389-4659.

Pregnancy is a time to take care of yourself and get regular medical checkups for your health and your baby's health.

Advance Health Care Directive

We encourage you to complete an advance health care directive form (or advance directive, for short) if you do not have one. An advance directive allows you to document your health care wishes, so your caregivers know what kind of care you want in the event you are unable to make medical decisions for yourself. Your doctor, nurse or social worker can help you complete this form.

An advance directive will provide your medical treatment instructions — including such things as who will make health care decisions for you if you are unable, your wishes for organ donation, and your designated primary care doctor. If you are age 18 or older and able to make medical decisions, you can complete an advance directive.

We encourage patients to have a loved one participate in medical decisions. Loved ones can help you think about the choices you face, and can speak to doctors and nurses on your behalf. If you want to designate someone to make health care decisions for you, ask your doctor to list that person as your health care agent in your medical record.

Usually, an agent will make decisions only after you lose the ability to make them yourself, and they only have control over your medical decisions during your hospital stay. But, if you wish, you can state in a Power of Attorney for Health Care that you want the agent to begin making decisions immediately. Your agent may be any adult you trust to speak on your behalf when medical decisions must be made.

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent understands your health care wishes. You also can write down your decisions in your advance directive.

You can change or cancel your advance directive at any time, as long as you can communicate your wishes.

For more information on advance directives, visit **sharp.com/advancedirective**.

We encourage patients to have a loved one participate in medical decisions.

your birth plan

Preparing for Your Baby's Arrival

At Sharp Mary Birch Hospital for Women & Newborns, we recognize that every birthing experience is unique. Our highly skilled team gladly supports your personal preferences and is dedicated to providing you with the extraordinary level of care we call The Sharp Experience.

We have created this document to help you plan for the type of labor and delivery that you want. Most of these suggestions are standard of care at the hospital. However, this birth plan provides an opportunity to discuss these options with your provider. **Please bring a copy to share with your doctor and your labor nurse when you arrive at the hospital.**

Please check the items below that are important to you.

Laboring Aids

Frequently changing positions can help control pain, improve the efficiency of contractions and move your baby down the birth canal. These laboring aids are provided by the hospital.

Preferred laboring aids:

- ☐ Birthing ball
- ☐ Peanut ball
- ☐ Squatting bar
- ☐ Shower use
- ☐ Intermittent monitoring to allow for walking
- ☐ No aids

Pain Relief

How you want to manage pain in labor is a personal choice, and we will support whatever option you choose.

Preferred pain relief plan:

- ☐ Choices other than medications including massage, showering, alternating positions and controlled breathing
- ☐ Analgesia (pain medication given through an IV)
- ☐ Epidural pain medication

Episiotomy

An episiotomy is an incision made in the perineum — the tissue between the vaginal opening and the anus.

- ☐ Avoid an episiotomy, if possible
- ☐ No preference

After Delivery

- ☐ Delay clamping of the umbilical cord
- ☐ Have partner cut the umbilical cord
- ☐ Have doctor cut the umbilical cord
- ☐ Bank baby's cord blood for private use
- ☐ Bank baby's cord blood for donation
- ☐ Do not bank baby's cord blood

Pediatrician's Name _____

Please remember to share your preferences with your doctor prior to your arrival at the hospital. We will do everything we can to honor your preferences, but know that medical circumstances during labor and delivery may impact your birth plan. In all instances, we are committed to providing a memorable and safe experience for you and your family.

To learn more about your labor and delivery options, visit **sharp.com/marybirch** or call **1-800-82-SHARP** (1-800-827-4277).

SHARP

State Disability Insurance Guidelines

The state of California provides State Disability Insurance (SDI) during pregnancy and after the birth. SDI is available to those who pay into the SDI plan.

- The state authorizes up to **4 weeks prior** to your due date. You can take as much of the 4 weeks as you would like. Note: You cannot add the unused portion to your postpartum time.
- The state authorizes up to **6 weeks postpartum** for a vaginal delivery.
- The state authorizes up to **8 weeks postpartum** for a cesarean section.

Please speak to your employer's Human Resources office for any questions regarding State Disability Insurance. If your employer provides private disability insurance, these rules may differ from the state disability plan.

To apply for disability, visit:

- edd.ca.gov
  - Click "Disability Insurance"
  - Click "How to File a Claim"

  We recommend filing for State Disability online. If you do this online, you will receive your benefits quicker than through a paper form. You can file for State Disability once you have stopped working. Once you have completed your portion of the application, a registration number will be provided to you. Your provider will need this number to complete their portion of the application.
- Your workplace's Human Resources office

Paid Family Leave

If you qualify and are planning to take Paid Family Leave after your disability is done, you may apply for Paid Family Leave through the same website, edd.ca.gov.

Labor

While your due date is a good guide, babies can come before or after this date. There is not one sign that tells you when labor will start, but a combination of physical changes often signals the baby will be born soon.

Warning Signs That Need Immediate Attention

Preterm Labor (before 37 weeks gestation)

These early signs of preterm labor can be different for every woman. If you experience any of these symptoms before 37 weeks, **contact your health care provider**.

- **Persistent menstrual-like cramps** — may mean that your uterus is contracting
- **Low, dull or sharp backache** — may come and go several times an hour or be constant
- **Pressure** — may be felt in your pelvis, abdomen or thighs, like the baby is pushing down or out
- **Abdominal cramps** — may be felt above or below the bellybutton, with or without diarrhea
- **Change in your vaginal discharge** — a sudden increase in the amount or may become more mucus-like, watery, pinkish or slightly blood-tinged
- **Leaking amniotic fluid** — may feel like urine that you can't control
- **Feeling lousy or flu-like symptoms** — with nausea or vomiting, like something is not right

Contractions

Some contractions are normal throughout the pregnancy. If you are having 4 to 6 painful contractions in 1 hour, we recommend emptying your bladder, drinking water and resting. If they still persist beyond 1 hour, go to Sharp Mary Birch Triage.

Do not make the mistake of ignoring what you are feeling because you think that you may have overdone it today. Listen to your body.

Who to Call

If you have any preterm labor warning signs, please call **858-499-2702** to connect with your doctor.

If you experience any of these warning signs, you should:

1. Urinate
2. Lie on your side for 1 hour
3. Drink 1 (8-ounce) glass of water or juice
4. Continue to watch for warning signs during a 1-hour period and urinate as needed

When to Call

- At any time of day or night if these signs do not go away by the end of 1 hour (see step 4 above)
- Any time you notice bleeding or watery fluid loss (leaking or a gush of fluid from your vagina)
- If you experience any warning signs after waiting an hour, or if you are concerned or just not sure

To sign up for a free Preterm Birth Prevention Class, visit **sharp.com/classes** or call **1-800-82-SHARP** (1-800-827-4277).

Certified Nurse-Midwives (CNMs)

Sharp Rees-Stealy certified nurse-midwives (CNMs) work on labor and delivery most days and nights. If you are low risk and have reached 37 weeks, you may be able to have your baby delivered by a CNM. If you are admitted to the hospital with a low-risk pregnancy and a CNM is available, you will be assigned to one.

Early vs. Active Labor

Recognizing the different signs of labor can be helpful in determining when to go to the hospital. While no two pregnancies or labor experiences are the same, there are two distinct phases of labor: early and active.

Early labor is the longest part of labor — especially for the majority of first-time mothers — and can last up to 20 hours as the body prepares for delivery. During this phase, the cervix will begin dilating and thinning to provide an opening from the uterus to the birth canal.

Staying at home during early labor gives you the opportunity to rest and keep yourself well hydrated. It also increases your chances of a vaginal delivery. Your doctor will recommend when you should go to the hospital based on your individual health history.

Active labor begins when your contractions become increasingly intense — longer, stronger and closer together — and your cervix dilates to approximately 6 centimeters.

Signs of Labor

Knowing the early signs of labor will ensure that when it begins, you will know the difference between true and false labor symptoms.

- **Lightening or dropping** — Refers to the descent of the baby into the pelvis. It might occur gradually or overnight.
- **Engagement** — Along with lightening, the presenting part of the baby (usually the head) becomes engaged or firmly settled into the pelvis.
- **Loose stools** — It is normal to experience loose bowel movements a day or so prior to labor.
- **Mucus plug** — It is very common to have pink or blood-tinged vaginal discharge (also known as the bloody show) when you lose your mucus plug. This can happen moments or days before active labor begins.
- **Water breaks** — When the amniotic sac that surrounds the baby during pregnancy ruptures (also known as your water breaking), you may have a gush or trickle of fluid from the vagina. Make sure you note the following:
  - Color of fluid
  - Odor of fluid
  - Amount of fluid
  - Time of rupture

  Whenever your water breaks, you need to go to the hospital to reduce the risk of infection to you and your baby. This is especially true if you have been told you carry the group B strep bacteria.
- **Contractions** — These occur because the uterus is tightening and relaxing to help open the cervix and push the baby out through the vagina.

The uterus contracts at regular intervals, causing the abdomen to become hard. Between contractions, the uterus relaxes, causing the abdomen to soften.

Contractions often begin as mild and somewhat irregular, but will grow stronger, closer together and in a more regular pattern as your body prepares for active labor.

When does labor begin?

Labor begins when the contractions are strong enough to cause changes to your cervix.

If this is your first baby and you have regular, painful contractions that last about 60 seconds each and occur every 3 to 5 minutes for more than 2 hours, it's generally time to go to the hospital, but please follow your doctor's recommendations.

If this is not your first baby and you have regular, painful contractions that last about 60 seconds each and occur every 3 to 5 minutes for 1 hour, consult with your doctor.

If you have had a previous cesarean section, discuss with your doctor when you should go to the hospital.

Many women experience Braxton-Hicks (false labor) contractions as they get closer to their due date. These contractions often imitate true labor contractions, and you may believe labor has begun.

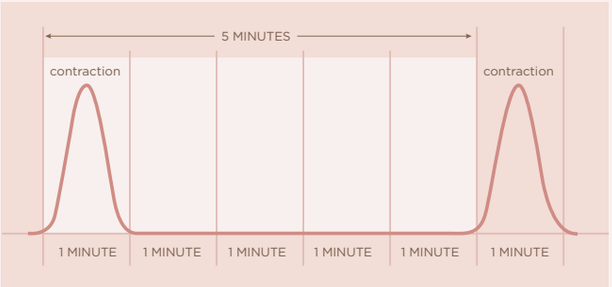
TRUE LABOR CONTRACTIONS	FALSE LABOR CONTRACTIONS
• Contractions occur at regular intervals	• Contractions occur at irregular intervals
• Strength of contractions increases	• Strength of contractions is relatively unchanged
• Time between contractions shortens	• Time between contractions does not shorten
• Pain occurs in back and/or lower abdomen	• Pain occurs primarily in lower abdomen
• Pain increases and does not ease with walking	• Pain can be relieved with walking
• Cervix dilates	• Cervix does not dilate

Is this really it?

To determine if the contractions you are experiencing are true labor contractions, record the following:

Frequency: Time from the start of one contraction to the start of another.

Length: Time from the start of one contraction to the end of the same contraction.



Contractions coming every 3 to 5 minutes and lasting about 60 seconds each can signal the transition from early to active labor.

When to Go to the Hospital

If this is your first baby:

- When you have regular, painful contractions that last about 60 seconds each and occur every 3 to 5 minutes for 2 hours
- When your water breaks
- If you are having vaginal bleeding like a period or greater
- If you experience constant, severe pain with no relief between contractions

If this is not your first baby:

(Note: Your labor will most likely be faster, usually half as long as your first labor.)

- When you have regular, painful contractions that last about 30 seconds each and occur every 3 to 5 minutes for 1 hour
- When your water breaks
- If you are having vaginal bleeding like a period or greater
- If you experience constant, severe pain with no relief between contractions

Decreased Fetal Movement

If you notice a significant decrease in your baby's movements, or if you are unable to meet the fetal kick count* guidelines given to you by your doctor, it may indicate your baby needs further evaluation. **Call your doctor or come to Triage immediately.**

**We recommend tracking fetal activity by counting your baby's kicks, starting at 28 to 30 weeks (see page 21 for more information).*

If you have any questions regarding labor, call your doctor's office or Sharp Nurse Connection® at **1-800-767-4277**.

Evaluation at the Hospital

When you arrive at Sharp Mary Birch, we will evaluate you, your baby and your labor progression. If your labor isn't "active" enough for hospital admission, you might be sent home. Don't be discouraged. It is very common to mistake the signs of early labor for active labor. Be sure to continue timing your contractions and monitoring your fetal kick counts, and keep all of your scheduled prenatal appointments.

Your doctor might suggest a walk in the neighborhood, nearby park or mall to help pass the time and ease some discomfort until your labor advances.

If you're unsure of whether or not you should go to the hospital, contact your doctor.

resources & directions

FollowMyHealth®

FollowMyHealth is a secure, personal and easy way to manage your health care online. It allows you to access your health information in one location, making it convenient to schedule or change appointments, view test results, send messages to your doctor's office, and more — all from your computer, tablet or smartphone.

You can create your free FollowMyHealth account at your Sharp Rees-Stealy doctor's office. Once your doctor's office establishes your account, you will receive an email invitation from FollowMyHealth. To activate your account, click on the link in the email and then create your username and password.

For more information about FollowMyHealth, visit **sharp.com/followmyhealth** or call **858-627-5201**.

Sharp Nurse Connection

Sharp Rees-Stealy offers its patients an after-hours nurse advice telephone service called Sharp Nurse Connection.

When you have a health question or concern after regular business hours, a single phone call puts you in touch with registered nurses who can help you determine the most appropriate treatment.

Sharp Nurse Connection is available from 5 p.m. to 8 a.m., Monday through Friday, and 24 hours a day on Saturday and Sunday. To speak to a nurse after-hours, call **1-800-767-4277**.

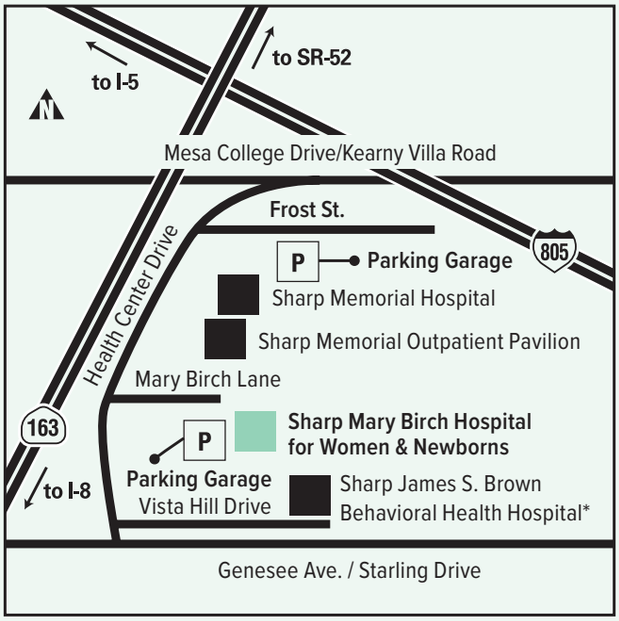
MotherToBaby CA

MotherToBaby CA is a trusted resource for medication safety and more during pregnancy and breastfeeding. For more information, visit mothertobabyca.org or call 1-866-626-6847.

When you have a health question or concern after regular business hours, a single phone call puts you in touch with registered nurses who can help you determine the most appropriate treatment.

Directions and Map

Sharp Mary Birch Hospital for Women & Newborns
3003 Health Center Drive, San Diego, CA 92123



*Formerly Sharp Mesa Vista Hospital

From North County Inland

Take CA-163 south. Exit Genesee Avenue and turn left. Proceed to Health Center Drive and turn left. Turn right onto Mary Birch Lane.

From North County Coastal

Take I-5 south to CA-52 east to CA-163 south. Exit Genesee Avenue and turn left. Proceed to Health Center Drive and turn left. Turn right onto Mary Birch Lane.

From South Bay

Take I-805 north. Exit Mesa College Drive/Kearny Villa Road and turn left. Proceed on Mesa College Drive to Health Center Drive and turn left. Turn left onto Mary Birch Lane.

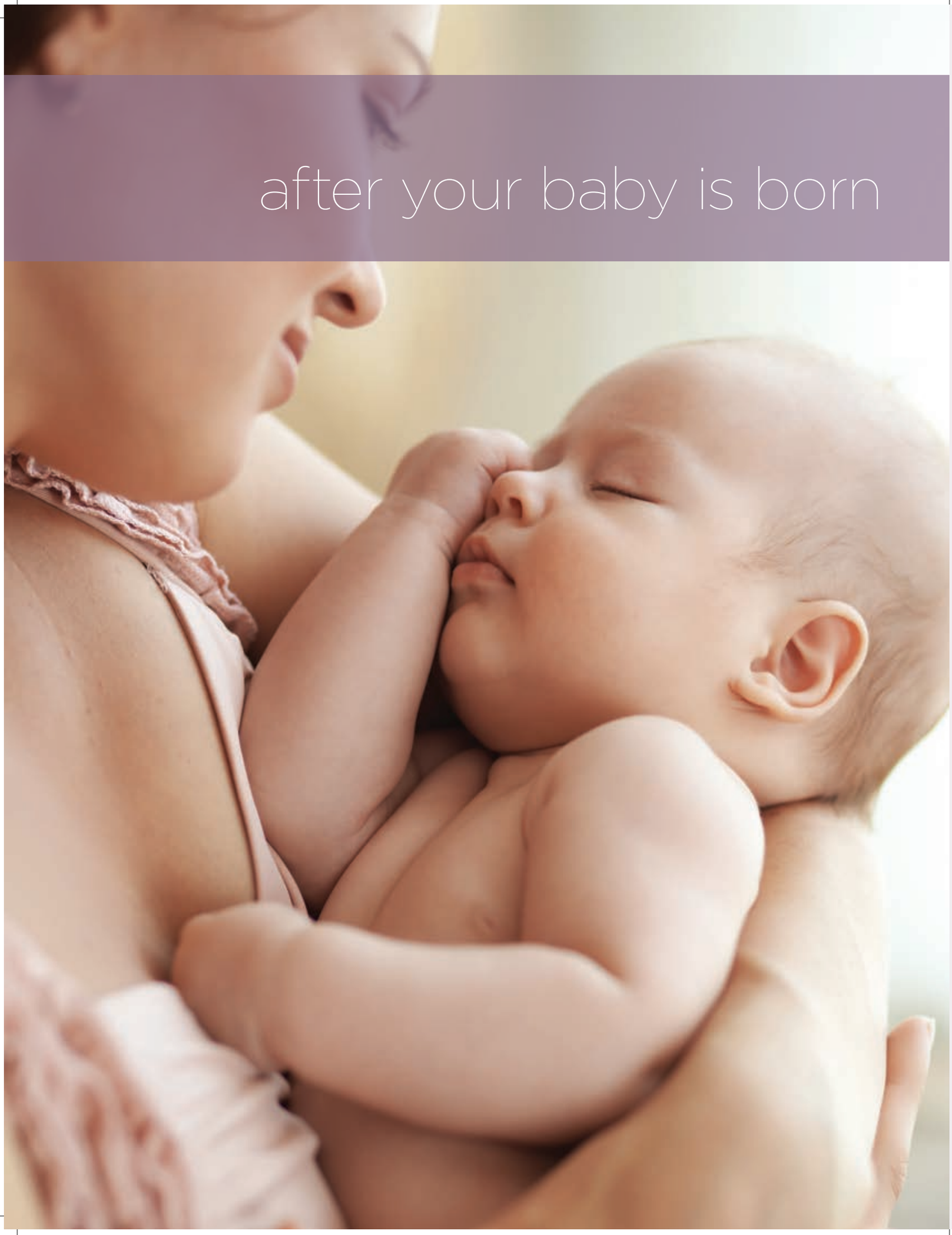
From Downtown

Take CA-163 north. Exit Genesee Avenue East. Proceed to Health Center Drive and turn left. Turn right onto Mary Birch Lane.

From East County and Points West

Take I-8 to CA-163 north. Exit Genesee Avenue East. Proceed to Health Center Drive and turn left. Turn right onto Mary Birch Lane.

after your baby is born



Breastfeeding

Breastfeeding is natural, convenient and economical, and hopefully will be a relaxing and bonding experience for you and your baby. We recognize that breastfeeding can often be challenging, and may not work for everyone. Our lactation consultants are here to support you during your feeding journey. Sharp HealthCare strongly supports breastfeeding, as studies have shown it to be the best for mothers, babies and society.

Both the World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year and beyond, as long as mutually desired by mother and child.

Sharp offers a free breastfeeding support group for mothers to share their experiences and gain new ideas and techniques to try and improve their own breastfeeding success at home. For more information, visit **sharp.com/classes** or call **1-800-82-SHARP** (1-800-827-4277).

Baby Blues and Postpartum Depression (PMADs)

Are the baby blues normal?

After having a baby, many women have mood swings. One minute they feel happy, the next minute they start to cry. They may feel a little depressed, have a hard time concentrating, lose their appetite or find that they can't sleep well even if the baby is asleep. These symptoms usually start about 3 to 4 days after delivery and may last several days.

If you're a new mother and have any of these symptoms, you have what is called the baby blues. The baby blues is considered a normal part of early motherhood and usually goes away within 10 days after delivery. However, some women have had more severe symptoms or symptoms that last longer than a few days. This is called postpartum depression.

What is postpartum depression?

Postpartum depression is an illness, like diabetes or heart disease. It can be treated with therapy, support networks and medications, such as antidepressants.

The symptoms of postpartum depression include:

- Feeling sad often
- Frequent crying or tearfulness
- Feeling restless, irritable or anxious
- Loss of interest or pleasure in life
- Decreased appetite
- Less energy and motivation to do things
- Difficulty sleeping, including trouble falling asleep, trouble staying asleep or sleeping more than usual
- Feeling worthless, hopeless or guilty
- Unexplained weight loss or gain
- Feeling like life isn't worth living
- Showing little interest in your baby
- Feelings of overwhelming fear

Although many women get depressed right after childbirth, some women don't begin to feel depressed until several weeks or months later. Depression that occurs within 6 months of childbirth may be postpartum depression.

Why do women get postpartum depression?

The exact cause isn't known. Hormone levels change during pregnancy and right after childbirth. Those hormone changes may produce chemical changes in the brain that play a part in causing depression and anxiety.

Feeling depressed or anxious does NOT mean that you don't love your baby or that you are a bad mother. Many depressed postpartum mothers feel highly anxious. Anxiety is a very common symptom of postpartum depression.

How long does postpartum depression last?

It varies for each woman. Some women feel better within weeks, but others feel depressed or not themselves for many months. Women who have more severe symptoms of depression or who have had depression in the past may take longer to get well. Just remember that help is available and you can get better.

What kinds of treatment help with postpartum depression?

Postpartum depression is treated much like any other depression. Support, counseling (talk therapy) and medications all can help. Talk with your doctor about what treatment is best for you.

In rare cases, a woman may develop postpartum psychosis. This is a very serious disease and includes all the symptoms of postpartum depression, as well as thoughts of hurting yourself or hurting the baby.

If you have any of these symptoms, you need to be evaluated by a doctor immediately. Please go to the closest emergency room.

To find a safe surrender site in San Diego County, please dial 211.

Sharp Rees-Stealy Postpartum Depression Text Screening Program

Sharp Rees-Stealy Medical Centers and Agile Health, in collaboration with your doctor, want to ensure you feel your very best after having your baby. We encourage you to enroll in our postpartum depression text screening program.

To confirm your enrollment, text **SRS4MOM** to **63141**. In 24 to 48 hours, you will be asked a few identifying questions by text. Text **YES** when you receive the opt-in text message.*

Once enrolled, you will receive three multiple choice text messages sent to your mobile phone 2 weeks post-delivery. After answering these questions, if your screening indicates depression, a social worker will contact you to discuss available resources.

Standard text messaging rates may apply. To stop receiving messages, text* **STOP *to* **63141**.

Free Postpartum Resources

Sharp Postpartum Support Group

Sharp offers a free postpartum support group for new mothers to share their experiences and get support.

For more information, visit **sharp.com/classes** or call **1-800-82-SHARP** (1-800-827-4277).

National Maternal Mental Health Hotline

This hotline provides free, confidential support before, during and after pregnancy. Support is available in English and Spanish 24 hours a day, 7 days a week. Call 1-833-9-HELP4MOMS (1-833-943-5746).

Postpartum Health Alliance

The Postpartum Health Alliance is dedicated to raising awareness about perinatal mood and anxiety disorders (PMADs); providing perinatal mental health resources and specialized treatment referrals to San Diego parents; and supporting local clinical and perinatal wellness professionals.

Call their **Warm Line at 619-254-0023** to speak with someone who can connect you to programs and support services offered in your community. Please note that this number forwards to a message service only — leave a voicemail and they will respond, usually within 24 hours.

To see a list of support groups throughout San Diego County and online, visit postpartumhealthalliance.org.

Postpartum Support International

Postpartum Support International is dedicated to helping families experiencing postpartum depression, anxiety and distress. For more information, visit postpartum.net.

notes

SHARP

San Diego's Health Care Leader