

IT'S ALL IN THE DELIVERY



**DENVER
HEALTH**
— est. 1860 —
FOR LIFE'S JOURNEY

Pregnancy and
Childbirth Services
at Denver Health

CONTENTS

SECTION 1 | PAGE 1
CHOOSING YOUR PROVIDER

SECTION 2 | PAGE 3
PRENATAL APPOINTMENTS

SECTION 3 | PAGE 4
TIMELINE OF PREGNANCY

SECTION 4 | PAGE 8
STAYING HEALTHY DURING PREGNANCY

SECTION 5 | PAGE 14
INFECTION PREVENTION IN PREGNANCY

SECTION 6 | PAGE 15
PREGNANCY AND MENTAL HEALTH

SECTION 7 | PAGE 17
SUBSTANCE ABUSE DURING PREGNANCY

SECTION 8 | PAGE 21
PREPARING FOR THE BIG DAY

SECTION 9 | PAGE 22
BREAST/CHEST FEEDING

SECTION 10 | PAGE 24
CARE FOR YOUR BABY AFTER BIRTH

SECTION 11 | PAGE 25
DENVER HEALTH CARE SITES

SECTION 12 | PAGE 26
RESOURCES FOR YOU

Pregnancy is an individual journey.

At Denver Health, our goal is to be a support system throughout your entire pregnancy. Whether you know exactly how you would like to deliver your baby or if you need assistance making this important decision - we are here for you! From unmedicated childbirth to births with epidurals, we respect your wishes. We are committed to making this a wonderful time for both you and your baby.

The place for families...

Did you know that Denver Health delivers more than 3,000 babies every year? One third of all babies born in Denver are born at Denver Health. In addition, twenty-five percent of all Denver residents receive their health care at Denver Health, and one out of every three children in Denver is cared for by a Denver Health provider. You can count on Denver Health for all of your family's needs.

At Denver Health...

We perform C-sections only when medically indicated, as studies show unnecessary C-sections increase risks for moms and may lead to health problems for children later in life.

Board certified OB/GYN physicians and certified nurse midwives provide prenatal care and are in the hospital ready to care for you 24 hours a day, 7 days a week. Family medicine providers are available to provide prenatal care and primary care services as well.

We have certified registered nurse anesthetists dedicated to labor and delivery.

We have large, private labor and delivery suites for you and your family.

We have certified lactation (breastfeeding) consultants available for you and your baby before and after your delivery.

We have Women, Infants, and Children (WIC) services for people who need nutritional services during and after pregnancy.

SECTION 1 CHOOSING YOUR PROVIDER

OUR TEAM OF HEALTH CARE PROVIDERS

Your Prenatal and Maternity Care Team will depend on the type of provider you would like to see, the clinic you choose and your medical needs. At Denver Health, there are several types of prenatal care providers.

CERTIFIED NURSE MIDWIVES

Trained in both nursing and midwifery, midwives provide healthcare services to women of all ages. They offer prenatal care and specialize in unmedicated childbirth.

FAMILY MEDICINE PHYSICIANS

Family Medicine Physicians provide care for pregnant people and newborns. They also provide primary care to patients of all ages.

OBSTETRICIAN

Obstetricians, also known as OB/GYNs, are medical doctors specializing in pregnancy, childbirth and the reproductive system

PERINATOLOGISTS OR MATERNAL-FETAL MEDICINE PHYSICIANS

Perinatologists are Obstetricians who focus on patients with high-risk pregnancies. They are for the pregnant patient and the unborn baby.

NURSE PRACTITIONERS

Nurse Practitioners (NPs) are Registered Nurses (RNs) with advanced medical education. They offer primary care services to adults and/or children. Some NPs focus on pregnancy care and the reproductive system.

PHYSICIAN ASSISTANTS

Like NPs, Physician Assistants (PAs) are advanced care providers who offer primary care services to adults and/or children. Some PAs focus on pregnancy care and the reproductive system.

PEDIATRICIANS

Pediatricians provide primary care for newborns and children of all ages.

BEHAVIORAL HEALTH PROVIDERS

Behavioral Health Providers offer screening, evaluation, and treatment of pregnancy-related or postpartum stress, depression, anxiety, and mood disorders. Behavioral Health Providers focus on enhancing physical wellbeing and overall quality of life. Behavioral Health Providers are available in all Community Health Clinics.

SEE PAGE 24 FOR PRENATAL CARE CLINIC SITES.

ACCESSING INTERPRETER SERVICES

Denver Health provides interpreter services for more than 200 languages free of charge. Language services are provided:

- In-Person
- By Video Conferencing
- Over the telephone
- Through use of a smart phone app

You may request an interpreter to assist when you are calling for information or to make an appointment and may request free interpreter services for all visits to clinic and the hospital. Let your care team or provider know.



DENVER HEALTH’S CARE TEAM OFFERS:

- Personalized prenatal visits to check the health of the pregnant person and baby, ask questions or discuss issues or concerns you may have.
- Respectful care for you, your family and your beliefs.
- Information about having a healthy pregnancy, nutrition, birth, chest feeding and newborn care.
- Information about tests and procedures that may occur during your pregnancy.
- Education about childbirth, pain management, behavioral health, and non-medical interventions such as epidural for pain control.
- Breast/chest feeding support.
- Postpartum/childbirth recovery care.
- Assistance setting up post-delivery appointments for you and your child.

PREGNANCY AND DELIVERY FINANCIAL SERVICES

Denver Health accepts most major health insurance plans, including Medicaid and Medicare. Contact your insurance plan to confirm our participation with your plan. If you find out that your plan does not cover these services or you do not have insurance, please call Enrollment Services at **303-602-2300**. Our Enrollment Specialists can help you find all of the available options including insurance plans through Connect for Health Colorado, Medicaid and Emergency Medicaid. Financial assistance for undocumented families is available. Most pregnant people are eligible for some type of financial assistance.

DENVER HEALTH MIDWIVES PROVIDE SUPPORTIVE, NURTURING CARE

FAMILY PLANNING AND BIRTH CONTROL	MENOPAUSAL CARE
WELL-WOMAN EXAMS AND CARE	PRENATAL (PREGNANCY CARE) AND POSTPARTUM CARE
NATURAL CHILDBIRTH	BREAST/CHEST FEEDING

- MIDWIFE CARE PROVIDED AT:
- Pavilion C OB/GYN, Main Hospital Campus
 - Eastside OB/GYN Family Health Center
 - Sam Sandos Westside OB/GYN Family Health Center
 - Federico F. Peña Southwest Family Health Center & Urgent Care
 - Montbello Family Health Center
 - Sloan’s Lake Primary Care Center



PRENATAL APPOINTMENTS

Prenatal appointments are very important to a healthy pregnancy. When you receive prenatal care at any of our Denver Health clinics, you can be sure that it will be individualized to ensure that you can receive exceptional care. The following table outlines a typical appointment schedule for a normal pregnancy:

FIRST TRIMESTER (WEEK 8-12)	First prenatal appointment
BETWEEN WEEK 12 AND WEEK 14	Optional screening for abnormalities (blood test and/or Ultrasound)
AT OR NEAR WEEK 16	Follow up prenatal appointment
AT OR NEAR WEEK 20	Ultrasound to evaluate fetal anatomy*
WEEK 24-36	Monthly appointments will be scheduled
WEEK 36-40	Appointments will be scheduled every 2 weeks
AFTER 40 WEEKS	Care will be individualized by you and your provider
AFTER DELIVERY	Appointment(s) 2-8 weeks postpartum to support your recovery & health

**Ultrasound appointments occur at Pavilion C OB/GYN, located on the Denver Health main campus*

Additional optional/individualized appointments may include more frequent visits for medical conditions that may affect your pregnancy. If there is an option for group prenatal care at your chosen clinic location, it will be offered to you at your first visit. Pregnant people should also see the dentist early in pregnancy to ensure that their teeth and gums are healthy. They should also get screened for perinatal mood and anxiety disorders with brief consultation and therapy services.

YOUR FIRST PRENATAL APPOINTMENT

Once you know you are pregnant, you will schedule your first prenatal appointment. This is also known as an “OB intake appointment.” During this visit, a nurse will review your medical history with you and explain what you can expect throughout your pregnancy. An exam by a provider may be done the same day or at a second appointment.

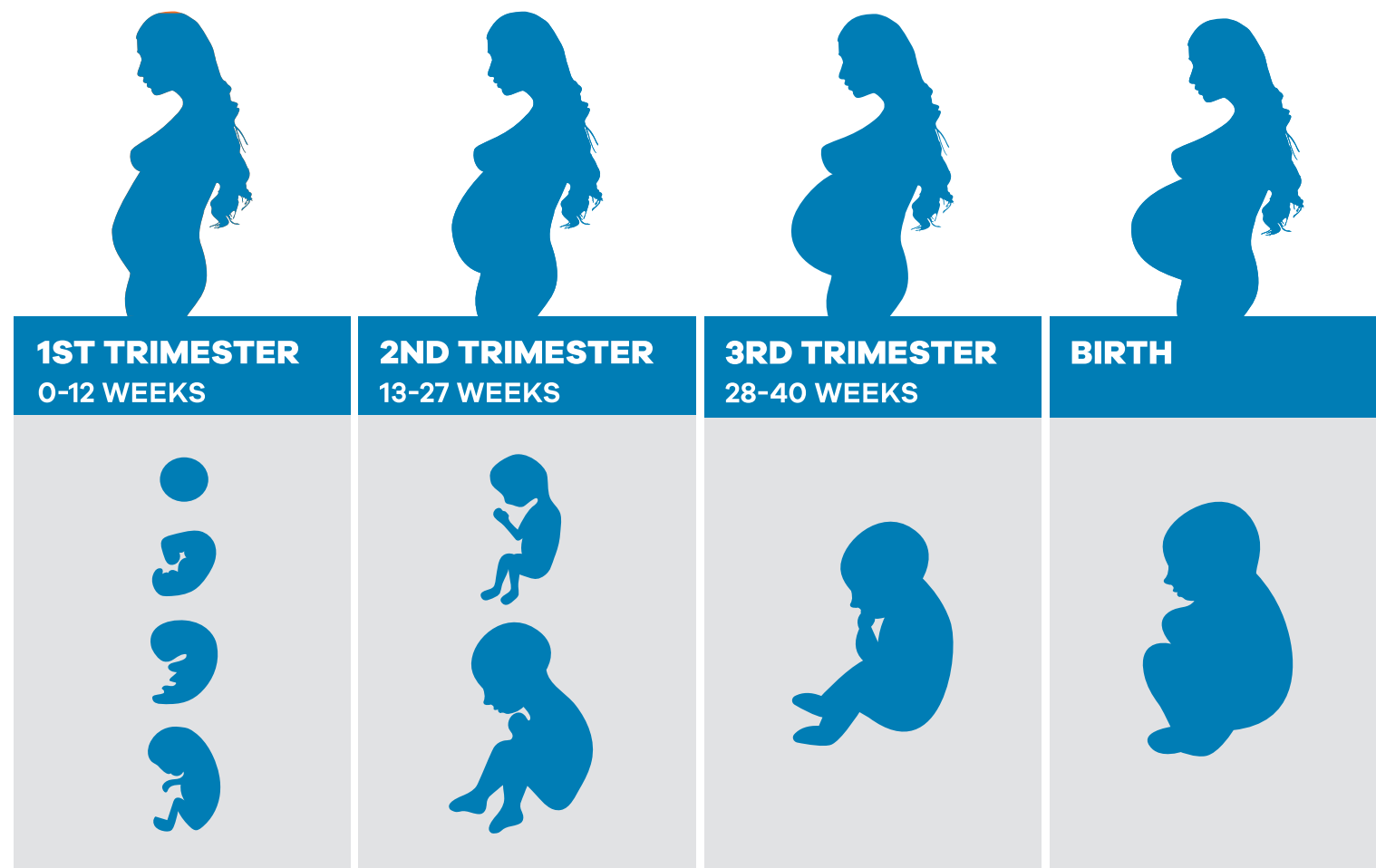
WHAT TO BRING TO YOUR FIRST PRENATAL APPOINTMENT:

- Your photo ID
- Any information you have regarding your medical history
- Questions you may have for the nurse

PRENATAL CLASSES AND TOURS

Denver Health offers a variety of prenatal education classes for you. Topics include: preparing for labor and delivery, breastfeeding, newborn care and more. Regularly scheduled hospital tours are also available. **VISIT:** [DenverHealth.org/Pregnancy](https://denverhealth.org/Pregnancy) | **CALL:** 303-602-5526 | **EMAIL:** info4moms2be@dhha.org

SECTION 3 TIMELINE OF PREGNANCY



THE FIRST TRIMESTER (0-12 WEEKS)

NORMAL CHANGES IN YOUR BODY

- You may feel nauseous with “morning sickness” during the first few months.
- You may feel more tired than usual.
- You may notice a stuffy nose or have a few nose bleeds.
- You may notice your breasts feel fuller and more tender.
- You may need to go to the bathroom and urinate more often.
- You may experience mood swings from feelings of happiness, to being overwhelmed and stressed. This is all normal and you are not alone in these feelings.

HOW YOUR BABY DEVELOPS | 1-4 WEEKS

- The egg becomes fertilized about 14 days from your last menstrual period.
- The fertilized egg implants in the uterus (womb) around the third week. You may notice some light spotting when this happens.
- Soon after the egg implants in the uterus, the placenta (the organ that supplies your baby with food and oxygen) will begin to grow.
- By the fourth week, you will not have your period and you may have a positive pregnancy test.
- During the first eight weeks of pregnancy, your developing baby is called an embryo.

HOW YOUR BABY DEVELOPS | 5-8 WEEKS

- At week five, the baby is one-half inch long and weighs less than an ounce.
- Your baby will grow tiny limb buds that will grow into arms and legs.
- The brain, heart and other major organs will begin to form.
- The heart begins to beat between six and seven weeks.



HOW YOUR BABY DEVELOPS | 8-12 WEEKS

- In the first three months of pregnancy you will need more folic acid. See page 8 on how to accomplish this and why it's important.
- At eight weeks, your baby has grown from an embryo to a fetus.
- Your baby's fingers and toes have soft, tiny nails.
- Your baby's mouth has 20 “buds” that will become their teeth.
- At the end of week 12, your baby is close to four inches long and weighs an ounce.

THE SECOND TRIMESTER (13-27 WEEKS)

NORMAL CHANGES IN YOUR BODY

- You may start to look pregnant with weight gain of one-half to one pound per week.
- Your skin may develop dark spots. Always use sunscreen when going outside.
- Your breasts may continue to feel swollen and tender. They may leak milk.
- You will begin to feel movement. As your baby grows, the movement gets stronger and more frequent.
- You may experience ligament pain caused by stretching of the bands that support the uterus. This may feel like a quick, sharp pain that is worse with movement.

HOW YOUR BABY DEVELOPS | 13-17 WEEKS

- Your baby can swallow, hiccup and hear your voice.
- The skin is clear with a fine hair all over.
- The hands are ready to grasp.
- Now that all organs and structure have formed, simple growth begins.

HOW YOUR BABY DEVELOPS | 18-24 WEEKS

- Your baby becomes more active and has regular cycles of being awake and sleeping.
- A waxy coating protects the fetus as it begins to grow more rapidly.
- The eyebrows and eyelashes develop.
- The baby's gender can typically be detected by ultrasound.
- At the end of this period, the baby is eight to 12 inches long and weighs one-half to one pound.

HOW YOUR BABY DEVELOPS | 25-27 WEEKS

- Your baby's eyes open and close.
- Finger and toe prints can be seen.
- The baby is too small for life outside the pregnant person, but some babies may survive with special care.
- The fetus grows rapidly. At the end of the sixth month, the fetus is 11-14 inches long and weighs one to one-and-a-half pounds.

THE THIRD TRIMESTER (28-40 WEEKS)

NORMAL CHANGES IN YOUR BODY

- Your breasts/chest may feel full and heavy. Wearing a support bra will help you feel more comfortable.
- The veins in your legs and around your vagina may swell. These are called varicose veins.
- Your ankles may swell. Lie down and put your feet up when this happens.
- You may get stretch marks on your stomach and breasts/chest. Use location for comfort, but stretch marks will not disappear. Over time, stretch marks will lighten in color.
- You may have to urinate more often due to pressure the baby is placing on your bladder.
- If you have trouble sleeping, take a warm bath or shower. Avoid caffeine and try sleeping with a pillow between your knees and under the side of your stomach.
- If your back aches, wear supportive shoes with a low heel. Ask your provider about a maternity support belt.
- If you have problems with nausea or feeling full, try eating small, frequent, low-fat meals.
- It is normal to feel increasing pelvic pain/pressure as your baby gets heavier. This sensation may become more intense with every pregnancy.
- Mood swings may appear or reappear during the third trimester as your body prepares for birth. If mood changes last for more than 2 weeks or get worse, you may contact your medical or behavioral health provider for additional support.
- It is normal to have a thick or stringy mucous discharge, sometimes blood-tinged. This is often called “losing your mucous plug.” If you are not having contractions, losing your mucous plug does not mean you are in labor but your body may be getting ready for labor.
- Tell your provider if you have problems with constipation or heartburn.
- If you have not birthed your baby by 41 weeks, your provider may schedule more frequent visits and discuss an induction of labor.

HOW YOUR BABY DEVELOPS | 28-31 WEEKS

- Your baby can open and close its eyes, suck its thumb and cry.
- Your baby will react to light and sound.
- Fat begins to build up under the skin to keep the baby warm after birth.
- Your baby is about 15 inches long and weighs about three pounds.

HOW YOUR BABY DEVELOPS | 32-36 WEEKS

- The baby grows very quickly and the kidneys mature.
- Almost the whole uterus is filled up with the baby and it cannot move around much, but you should still be able to feel your baby kick and roll around.
- The bones of the head are soft and flexible to help the baby move through the birth canal when the baby is born.
- The lungs may still not be full developed, but if the baby is born during this time, it has a very good chance of survival.
- Your baby is now around 18 inches long and weighs about five pounds.



HOW YOUR BABY DEVELOPS | 37-40 WEEKS

- Your baby is full term at 37 weeks. You have entered your “due month.”
- During the last month, the baby gains a half pound each week.
- The baby “drops” into a head-down position and rests lower in the pregnant person’s abdomen and down into the pelvis.

THE FOURTH TRIMESTER (AFTER THE BABY IS BORN)

- The 12 weeks immediately following the birth of your baby is referred to as the postpartum period or fourth trimester.
- This is time of physical and emotional change as you and your baby adjust to life as a new family.
- It is very important to care of yourself and your baby during this time. Caring for a newborn can be overwhelming, and it is tempting to no show or push aside your own healthcare visits to care for the baby.
- Caring for yourself is way to promote ongoing health and well being for your family.
- Your provider will recommend your unique schedule of visits after delivery based on your individual needs.
- Visits will focus on your physical, mental and emotional well-being, as well medical concerns that need to be addressed to include: physical recovery, infant care and feeding, sleep and fatigue, sex and family planning, chronic disease management, and more.

4 STAYING HEALTHY DURING PREGNANCY

FOLIC ACID

GETTING ENOUGH FOLIC ACID

If you are trying to get pregnant or know that you are pregnant, be sure to take prenatal vitamins to boost your folic acid intake. Your provider can recommend and prescribe prenatal vitamins for you.

WHY IS FOLIC ACID IMPORTANT?

Folic acid can help prevent birth defects of the brain or spine, such as spina bifida. Your baby's brain and spine form in the first weeks of pregnancy, so you need folic acid in your body before you get pregnant and in the first months of pregnancy.

WHO NEEDS FOLIC ACID?

Everyone needs folic acid. People who are of child-bearing age need extra folic acid in the first three months of pregnancy.

WHERE TO GET FOLIC ACID

You can get folic acid by taking a multivitamin that contains 800 mcg (0.8 mg) of folic acid. The following foods also contain folic acid:

- Beans
- Breakfast cereals
- Liver
- Orange juice
- Spinach
- Strawberries
- Sunflower seeds
- Tortillas
- Wheat bread

NUTRITION AND WEIGHT GAIN DURING PREGNANCY

HOW MUCH DO I REALLY NEED TO EAT?

Everything you eat and drink affects you and your baby. When you are pregnant, it is important to eat well. Eating a variety of foods every day will give your baby what it needs to grow and develop. Some pregnant people feel better when they eat five to six meals a day.

During the second and third trimesters of pregnancy, you will need to add about 300 more calories per day. An example would be to add a glass of skim milk, piece of fruit and half of a meat sandwich to what you usually eat.

HOW DO I GET ALL THE NUTRITION I NEED?

- Eat a variety of foods and follow the Choose My Plate Guidelines for pregnancy and breastfeeding (www.ChooseMyPlate.gov).
- Drink your milk! Other sources of calcium include: cheese, yogurt and calcium-fortified juice.
- During pregnancy, you may need more protein. Choose from the meat, fish, bean and dairy food groups for your meals and snacks.
- Drink plenty of liquids. Aim to drink eight to ten glasses of water each day.
- Take your prenatal vitamins and iron pills if your care provider ordered them.

HOW MUCH WEIGHT SHOULD I GAIN?

When you weigh close to your recommended weight gain, you increase your chances of delivering a healthy baby that is born on time. Pregnant people who do not gain enough weight may deliver early. Being underweight during pregnancy may cause your baby to be born small and develop health problems.

Most pregnant people gain two to five pounds in their first trimester and about one pound per week in the second and third trimesters. Talk to your care provider about how much weight you should gain.



WHAT FOODS DO I NEED TO AVOID DURING PREGNANCY?

Limit foods that contain caffeine like chocolate, coffee, strong teas, or sodas to less than two servings a day. Limit use of sugar substitutes, sugar-free foods and diet soft drinks to two servings a day.

Figure out your Body Mass Index (BMI) by using the chart below; then use the BMI table to estimate how much weight you should gain.

IF YOUR WEIGHT BEFORE PREGNANCY WAS:	BMI (BODY MASS INDEX)	YOU NEED TO GAIN:
UNDERWEIGHT	LESS THAN 18.5	28 - 40 POUNDS (12-18 KG)
NORMAL	18.5 - 24.9	25 - 35 POUNDS (11-16 KG)
OVERWEIGHT	25 - 29.9	15 - 25 POUNDS (7-11 KG)
OBESE	HIGHER THAN 29.9	11 -20 POUNDS (5-10 KG)
IF YOU'RE HAVING TWINS OR TRIPLETS	_____	35 - 50 POUNDS (16-22 KG)

CALCULATE YOUR BMI

Using standard measures:

STEP 1: Enter your height in inches. Then multiply it by itself.

$$\frac{\text{HEIGHT IN IN}}{\text{HEIGHT IN IN}} \times \text{HEIGHT IN IN} = \text{TOTAL STEP 1}$$

STEP 2: Enter your weight in pounds and divide it by the total number from Step 1.

$$\frac{\text{WEIGHT IN LBS}}{\text{TOTAL STEP 1}} \div \text{TOTAL STEP 1} = \text{TOTAL STEP 2}$$

STEP 3: Enter the total from Step 2 and multiply by 703.

$$\text{TOTAL STEP 2} \times 703 = \text{YOUR BMI}$$

Using metric measures:

STEP 1: Enter your weight in kilograms and divide it by your height in centimeters.

$$\frac{\text{WEIGHT IN KG}}{\text{HEIGHT IN CM}} \div \text{HEIGHT IN CM} = \text{TOTAL STEP 1}$$

STEP 2: Enter your total in step 1 and divide it by your height in centimeters again.

$$\frac{\text{TOTAL STEP 1}}{\text{HEIGHT IN CM}} \div \text{HEIGHT IN CM} = \text{TOTAL STEP 2}$$

STEP 3: Enter your total from step 2 and multiply it by 10,000.

$$\text{TOTAL STEP 2} \times 10,000 = \text{YOUR BMI}$$



COPING WITH COMMON PREGNANCY SYMPTOMS

NAUSEA

Nausea or “morning sickness” is common in the first part of pregnancy. If you experience nausea, some of these tips may help:

- Eat five to six small meals every day.
- Try to eat or drink something every two to three hours.
- Drink liquids, including soups, between meals instead of during meals.
- Cut back on fatty or fried foods like bacon, sausage, gravy, french fries, fried chicken, heavy creams and butters.
- Cooking odors can cause nausea to worsen. Leave a window open while cooking.
- Cold foods may be better tolerated.
- Avoid coffee, cigarettes and alcohol as these can upset your stomach. Please keep in mind that the use of cigarettes, drugs and alcohol during pregnancy can harm your baby.

HELPFUL FOODS TO EASE NAUSEA

- | | | |
|--------------------------------------|-------------------|--|
| • Almonds | • Melons | • Toast |
| • Avocados | • Peanut butter | • Tortilla or potato chips (salt & vinegar type) |
| • Bananas | • Popsicles | • Tart juices (lemonade or cranberry) with extra water added |
| • Cereal with a small amount of milk | • Potatoes | • Whole wheat bread |
| • Clear noodle soups | • Pretzels | |
| • Crackers | • Sour candies | |
| • Ginger | • Sunflower seeds | |
| | • Teas | |

VOMITING

Call your provider if you have been vomiting for more than 24 hours or if you feel dizzy, weak, faint or have headaches that do not go away. When you are sick, try to rest and get fresh air. Sip on juice with added water to keep you hydrated.

CONSTIPATION

Constipation is caused by the change in hormones during pregnancy. To reduce or prevent constipation during pregnancy:

- Eat a diet high in fiber. A high-fiber diet includes plenty of fruits and vegetables, beans, whole wheat bread and grains. Start the day with a bowl of high-fiber cereal like bran flakes, shredded wheat or oatmeal. Try to eat or drink something every two to three hours.
- Drink fluids. Drink eight to ten large glasses of water each day. Avoid caffeinated drinks (coffee, tea, and soft drinks) as these can dehydrate you.
- Exercise. Physical activity can reduce constipation. Go for a walk every day or ask your provider what other types of exercise are safe for you. Do not take laxatives, mineral or castor oil, or use enemas.

If these methods don’t help, talk to your provider about a safe fiber supplement or stool softener.

HEARTBURN

To reduce or prevent heartburn, eat slowly and have smaller, more frequent meals. Wait at least two hours before laying down after eating and avoid greasy, fried or spicy foods. Over-the-counter medicines like TUMS® and Mylanta® are safe to take. DO NOT TAKE Alka-Seltzer® or Pepto-Bismol®, which contain aspirin, or Roloids®, which are high in sodium. Check with your provider if you have questions.

DANGER SIGNS DURING PREGNANCY

If you are experiencing any of the following symptoms, there may be a serious problem with your health or the health of your baby.

WHAT ARE DANGER SIGNS?

- | | |
|---|--|
| • Vaginal bleeding, enough to need a pad (light bleeding with mucous is normal and you may experience light vaginal spotting after intercourse) | • Persistent dizziness or fainting (it is not unusual to feel dizzy after standing up quickly) |
| • Headaches that do not go away, even with approved medications | • Pain or burning when you urinate |
| • Blurred vision and/or seeing spots before your eyes | • Four or more painful contractions in an hour that do not resolve with rest and hydration |
| • Leaking and/or gush of water fluid from the vagina (increased mucous discharge that is white or yellow is normal) | • Severe back or abdominal pain |
| • Vomiting everything you eat or drink, even water, for greater than 12 hours | • Fever of 100.5 F (38 C) or higher |
| | • Skin rashes or sores |
| | • Exposure to someone who has a contagious disease like chicken pox, measles or hepatitis |

IF YOU EXPERIENCE ANY OF THESE
DANGER SIGNS, CALL THE DENVER HEALTH
24-HOUR NURSELINE IMMEDIATELY AT

303-739-1211

OR CALL YOUR CLINIC NURSE AT:

FOR A LIFE-THREATENING EMERGENCY, CALL 911.



YOUR BABY’S MOVEMENT

You may experience the first fetal movement as early as 12 weeks and as late as 24 weeks. Factors that affect this include your starting weight and location of the placenta.

After 24 weeks, keep track of your baby’s movements every day. A movement can be a kick, swish, turn or flip of the baby inside you.

NORMAL MOVEMENT

- You should feel the baby move ten times in a two-hour period. If you do not, call or come to the Obstetric Emergency Department (formerly known as the OB Screening Room).
- Your baby usually moves more after eating.
- Not drinking or eating enough can decrease your baby’s movement.
- The baby will sleep for 30 minutes to two hours at a time.
- Babies often move a lot at night.
- If you are busy during the day and are unsure if your baby is moving well, stop to eat or drink and pay attention to your baby’s movement.

IF YOU FEEL YOUR BABY IS MOVING LESS:

- Drink an eight-ounce glass of water.
- Lie down on your left side in a quiet room.
- Turn off your TV, radio, or phone and concentrate on your baby.
- Place your hands on your womb (abdomen, where you usually feel your baby move).
- If the baby is moving less than described above, call the 24-hour NurseLine immediately at 303-739-1211.

CAN I TAKE “OVER-THE-COUNTER” MEDICATIONS WHILE I’M PREGNANT?

Over-the-counter medications can be vitamins, pain medication, cold medication, and other medication that can be purchased without a prescription. While some are safe, others are not. The table below offers guidelines. Be sure to take the brands listed or a medication with the same ingredients and follow the directions on the bottle.

SYMPTOMS	OKAY TO TAKE	DO NOT TAKE
RUNNY NOSE OR STUFFY HEAD (CONGESTION)	If you are after 12 weeks gestation, and do not have high blood pressure, diabetes, or hyperthyroidism; you can take pseudoephedrine (Sudafed®) or phenylephrine (Sudafed PE). You should limit use to 1-2 days. Oxymetazoline nasal spray could be used for up to 3-5 days, and is OK to use if you have high blood pressure, diabetes, or hyperthyroidism.	Do not take pseudoephedrine (name brand Sudafed®) or phenylephrine (Sudafed PE) in the first trimester, or if diagnosed with high blood pressure, diabetes, or hyperthyroidism.
COUGHING	If you are not diabetic, you can take plain Robitussin® (guaifenesin)	
HEADACHE, MUSCLE ACHES, OTHER PAIN OR FEVER	You can take Tylenol® (acetaminophen)	Do not take ibuprofen (Advil® or Motrin®) or Naproxen Sodium (Aleve®)
ALLERGIES (RUNNY NOSE, ITCHY EYES, SNEEZING)	You can take Benadryl® (diphenhydramine)	
HEARTBURN	You can take TUMS®	Do not take Alka-Seltzer®, Pepto-Bismol®, or Rolaids®

WHAT TO DO IF YOU GET THE COLD OR FLU

Try to get a lot of rest. Drink eight to ten glasses of water a day. Do not drink alcohol. If you don’t feel hungry, try eating six small meals spaced throughout the day instead of three large meals. You may have decaffeinated tea, soups and lighter foods such as toast, graham crackers, fresh fruits or yogurt.

Remember that viruses cause colds and the flu. Antibiotics will not cure a cold or the flu. Do not take antibiotics unless your care provider prescribes them.

If you are not feeling better after two to three days or if you have a fever over 100.5 F, call your provider. To lower your risk of getting the flu, it is important to get your annual flu vaccination during your pregnancy.

PREGNANCY AND ORAL HEALTH

HOW DOES PREGNANCY AFFECT ORAL HEALTH?

Pregnancy does not cause you to lose teeth. Bacteria in your mouth may cause cavities, gum disease and tooth loss if left untreated.

WHY IS GOOD ORAL CARE IMPORTANT DURING PREGNANCY?

- Due to pregnancy hormones, you are more likely to have swollen and inflamed gums which can lead to gum disease.
- Gum disease during pregnancy may increase the risk of your baby being born too early and too small.
- Cavity-causing bacteria can be passed to your baby. Pregnant people who have cavities are more likely to have kids who develop cavities.

HOW SHOULD I TAKE CARE OF MY TEETH DURING PREGNANCY?

- Brush your teeth twice a day with fluoridated toothpaste.
- Floss daily.
- Rinse with a non-alcoholic mouth rinse.
- If your gums begin to hurt, swell, or look red: rinse with warm salt water four times per day and schedule a dental appointment.
- Make an appointment with a dental professional early during your pregnancy.
- Rinse your mouth with a teaspoon of baking soda mixed with one cup of water after vomiting.

SEE PAGE 24 FOR PRENATAL CARE CLINIC SITES.

REMEMBER! Pregnant people need to be seen by a dental professional. Dental care during pregnancy is safe and necessary to keep you and your baby health.

Obstetric Emergency Department (formerly known as the OB Screening Room)

If you need care, visit the Obstetric Emergency Department. if you have any danger signs (bleeding, gush of fluid, contractions, or no fetal movement), if you are 14 weeks or more pregnant and need urgent care, or if you are less than 6 weeks postpartum and need urgent care. There is special parking for pregnant people in active labor in the front of the Pavilion C entrance. Ask the Security Desk for a Stork Parking Permit. **It is open everyday, all day and night.**

Obstetric Emergency Department – Pavilion C | 790 Delaware St. | Denver, CO 80204

SECTION

5

INFECTION PREVENTION IN PREGNANCY

Some infections before and during pregnancy can hurt both you and your unborn baby. These infections can cause serious illness, birth defects, and lifelong disabilities like hearing loss or learning problems. Preventing infection is the best way to protect yourself and your baby. The best measures you can take to prevent a serious infection are:

1. Wash your hands with soap and water after: using the bathroom, touching raw meat, raw eggs, unwashed fruits and vegetables, preparing food and eating, touching dirt or soil, handling pets, being around people who are sick, getting saliva (spit) on your hands, caring for and playing with children, changing diapers.
2. Avoid people who have an infection such as chicken pox, flu, and COVID-19.
3. Do not touch or change dirty cat litter.
4. Avoid wild or pet rodents and their droppings
5. Get tested for sexually transmitted infections, such as HIV and hepatitis B and protect yourself from them.
6. Talk to your provider about travel infection risk if you, your partner or other household members plan to travel outside of the country.
7. Let your provider know if you have been or think you have been exposed to an infection.
8. Keep up to date on recommended vaccines in pregnancy.

Maternal vaccines are safe and recommended for you and your baby. Your baby gets disease immunity from you during the pregnancy and for the first few months of life for some diseases. Denver Health follows evidence-based recommendations for vaccination in pregnancy. Your care provider will review your history, identify which immunizations would be recommended for you during pregnancy and work to support decisions about vaccination during the course of your care.

SAFE IN PREGNANCY	NOT RECOMMENDED IN PREGNANCY
COVID-19 mRNA	Influenza (live attenuated)
Influenza (inactivated)	MMR (Measles, Mumps, Rubella)
Tdap (Tetanus, Diphtheria, Pertussis)	Varicella
HAV (Hepatitis A)	HPV (Human Papilloma Virus)
HBV (Hepatitis B)	Zoster
Polio	Yellow Fever
Pneumococcal	
Meningitis	
Rabies (Post exposure only)	
RSV (Respiratory Syncytial Virus)	



SECTION

6

PREGNANCY AND MENTAL HEALTH

HOW DOES PREGNANCY AFFECT MENTAL HEALTH?

All stages of pregnancy can affect mental health in a variety of ways. Along with the happy feelings that can come with pregnancy, pregnant people and those supporting someone through pregnancy typically experience stress, anxiety, sadness, changes in their relationships, and other feelings that can impact physical and emotional well-being.

WHY IS TAKING CARE OF YOUR MENTAL HEALTH DURING PREGNANCY IMPORTANT?

It is as important to take care of your mental health and well-being as it is to take care of your physical health during pregnancy. When you focus on your mental health during pregnancy you are in a good position to manage the challenges of pregnancy and adjustment to life with a new baby.

HOW CAN I TAKE CARE OF MY MENTAL HEALTH DURING PREGNANCY?

- Get plenty of rest
- Take breaks as you are able throughout the day
- Stay active
- Eat well
- Spend time with people that are important to you
- Celebrate the ways you care for yourself

PERINATAL MOOD AND ANXIETY DISORDERS

It is common to experience changes in mood, appetite, and sleep during pregnancy and postpartum. Perinatal mood and anxiety disorders (PMADs) are different from what are referred to as “the baby blues,” with symptoms lasting beyond the first few weeks post birth.

SYMPTOMS

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage or irritability
- Lack of interest in the baby or difficulty bonding with the baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Strange or unusual thoughts that feel hard to control
- Thoughts of harming yourself or the baby

RISK FACTORS

- Family or personal history of depression, anxiety, OCD, bipolar disorder or psychosis
- Thyroid imbalance, diabetes or endocrine disorders
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Financial stressors including unstable housing or employment
- Lack of support from family and friends
- Challenges with feeding your baby
- Unwanted or unplanned pregnancy

If you notice any of these symptoms, please discuss with your medical provider or reach out to your clinic to schedule with a Behavioral Health Consultant. If you are experiencing more time-sensitive symptoms (e.g., thoughts of harming self or others, hopelessness, hearing voices, etc.) present to the emergency department or utilize crisis resources listed below. If you have any of these risk factors it may be helpful to meet with a behavioral health provider before or during pregnancy to reduce risk and increase support.

TREATMENT OPTIONS

- **Individual counseling**
 - Licensed providers in all Denver Health clinics can provide brief therapy support or connect you to a provider in your community. Ask your medical provider to speak with a behavioral health consultant during your next visit.
- **Medication**
 - There are many safe medications for pregnancy, postpartum, and breastfeeding that can help manage mood. Please discuss with your medical provider. There are specialists in reproductive psychiatry that can help make the best decision for you and your family.
- **Support groups**
 - A group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice. There are many options for both in person and virtual. Reach out to the behavioral health provider in your clinic for more information.
- **Crisis Services- 24 hr availability, both English and Spanish**
 - Call or text 988 for the Colorado Mental Health Line
 - Call or text 1-833-TLC-MAMA for the National Maternal Mental Health Hotline

WHEN DO I ASK FOR HELP?

When your level of distress gets in the way of your daily activities you may consider seeking professional help. You may ask for help at any time, however when mood changes last longer than two weeks or get worse it may be important to talk to your medical or behavioral health provider.

REMEMBER!

Mood changes during pregnancy for pregnant people and those supporting people through pregnancy are normal.

*Paying attention to how you are feeling and asking for help when needed will help support you and the health of your baby.

See Section 12 for additional mental health resources

SUBSTANCE USE DURING PREGNANCY

IF YOU ARE PREGNANT AND EXPERIENCING PROBLEMS WITH DEPRESSION OR ANXIETY OR ARE CURRENTLY USING SUBSTANCES OR ALCOHOL, WE CAN HELP.

Appointments are confidential. We offer:

- Individual therapy
- Group therapy
- Substance treatment with mental health services
- Medications to treat opioid and alcohol use
- Services for pregnant patients’ partners



WHAT HAPPENS IF I USE SUBSTANCES WHILE I’M PREGNANT?

WHEN YOU USE NICOTINE OR TOBACCO PRODUCTS

This is the most important time to reduce or stop smoking to improve your health and the health of your unborn baby.

- Smoking cigarettes has been linked to early birth, lower birth weight, placenta problems, birth defects, breathing problems through childhood, and even Sudden Unexpected Infant Death Syndrome/Sudden Infant Death Syndrome (SUID/SIDS) or unexpected death under one year of age.¹
- People who reduce or quit smoking during pregnancy decrease the risk of Sudden Infant Death Syndrome by 12-21 percent, so it is recommended to smoke as few cigarettes as possible.²
- Nicotine has been shown to affect the development of the baby’s brain and may increase the risk of attention deficit disorders. Babies might experience nicotine withdrawal which makes them irritable and hard to console.
- Smoking may decrease milk production and/or cause milk to dry up earlier. Nicotine and other harmful substances in cigarettes can pass to the baby from human milk.
- Even if a person cannot completely quit, there are ways to help reduce harm. Not smoking inside your home or car can reduce the risks for all people in the home from secondhand smoke.
- You can speak to your provider about tobacco cessation support or call the Colorado QuitLine at 1-800-QUIT-NOW (1-800-784-8669) to learn how to quit tobacco today.

¹ 78. Anderson, Tatiana, et al. “Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death.” Pediatrics, vol 143, no. 4, 2019, <https://pubmed.ncbi.nlm.nih.gov/30858347>.

79.American College of Obstetricians and Gynecologists Committee on Obstetric Practice. “Smoking Cessation During Pregnancy (Opinion 721).” Obstetrics and Gynecology, vol. 130, no. 4, pp. e200-e204, <https://pubmed.ncbi.nlm.nih.gov/28937573>.

80. Einarson, Adrienne, and Sara Riordan. “Smoking in Pregnancy and Lactation: A Review of Risks and Cessation Strategies.” European Journal of Clinical Pharmacology, vol. 65, no. 4, 2009, pp. 325-330, <https://pubmed.ncbi.nlm.nih.gov/19169678>.

²Anderson, Tatiana, et al. “Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death.” Pediatrics, vol 143, no. 4, 2019, <https://pubmed.ncbi.nlm.nih.gov/30858347>.

WHEN YOU USE ANY NON-PRESCRIBED SUBSTANCES

- Abstaining from all substance use during pregnancy and chest feeding is the safest option.
- Most people try several times before they can stop using. We value whole person care and want to continue to provide prenatal care even if a person is not able or ready to begin substance treatment.

OPIOIDS AND PREGNANCY

- Opioids include heroin, morphine, hydromorphone, fentanyl, hydrocodone, tramadol, codeine, buprenorphine, nalbuphine, and meperidine.
- It is not recommended to detox (or undergo medically supervised withdrawal) during pregnancy, as the chances of returning to opioid use are much higher. Risk of an accidental overdose increases after detoxing due to decreased tolerance.
- You can talk to your provider about medications like Buprenorphine (Subutex) or Methadone, which are the safest medications to treat opioid use disorder during pregnancy.

WHEN YOU DRINK ALCOHOL

- Many people try to cut down or stop drinking alcohol during pregnancy. Stopping alcohol abruptly (going “cold turkey”) can be dangerous and can cause seizures, and in rare cases, even death. If you are trying to decrease your alcohol consumption, discuss this with your provider, especially if you have had seizures before.
- Consuming alcohol while pregnant increases the chance of miscarriage or stillbirth. Consuming alcohol while pregnant can also cause birth defects, called Fetal Alcohol Spectrum Disorder (FASD). FASD can include organ defects, limitations in thinking, reasoning, and learning as well as physical effects such as abnormal facial features, low birth weight, and smaller head size.³

REMEMBER!

Whether or not you’re using, your health and pregnancy matter! If you are struggling with using substances, please know that we have specialized treatment counselors available at your Denver Health Clinic. Always remember to tell any health provider you see that you are pregnant. Always ask your provider if it is okay to take any medicine like pain, fever, cold, or allergy medicines, cough syrup, laxatives, antacids, sleeping medication, diet medication or any kind of herbal or vitamin supplements. Some can be harmful during your pregnancy.



³ 1. Riley, Edward P., et al. “Fetal Alcohol Spectrum Disorders: An Overview.” Neuropsychology Review, vol. 21, no. 2, 2011, pp. 73–80, <https://pubmed.ncbi.nlm.nih.gov/21499711>.
2. “Alcohol Use in Pregnancy.” Centers for Disease Control (CDC), February 2016, <https://www.cdc.gov/mmwr/volumes/65/wr/mm6504a6.html>.



CANNABIS AND YOUR BABY

WHAT IS CANNABIS?

Cannabis is made from the dried leaves and flowers of the hemp plant Cannabis Sativa. Tetrahydrocannabinol (THC) is the substance in the hemp that causes people to get “high.” THC is stored in fatty tissue. The brain has a lot of fatty tissue, so large amounts of THC is stored in the brain. Medical cannabis is the same as recreational cannabis. Persons using medical cannabis have received a card from their care provider recommending use of cannabis based on a medical condition.

WHAT HAPPENS WHEN I USE CANNABIS?

The effects vary with the THC content, strength, and dosage of cannabis. Although THC is the main compound that causes the high, there are also over 60 compounds that can affect your brain. These compounds can cause a fast heart rate, delusions and feelings of well-being or fear. These symptoms can last two to three hours. The effects may affect your motor skills longer. THC stays in the body for about a week. There is no way to know how much THC you have in your body.

HOW DOES CANNABIS AFFECT PREGNANCY?

No amount of cannabis has been proven safe to use during pregnancy or while chest feeding. In 2018, the American Academy of Pediatrics released its first official guidelines, advising women who are pregnant or nursing to avoid cannabis use because it isn’t safe for them or their children.

Whether smoked, eaten in food (edibles), or vaped, cannabis contains higher THC concentrations now compared to the past, which makes use during pregnancy especially concerning for a developing baby’s health. Cannabis contains nearly 500 chemicals, including the mind-altering compound tetrahydrocannabinol (THC). These chemicals can pass through the placenta to their baby during pregnancy.

Studies show that cannabis use during pregnancy may be harmful to a baby’s health and cause a variety of problems, including:

- Fetal growth restriction (when a baby doesn’t gain the appropriate amount of weight before birth).
- A greater risk of stillbirth
- Pre-term birth (being born before 37 weeks of gestation)
- Low birth weight
- Long-term brain development issues affecting memory, learning, and behavior⁴

⁴ <https://www.samhsa.gov/marijuana/marijuana-pregnancy>

HOW DOES CANNABIS AFFECT BREASTFEEDING?

Cannabis use while breastfeeding also comes with risk of harms to the baby. THC and other chemicals in cannabis can be passed to a baby through breast milk, increasing the baby’s risk for problems with brain development.⁵

HOW DOES CANNABIS AFFECT PARENTING?

Use of cannabis by the parents, even for a medical reason, can affect how they interact with their child. Using cannabis while parenting may reduce the parent’s ability to pay attention, make decisions or react to emergencies. This can affect how parents respond to an infant’s needs and keep them safe. Parents can miss signs of danger, cues for hunger, the need to be comforted, or the desire to play and learn. These activities are important for a child to begin learning about the world around them.

It is strongly advised that cannabis not be used during pregnancy, breastfeeding or parenting. In fact, the Academy of Pediatrics lists cannabis as one of the drugs that is very harmful to infants. If parents or other adults do keep cannabis products in the home, they should be stored securely in a lock box or safe, inaccessible to children or adolescents. Families should not smoke cannabis products inside the home or car, to help reduce risks from second-hand exposure.

⁵ <https://www.samhsa.gov/marijuana/marijuana-pregnancy>



SECTION

8 PREPARING FOR THE BIG DAY

WHEN THE BIG DAY ARRIVES

If you believe you are in labor, go to the Obstetric Emergency Department in Pavilion C, 790 Delaware St. on the main Denver Health campus. The Obstetric Emergency Department is staffed by Certified Nurse Midwives and Registered Nurses who evaluate if you are ready to go to the Labor and Delivery unit.

Parents love our elegant, spacious labor and delivery rooms. Our team of specialists can support any type of delivery from unmedicated birth, to Cesarean sections (C-Sections). Epidurals, nitrous oxide and other medications are available for pain management during labor. For patients desiring a natural delivery, we offer water therapy, birthing balls and a healthcare team skilled in providing labor support techniques that will keep you focused. Every labor and delivery room has amenities such as a private tub, sleeping space for your coach/ support person, flat-screen TVs and a baby bed.

POSTPARTUM SUITES

Once you and your baby have recovered from the birth, you will be moved to a private caregiver and baby suite where family and friends can visit. During your stay at Denver Health, your partner/support person can comfortably stay with you, day and night, and share in the new family experience. Your baby will stay in the room with you. In the event you need a break from baby, a newborn nursery is available. You can expect to be discharged from the hospital 24 hours after a vaginal delivery and 48 hours after a C-Section if healthy and recovering normally.

THE NEONATAL INTENSIVE CARE UNIT (NICU)

The NICU is designed for newborns in need of specialized medical care following childbirth. The NICU features both private and semi-private rooms equipped with state-of-the-art medical monitoring equipment and a staff of experienced neonatologists, nurse practitioners, physician assistants and neonatal nurses.

The NICU is supported by perinatologists and pediatric sub-specialists including surgery, neurosurgery, radiology, anesthesia and neurology.

NICU newborns need their family’s love and support to thrive and grow. Moms, dads, partners, and caregivers can visit their baby in the NICU anytime. We can provide accommodations when parents want to stay with their newborn around the clock.

9 BREAST/CHEST FEEDING

BEGIN YOUR BREAST/CHEST FEEDING STORY

BEFORE THE BABY COMES

- Learn about breast/chest feeding — attend classes and speak with other participants.
- Tell your family and healthcare provider that you plan to breast/chest feed.
- If returning to work or school, discuss your plans with your employer or school advisor.
- Prepare extra meals to store in the freezer for when the baby arrives.
- Discuss birth planning and pain management with your provider.

THE FIRST TIME YOU BREAST/CHEST FEED

- Your very first milk, colostrum, is just right for your baby and will protect them against disease.
- Newborns may be sleepy from medications used during labor. Have patience and keep trying and/or hand express colostrum.
- The first feedings are practice for you and your baby.
- It is common for newborns to have closely spaced feedings at certain times of the day and night.

IN THE HOSPITAL

- Breast/chest feed within the first hour — Ask to comfort your baby skin-to-skin soon after birth.
- Keep your baby in your room all day and night so you can get to know and watch over your baby. This early time of practicing breast/chest feeding together is important.
- Feed your baby often and learn to recognize when they are hungry.
- Offer only breast/chest milk — Bottles of formula or water are generally not necessary and will interfere with breast/chest feeding.
- Avoid using a pacifier — Babies who use a pacifier may not nurse as often. Offer your breast/chest at the earliest sign of hunger to give your baby as much milk as possible.

Ask for a lactation consultant to come visit with you and your baby to ensure your baby has an effective latch. This will help you know they are receiving the milk they need.



COMPARING HUMAN MILK TO FORMULA

SEE FOR YOURSELF

Take a look at what formula is missing vs. natural breast/chest milk.

SOME OF THE WAYS BABIES BENEFIT FROM HAVING ONLY HUMAN MILK

- Early breast/chest milk is your baby's first immunization.
- The amount of milk you produce is a perfect match for your baby's tummy.
- Human milk is easy to digest.
- Babies don't get constipated and rarely get diarrhea.
- Babies have fewer earaches, colds and allergies.
- Breast/chest milk reduces the risk of SIDS.
- Babies like the taste of their breast/chest milk.
- Breast/chest milk helps mouth formation.

Babies who receive only breast/chest milk grow to be the healthiest and smartest they can be. The American Academy of Pediatrics recommends exclusive breast/chest feeding for six months and continuing for at least one year while introducing food.

OFFERING ONLY BREAST/CHEST MILK WILL PROVIDE THE MAXIMUM BENEFIT FOR YOU AND YOUR BABY. IF YOUR BABY RECEIVES SOMETHING OTHER THAN YOUR MILK:

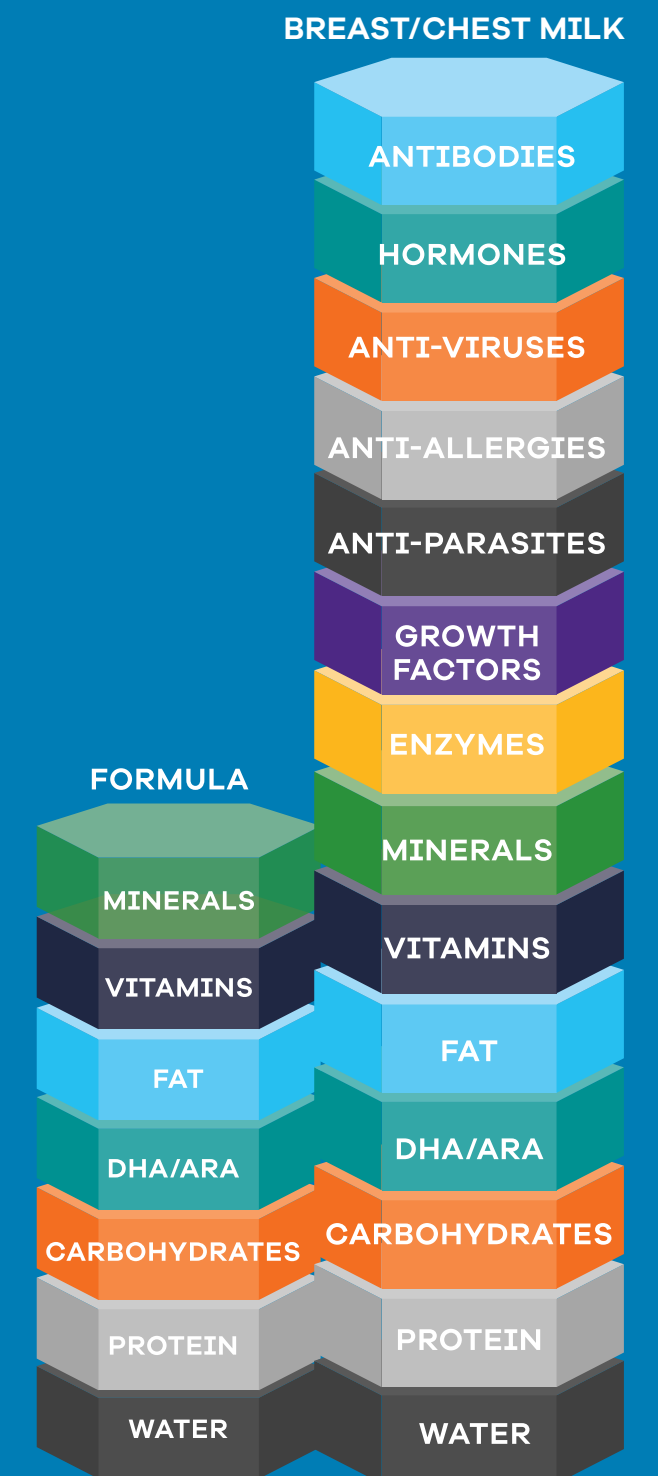
- Breast/chest feeding can be more difficult.
- Your milk supply will be lowered.
- Benefits to your baby may decrease.

BREAST/CHEST FEEDING CAN BENEFIT YOU BY:

- Preventing excessive bleeding following birth.
- Reducing your risk of breast and ovarian cancer.
- Promoting a special bond with your baby.
- Saving money.
- Saving time in preparing food for your baby as it is always ready at the right temperature and amount.

WEBSITES TO VISIT:

- DenverHealth.org/Lactation
- DenverHealth.org/WIC
- WomensHealth.gov/Breastfeeding
- COBFC.org (Colorado Breastfeeding Coalition)
- LLLl.org (La Leche League)
- KellyMom.com
- HealthyChildren.org/Breastfeeding



SECTION 10 CARE FOR YOUR BABY AFTER BIRTH

PRIMARY CARE FOR YOUR BABY

Be sure to choose a clinic where your baby will receive medical care after birth. If you need assistance or information, ask your prenatal care team. Before you and your baby are discharged from the hospital, we will schedule an outpatient clinic appointment for your newborn. Your baby should be seen by a nurse or provider within a few days to make sure they are feeding well and gaining weight. The American Academy of Pediatrics recommends that you bring your baby in for at least nine checkups during the first three years. Regular visits to the doctor can help your child grow up healthy and can prevent many diseases and illnesses.

Denver Health's caring family medicine doctors, pediatricians, and Behavioral Health Providers have all the expertise to care for your baby. Family medicine providers are specially trained to see patients of all ages, including children. Pediatricians specialize in caring for children. Behavioral Health Providers, including Infant Mental Health Specialists, have expertise in development, behavior, and relationships and are available at all Family and Pediatric clinics.

See page 24 for clinics and locations.

PEDIATRIC EMERGENCY DEPARTMENT AND URGENT CARE CENTER

777 BANNOCK ST., 1ST FLOOR, PAVILION A, DENVER, CO 80204

Denver Health's Pediatric Emergency Department is open 24 hours a day, 7 days a week to serve the needs of babies and children. With a special pediatric entrance and waiting room, you'll find a child-friendly environment that won't be overwhelming when kids need care. We have an inpatient unit with a pediatric intensive care unit close by if your baby or child needs to be admitted to the hospital.

For free advice 24/7 call Denver Health Connect 2 Care 303-602-2273 (CARE). We'll connect you with nurses and doctors who can provide medical help for your baby or child, schedule urgent visits and in some cases, prescribe medicine over the phone.

For all life-threatening emergencies call 911

SECTION 11

DENVER HEALTH CARE SITES

URGENT AND EMERGENCY CARE

OBSTETRICAL EMERGENCY DEPARTMENT

FOR: All patients in labor.

Go to the Obstetrical Emergency Department:

First Floor in Pavilion C on the Main Hospital Campus

790 Delaware St., Denver, CO 80204

Provides emergency and urgent medical care for:

- Pregnant patients (14 or more weeks)
- Postpartum patients (up to six weeks after delivery)

PEDIATRIC AND ADULT EMERGENCY AND URGENT CARE

FOR: Pediatric patients only.

First Floor in Pavilion A on the Main Hospital Campus

777 Bannock St., Denver, CO 80204

ADULT URGENT CARE CENTER

FOR: Adult patients only.

North side of Pavilion L on the Main Hospital Campus

First Floor

660 Bannock St., Denver, CO 80204

FEDERICO F. PEÑA SOUTHWEST URGENT CARE

FOR: Adult and pediatric patients.

1339 S. Federal Blvd., Denver, CO 80219

DOWNTOWN URGENT CARE

FOR: Adult and pediatric patients. Walk-ins welcome.

1545 California St., Denver, CO 80202

For adult patient advice, call:

24-HR NURSELINE: 303-739-1211

For pediatric patient advice, call:

CONNECT 2 CARE: 303-602-2273

For life-threatening situations, call:

CALL EMERGENCY: 911

PRENATAL, PRIMARY AND PEDIATRIC CARE

TO SCHEDULE CLINIC OR DENTAL APPOINTMENTS, CALL: 303-436-4949

FOR WOMEN, INFANTS AND CHILDREN PROGRAM (WIC), CALL: 303-602-6550

Bernard F. Gipson Eastside Family Health Center

Family Medicine Providers,
Midwives, Pediatricians,
Women's Care Clinic
Dental Care and WIC*
501 28th St., Denver, CO 80205

Montbello Family Health Center

Family Medicine Providers,
Midwives, Pediatricians*
Dental Care and WIC
12600 E. Albrook Dr.
Denver, CO 80239

Webb Center for Primary Care

*Pediatric Nurse Practitioners,
Pediatricians*
Dental Care
301 W. 6th Ave., Denver, CO 80204

Federico F. Peña Southwest Family Health Center and Urgent Care

Family Medicine Providers,
Midwives, Pediatricians*
Urgent Care
1339 S. Federal Blvd.
Denver, CO 80219

Park Hill Family Health Center

*Family Medicine Providers**
4995 E. 33rd Ave.
Denver, CO 80207

Sam Sandos Westside Family Health Center and Women's Care Clinic

Family Medicine Providers,
Midwives, Pediatricians*
Dental Care and WIC
1100 Federal Blvd.
Denver, CO 80204

La Casa Quigg Newton Family Health Center

*Family Medicine Providers**
4545 Navajo St., Denver, CO 80211

Primary Care Center

*Family Medicine Providers**
Outpatient Medical Center
Pavilion L, 660 Bannock St.,
7th Floor, Denver, CO 80203

Westwood Family Health Center

Family Medicine Providers,
Pediatricians*
4320 W. Alaska Pl.
Denver, CO 80219

Lowry Family Health Center

Family Medicine Providers,
Midwives, Pediatricians*
Dental Care and WIC
1001 Yosemite St., Denver, CO 80230

Rose Andom Health Center

Family Medicine Providers,
Midwives*
1330 Fox St., Denver, CO 80204

Sloan's Lake Primary Care Center

Family Medicine Providers,
Women's Health, Pediatricians*
4007 West Colfax Ave.,
Denver, CO 80204

Women's Care Clinic in Pavilion C

*Midwives, Obstetrical/
Gynecological Providers and
Maternal Fetal Medicine Physicians*
OB/GYN Ultrasounds and WIC
Main Hospital Campus, Pavilion C,
790 Delaware St., Denver, CO 80204

* Family Medicine Providers care for pregnant patients, babies/children and adults

SECTION 12 RESOURCES FOR YOU

DOMESTIC VIOLENCE RESOURCES

SAFEHOUSE DENVER | 303-319-9989

Safehouse Denver is a 24-hour domestic violence crisis line and safe house. It offers counseling services as well.

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children provides free groceries and nutrition information for income-eligible pregnant and breast/chest feeding people, infants and children up to five years of age.

WIC PROVIDES CHECKS FOR THESE NUTRITIOUS FOODS:

- Milk
- Baby foods
- Cheese
- Eggs
- Cereal
- Soy beverages
- Tofu
- Peanut butter
- Beans
- Whole grains
- Fruit juices
- Fresh or frozen fruits
- Fresh or frozen vegetables
- Canned fish for breast/chest feeding people

See page 25 for Denver Health clinics offering WIC services.

FAMILY RESOURCES

BRIGHT BY TEXT – TEXT “R2RDENVER” TO 274448

Bright by Text provides age-specific tips to help parents/caregivers connect with their child and promote healthy childhood development from pregnancy through a child’s 8th birthday. Website: www.brightbytext.org/home

NURSE FAMILY PARTNERSHIP - 303-602-8986

This nurse home visitor program provides support and education to first-time caregivers throughout pregnancy and a child’s first two years. Website: www.nursefamilypartnership.org

MOTHERWISE – 720-504-4642 (CALL OR TEXT)

This program provides support for parents/caregivers from pregnancy through the child’s first year that focus on fostering healthy relationships with family, partners and their baby. Website: www.motherwisecolorado.org

FUSSY BABY NETWORK COLORADO – 1-877-627-9227

Fussy Baby Network provides support services for parents/caregivers who are struggling to help their child eat, sleep, or soothe. Services are provided by phone or in the family’s home. Website: www.fussybabynetworkcolorado.org

PARENTS THRIVE COLORADO

This website that connects pregnant and parenting families to relevant information, parent stories, and community-based resources that support families’ mental health and emotional well-being.

Website: www.parentsthrive.org

BREAST/CHEST FEEDING RESOURCES

DENVER HEALTH LACTATION DEPARTMENT | 303-602-9290

Our lactation department provides breast/chest feeding services while in the hospital and consultation for outpatients by appointment only.

LA LECHE LEAGUE | 1-877-452-5324

LLL provides community breast/chest feeding support from other experienced breast/chest feeding parents.

WIC PROGRAM AT DENVER HEALTH | 303-602-9444, OPTION 1

WIC provides breast/chest feeding classes to all Denver residents. Classes are offered in English and Spanish.

MENTAL HEALTH RESOURCES

DENVER HEALTH INTEGRATED BEHAVIORAL HEALTH | 303-436-4949

Your family’s Denver Health medical home offers brief consultation and counseling. Contact your medical provider for more information

POSTPARTUM SUPPORT INTERNATIONAL | 1-800-944-4773

This line provides information, support and local resources for postpartum depression.

COLORADO QUITLINE | 1-800-784-8669

This line provides support and resources to help you and/or your partner quit smoking.

TOUGH AS A MOTHER

Tough as a Mother is a website that helps connect pregnant people, parents, and caregivers who are struggling with alcohol or other drugs to information, resources, and substance use treatment providers in their communities. Website: www.toughasamother.org

MATERNAL MENTAL HEALTH LINE | 1-833-852-6262

COLORADO MENTAL HEALTH LINE | 988

TEXT **BABY** TO 511411

Get free messages on your cell phone to help you through your pregnancy and your baby’s first year.

This is a free service from the National Healthy Mothers, Healthy Babies Coalition promoted by Denver Health.