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Letter from the Editor: Planning Parenthood

By Kirsten Pflieger



Kirsten is happily entering the “all my children are in school full time” phase of parenting, naively pretending that does not mean that puberty is just around the corner.

Growing up, I assumed that motherhood was a given, and that it would happen shortly after college. Then my 20s came and went without all of the pieces falling into place. And my 30s were trucking well along before I met someone with whom to embark on the journey of parenthood. I still wasn’t worried. I come from a long line of large families; both my mother and

grandmother had children when they were of “advanced maternal age.” While starting a family in my late 30s was more a function of circumstances than thoughtful choice, this is not the case for everyone. On page 20, Jennifer Butterfoss interviews

While starting a family in my late 30s was more a function of circumstances than thoughtful choice, this is not the case for everyone.

women who made the decision to either have children early in adulthood, or to hold off for a decade or so, and learns how those decisions have impacted their parenting and lives in general.

When my husband and I started attempting pregnancy, it did not happen as quickly as I expected. After several months of

disappointment, we finally saw that magical “+” in the test window. We were thrilled. At the time, we were vacationing in New Zealand. I took a picture of the pregnancy test next to the guidebook and happily continued to play designated driver as we explored the countryside. Once home, I made an appointment with my doctor and eagerly anticipated that first ultrasound where you see your little one’s heart beating. Only there wasn’t a heartbeat. I learned the phrase “missed miscarriage”: when your fetus fails to develop, but your body hasn’t gotten the message yet. I was devastated, and it took me the better part of a year to find the strength to try again. I wish that I had found a resource like Catherine Symon’s “Facing Miscarriage” on page 16, which delves into the science behind miscarriages, but also discusses rituals that can help a woman or a couple work through their pain.

I am one of the lucky ones. Despite a rough start, my husband and I were able to have two successful pregnancies with no medical intervention. That is not the case for many among us. Petra Cross gives a very personal and informative account of what it is like to realize that parenthood is not going to occur the old-fashioned way (page 37). On page 10, Casey Strack talks about going through the adoption process.

From the time we reach puberty, hormones play an integral and ever changing part of our lives. Juli Fraga looks at how different hormones affect us at different stages on page 24. On page 14, Suzanne Barnecut considers birth control options after pregnancy, both the hormonal and nonhormonal varieties. And our expert, lactation consultant Ami Burnham, answers the age-old question: “Can I get pregnant while breastfeeding?”

Pflieger

Housekeeping

Opinions expressed in this issue are those of the contributors. Acceptance of advertising does not constitute endorsement by GGMG of any products or services. The editors reserve the right to accept, edit, or reject any content submitted to the magazine.

ADVERTISING: Advertisements are accepted on a first-come, first-served basis. For submission information, email advertising@ggm.org.

THIS ISSUE MADE POSSIBLE BY: Big Little Lies, hubby's at a college reunion-the little guy just began experimenting with "defiance"-more wine, please; Purim party 2017, full-leg cast on an energetic 7-year-old, cleaning vomit out of a couch (shockingly, vinegar and baking soda do get rid of the

smell!), my almost-16- month-old finally walking—it is now on like Donkey Kong, mystery viruses, knee surgery

COMING NEXT: June/July—Hope

CONTEST: Congratulations to **Kristin Gonsar**, the winner of the Saloon-Box date night at home cocktail subscription and to **Stephanie Johns**, the winner of the Bins & Labels' consultation and in-home organization package.

Have an idea for an issue theme or article? Please email editor@ggm.org.

Letter from the Board: Spring into Action

By Sasha Fahimi

The first day of spring was Monday, March 20. I know this because the Persian New Year, or Nowruz, also begins on the first day of spring (marked by the vernal equinox) and is celebrated for 13 days. Nowruz symbolizes the end of winter and celebrates the rebirth of nature. It is an ancient and meaningful celebration that has grown only more dear to me, an Iranian-American, over the years, and as an added benefit, it gives me the opportunity to check in just three months into the New Year and reflect on what I’ve accomplished and experienced in that time. I often find that at this point I may need to tweak my goals and expectations, which I do much more frequently since the birth of my now almost 2.5-year-old daughter.

When reflecting on the changes that GGMG has experienced so far in 2017, I am not feeling the need to tweak expectations; rather, I am excitedly anticipating what’s to come. In December

[A] hotly anticipated and very exciting change this year is our new website!

2016, we bid a sad goodbye to some amazing board members as they reached the end of their terms, and we received an overwhelming number of incredibly qualified applicants for the open positions. We are so excited to announce two new board members: Rebecca Andersen as director of parent events and Kaitlin Kertsman as secretary. GGMG is so lucky to have these two women on board (pun intended), and we look forward to announcing our new director of member engagement and director of kids events soon!

Another hotly anticipated and very exciting change this year is our new website! We have been working diligently to ensure that the launch is as smooth as possible, with little to no disruption to our members. You should be receiving information on how to migrate your account to the new site (if you haven’t already) very soon. We welcome your feedback, as we will be working hard to ensure that our members have the best online experience as possible.

I am also excited to report that the dedicated volunteers on our Diversity and Inclusion Committee have a great year of events and information in store for you all. Please feel free to contact them at diversity@ggm.org if you have any thoughts on what you’d like to see, questions about what they’re working on, or if you’d like to join them.

Last but not least, it’s not officially spring unless you’re at the GGMG Spring Fling! Last year’s event at the Bay Area Discovery Museum was fantastic, and this year’s Spring Fling is shaping up to be even better, so don’t forget to save the date: Sunday, May 7!

Sasha Fahimi



Sasha practices family law at DeLacey, Riebel & Shindell. She is mom to rambunctious Mila and her rescue pup, Norman Joe Biden Fahimi. She and her husband love to take the kids hiking and spend as much time outdoors as possible.

Cover Outtakes



Only one shot can make it to the cover. Here are some of our other favorites.

Neighborhood Festivals, Parades, and Parties

Spring and summer are celebration times in San Francisco! Most neighborhoods have free fun outdoor street parties, block parties, or other outdoor events, which are a fantastic way to explore new and different parts of town or to celebrate your neighborhood. Here are our favorites for family-friendly fun!

By Shaheen Bilgrami

West Portal Fine Arts Festival

Not strictly targeted to children, this small display of local arts and crafts can be fun for browsing, and its West Portal location is super kid-friendly.

DATE: April 7 to 9

www.pacificfinearts.com

Sunday Streets Tenderloin

Activities at the Tenderloin event include Zumba lessons, Giant Jenga, street bowling, and lots of other family-friendly activities.

DATE & TIME: April 30, 11 a.m. to 4 p.m.

www.sundaystreetssf.com

Sunday Streets Bayview/Dogpatch

Celebrating neighborhoods, the Sunday Streets SF project is a perfect way to get to know different areas of the city, in this case the 3rd Street corridor. Stop by the “activity hubs” and take part in the fun, family-friendly activities offered by local vendors.

DATE & TIME: April 9, 11 a.m. to 4 p.m.

www.sundaystreetssf.com

Union Street Easter Parade & Spring Celebration

Known as “The Biggest Little Parade in San Francisco,” this family-friendly event includes a parade, Easter-themed activities, and an Easter bonnet contest.

DATE: April 16

www.sresproductions.com

Glen Park Festival

This festival promotes and celebrates Glen Park’s many restaurants, artists, and craftspeople and raises money for worthy local children’s projects. There is live music and a kids area with fun activities throughout the day.

DATE: April 30

www.glenparkfestival.com

Carnaval San Francisco

This annual Carnaval celebrates Latin and Caribbean culture with a weekend festival of music, arts and crafts, and food, culminating in a grand parade with floats, music, and dancing.

DATES: May 27 to 28

www.carnavalsanfrancisco.org

Yerba Buena Gardens Festival

This three-month-long festival of free musical, artistic, community, and cultural programs includes a host of children’s and family-friendly events.

DATES: May 7 to October 29

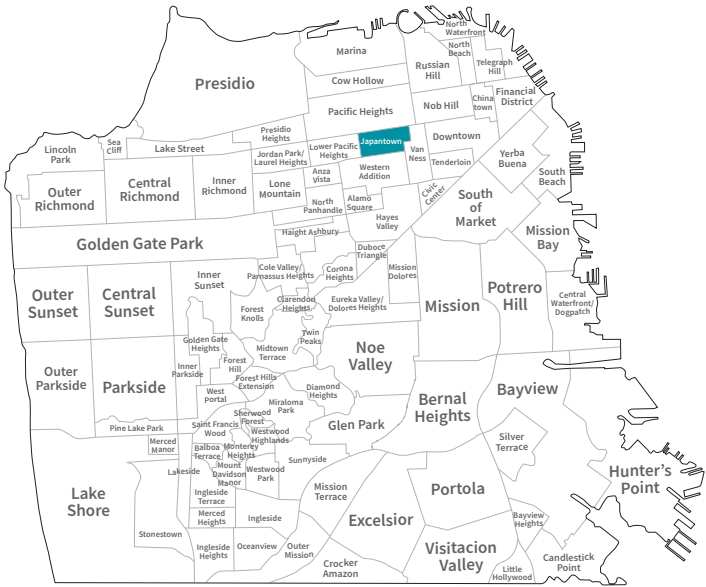
www.ybgfestival.org

Earth Day SF Street Fest

Speakers, music, a fashion show, and food demonstrations come together at this festival to spread awareness about what needs to be done to preserve and protect the planet. This year’s festivities include a celebration of the 50th anniversary of the Summer of Love.

DATE & TIME: April 22, 10 a.m. to 6 p.m.

www.earthdaystreetfest.org



Li'l Kid, Big City: Japantown

By Jennifer Kuhr Butterfoss

Japantown is great for a Mommy and Me outing. Park in the **Japan Center Garage** (1610 Geary Blvd.) and head towards the **West Hall** (1737 Post St.) to try the 6-piece octopus takoyaki at **Café Hana** or a crepe at **Belly Good Café**. Let little ones run around the five-tiered **Peace Pagoda**.

The **East Hall’s** store **Daiso** (22 Peace Plaza) will intrigue crafty chefs with their panda boiled-egg shapers and veggie cutters that transform carrots into 3-D lions. Create candy sushi with *Popin’ Cookin* at **Ichiban Kan** upstairs.

Stroll down **Buchanan Street** which is closed off to cars between Sutter and Post Streets. Check out the **Japanese Cultural Center** (1840 Sutter St.) and then head to **Nijiya Market** (1737 Post St.) for lunchtime treats.

Return to **West Hall** for toy shopping at **Moritaya** or **Amiko**. Try **Chocolate Chair’s** nitrogen-infused “Dragon’s Breath” ice cream. Window shop along the arched bridge to arrive at **Pika Pika** (1581 Webster St.) for photo booth fun. Under the stairwell are mochi kabobs at the **Kissake Tea** booth. Their hydrogen-rich Izumio Miracle Water packets are the perfect substitute for a day at the spa! ❖

Jennifer Kuhr Butterfoss is an SFUSD administrator and mom of two. She has now committed herself to making panda-shaped boiled eggs for breakfast each morning.

Free Cultural Celebrations

By Shaheen Bilgrami

One of the most exciting things about the Bay Area is its rich and vibrant ethnic diversity. Summer events and celebrations are the perfect way to introduce your kid to the different cultures and people that make up our community. There are fairs that celebrate individual communities and others that unite diverse communities around a shared passion.

Cherry Blossom Festival

WHEN: April 8 to 9 and April 15 to 16
Celebrating 50 years of Japanese culture, this annual festival includes food booths (sushi, teriyaki, and so much more), cultural performances, music, martial arts, and a pageant, culminating in a parade.

www.sfcherryblossom.org

Cinco de Mayo

WHEN: May 6, 10 a.m. to 6 p.m.
Cinco de Mayo celebrates the defeat of the French by the Mexicans in the 1862 Battle of Puebla. The San Francisco observation of this event is an alcohol-free, family-friendly celebration of Mexican and Latin American culture with food, performing arts, and music.

www.mncsf.org/sfcincodemayo

Stanford Powwow

WHEN: May 12 to 14
Spanning 3 days on the Stanford campus, the Powwow is a celebration of Native American music and dance. Expect music, dance displays, social dancing (public participation encouraged) and food and dance competitions. Saturday morning includes a fun run for the whole family. You can even camp overnight!

www.powwow.stanford.edu

Union Square Live

WHEN: May 5 to October 7
Free weekly performances and events in Union Square, including music, dance, film, and circus arts, which celebrate the “rich diversity and cultural history of San Francisco.”

www.unionsquarelive.org

Bay Area Dance Week

WHEN: April 21 to April 30
Do your kids love to dance? Bay Area Dance Week includes hundreds of free classes and demonstrations of every kind of dance from every community and culture. The kick-off event, One Dance, at San Francisco City Hall is a flash mob that anyone can take part in.

www.bayareadance.org

Shaheen Bilgrami is a freelance writer and editor and is a contributor to www.blog.littlelane.com. She is also the mom of an energetic preschooler. Contact her through her website, www.shaheenbilgrami.com.

Ask the Expert

Breastfeeding and its Effects on Fertility With Ami Burnham LM, RN, IBCLC



GGMG: How does breastfeeding affect fertility? Why are some breastfeeding women able to conceive while others aren't successful until after weaning?

AB: It is not 100 percent clear how breastfeeding affects fertility. Women who breastfeed take longer, on average, to return to fertility than women who do not breastfeed. Breastfeeding

increases a hormone called prolactin which seems to have a suppressive effect on ovulation. On average, with exclusive breastfeeding, women's regular cycles return around six months postpartum but there is large variation. Women's bodies can respond differently to this elevation of hormones. This is why you may hear stories of women breastfeeding around the clock whose periods return six weeks postpartum and other women whose cycles have still not returned 18 months postpartum, despite only nursing their child one to two times per day. This variation seems to be due to multiple factors, including duration and frequency of breastfeeding sessions as well as maternal age and number of children. Once regular menstrual cycles return, most women are also regularly ovulating and fertility has returned. For these women, pregnancy should be no more challenging than it would be without breastfeeding.

GGMG: If you are nursing and ready to get pregnant again, what can you do to maximize your chances of conceiving if you want to continue breastfeeding?

AB: If you are breastfeeding and your period has returned and is regular, you are most likely fertile and do not need to do anything more to increase fertility. An over-the-counter ovulation test kit will confirm ovulation and will help estimate the best time to conceive. If your periods have not returned, are irregular, or you're not ovulating, consider spacing out breastfeeding sessions. Breastfeeding duration and frequency seem to have the biggest effects on these suppressive hormones. Women who get at least a six hour break between feeds at night are much more likely to return to fertility; therefore, you may consider night-weaning. If your baby is sleeping through the night but you have still not returned to fertility, try increasing the space between and shortening the duration of nursing sessions. If you have tried all of these things for months but ovulation still has not returned, you may need to completely wean. If fertility does not return within a couple months of weaning, seek out a fertility specialist as your baseline fertility may have changed related to factors

other than lactation.

GGMG: Some women get pregnant before they've had their first period since giving birth. Are there any signs you are able to conceive again before your period starts?

AB: As many as 25 percent of women ovulate before they get their first period postpartum. You may notice a return of that slippery, stretchy, ovulatory mucus. This would be a presumptive sign that your fertility is returning. A great resource for fertility signs and charting is the book *Taking Charge of Your Fertility* by Toni Weschler and the companion website www.tcoyf.com.

GGMG: Can breastfeeding be a reliable form of contraception?

AB: If the circumstances are right, lactation can be up to 98 percent effective as a form of birth control in the first few months postpartum. But you must be exclusively breastfeeding around the clock, with minimal to no pumping and minimal or no pacifier use, and your periods cannot have returned. If the baby is not nursing for a six hour stretch or longer, you cannot count on

Women who breastfeed take longer, on average, to return to fertility than women who do not breastfeed.

fertility being suppressed. If you do not want to risk getting pregnant at this time, make sure to discuss birth control options with your healthcare provider. Keep in mind that some birth control methods are not recommended while breastfeeding as they can inhibit milk supply.

GGMG: Is it safe to continue breastfeeding after you become pregnant with your next child?

AB: It is safe to continue breastfeeding unless you are at high risk for preterm labor. Nipple stimulation does seem to increase uterine contractility but only under circumstances where the uterus is "primed" to contract. Under normal circumstances, nipple stimulation won't increase contractions until you are due and ready to go into labor. Pregnancy does reduce milk supply, with a significant drop occurring around 16 to 20 weeks of gestation. If you have a young baby, you may need to supplement with alternative milk sources. Keep in mind that if you are not planning on tandem nursing, it is a good idea to wean while your first child still has many months to adjust to life without breastfeeding before the new baby arrives. ❖

Ami Burnham is a Licensed Midwife, Registered Nurse and International Board Certified Lactation Consultant. She currently sees clients privately in-home and works as an educator at DayOne Baby. You can find more about her at www.ammassource.com.

GGMG: Helping Others, Treating Yourself

Community Support

SF CASA

Through April 15, GGMG is hosting a funds drive for San Francisco Court Appointed Special Advocate Program (SF CASA).

SF CASA serves as a voice for some of the most vulnerable children in San Francisco. The organization provides youth with a volunteer advocate—an everyday citizen who champions the child's best interests and helps fight for his/her right to a happy, safe life.

Our funds drive gives children in foster care some financial support to normalize their childhood experience. We could be helping to purchase a cap and gown for graduation, pay for a summer camp experience, or even treat a foster child and their family member to a meal together at a restaurant.

Please consider joining us in supporting these organizations by visiting ggmg.org for links and locations to donate.

Homeless Prenatal Program

In May, GGMG is partnering with the Homeless Prenatal Program (HPP) to host our annual diaper drive.

HPP works to break the cycle of childhood poverty. They provide a number of services, including: finding housing for homeless families; providing prenatal and parenting support and community health worker training; stabilizing families by addressing issues related to mental health, domestic violence, and substance abuse in their clients' lives; basic emergency needs and child care; providing a community technology center for clients and providing families with tools to build financial stability.

Contest

Indulge in Great Skin Care



This month, one lucky winner will receive \$600 in beauty and skincare services from Hayes Valley Medical & Esthetics.

One of the consistently highest-rated medspas in the Bay Area, Hayes Valley Medical & Esthetics offers medically supervised services for skin tightening, body contouring, hair removal, and improving skin tone and texture. With two locations (Hayes Valley and Larkspur), they are committed to providing safe and effective treatments to achieve optimal, natural-looking results.

The prize package begins with a consultation with a registered nurse, followed by a signature facial (\$325 value) customized to your skin type and goals*. Start with in-depth analysis, then massage, steaming, light comedone extractions, and an invigorating mask freshly mixed just for you.

They'll also include \$250 in customized medical treatments to get you looking your best!

For a chance to win these services, ENTER THE CONTEST BY SENDING AN EMAIL WITH THE SUBJECT LINE "HVM" TO CONTEST@GGMG.ORG BY APRIL 30, 2017. To learn more about Hayes Valley Medical and its services, please visit www.hayesvalleymed.com or call (415) 464-8801.

* Reservations are subject to availability. Blackout dates may apply. Certificate is non-transferable, non-refundable and may not be combined with other offers.

DADLANDS

Without a Uterus

By Casey Strack

We came by our fertility issues honestly. Jeff and I knew early in our relationship that we both wanted a kid. Less a conscious choice and more a growing shared assumption, we let our lives unfold at a casual pace. Unhurried by parental or societal pressures, we luxuriated in a blissful childless existence in San Francisco for nearly a decade, slowly growing our relationship in that direction. When the time arrived, it was more like a next logical step than a grand revelation.

Adoption was always our first choice for creating a family. The thought of randomly making this most amazing of connections with an actual child in need of a home and loving parents was (and is) profoundly and breathtakingly inspirational. With that sense of optimism, we headed into the adoption process. This began with a weekend “intensive” comprised of two six-hour days of listening, watching, talking, and paperwork. All of this we had braced and prepared for. What caught us by surprise was the recurring theme of grief and consolation.

For so many people, adoption is the end of a long, exhausting fight with fertility. It can feel like settling, or plan B. Throughout our weekend sessions, the grief of many of our fellow would-be parents was still palpable, so we spent a lot of time addressing their emotional needs and concerns. To be honest (if also

Sometimes we all need something out of our body that it just can't give us

temporarily ungracious), it annoyed us. We were there with the optimism and excitement to start a family, while others wanted to air grievances about their entitlement to a biological child.

The instinct and expectation of fertility leaves people with a profound grief when it betrays them. Being gay meant that the process of dealing with this grief began early and progressed slowly. Growing up in a very conservative area, I mentally traded away the notion that a family in the traditional sense was in my future. Through the support of friends and family and a cultural evolution, I learned that the picture wasn't quite as bleak as I had thought. My grief was early, slow, and systematic, allowing me to come to adoption with nothing but optimism and hope. Unfortunately, it also left me with a callous blind spot for those who hadn't been through it with me.



After that weekend we shook off our self-centered tendencies and committed to the easy part of adoption: the something-you-can-do-part. We answered questionnaires, wrote autobiographies, got fingerprinted and went through background checks, designed brochures and websites, and, most bizarrely of all, got an 800 number. We displayed our ability to lock away cold medication and alcohol from infants. Then we waited.

Waiting is the harder part of adoption, because you have no control over time and no ability to accelerate it. The letters are printed, the site is live, and you find yourself in a sea of pleading pictures, begging a potential birth-mother to see that you are the dads she is hoping for. After about three months, your limitless optimism finds its limit. This is the time your fertility-grief superiority disappears, because everyone is back at the same place.

In many ways, the adoption process is about making peace with waiting. Regardless of the

source of your infertility, you have to outwardly embrace a completely unknown future over which you have absolutely no control. It can leave you silently appealing to every positive sign, hanging your hat on each sparkly new hope, an emotionally ragged place to be. But it's also one that cuts through barriers to empathy. Sometimes we all need something out of our body that it just can't give us, and seeing it up close is a dramatic reminder that not every story is the same.

That said, our adoption story did have a dramatic and wildly perfect ending. Somewhere in Florida, a young woman had to quickly come to terms with her own unexpected fertility issues. She found our adoption site online and liked that we were into backpacking, cooking, and bands that she knew. After a handful of long, intense phone calls, she let us know with absolute certainty that we were the parents for this child. She faced her grief head-on and stood up to her family, situation, and expectations to make right by her body and herself. And her son. Our son.

Like everything else about the human body, fertility can throw a curveball at almost any time. My adoption experience helped me broaden the lens on my definition of a fertility issue, and the true and unexpected grief it can inflict. The trick is burning through your own grief and embracing empathy when faced with other people's' struggles. ❖

When not managing software operations, Casey is usually cooking for his partner and son, running, drinking a beer, or elbow deep in laundry.

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JOIN THE CLUB

Peekadoodle kidsclub has been designed to provide a safe, familiar, and clean environment for families with children ages 5 and younger. To this end, the Club offers only family membership packages. The membership base has proven to foster a sense of community & safety, which is invaluable for young families in an urban setting. Membership is required to take classes or enroll in our preschool programs.

415.440.7335 | PEEKADOODLE.COM/SAN-FRANCISCO

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- + Dynamic Children's Classes, Workshops & Drop-offs
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- + Complimentary Wireless Internet

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- + Baby Meet-Up
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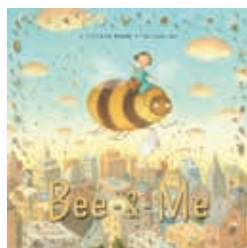
April is Earth Month, a time to celebrate wilderness and natural spaces. Whether your kids are active walkers or still in baby carriers, they can all marvel at the wonders of the natural world. To introduce them to the variety of colors outdoors or the in-depth study of plants and animals, these books are great additions to a home library.



Flora and the Chicks: A Counting Book

Written and illustrated by Molly Idle
Young Flora carries a bowl to hold the day's eggs when one egg hatches into a yellow baby chick. One by one, all the eggs are going to hatch under Flora's watch, revealing chicks as

adorable as they are clumsy and fluffy. This book is great for young children learning to count and features lift-the-flap pages that hide newly hatched chicks. Inspiration to visit a farm in spring? *Ages: 0 to 3 years*



Bee & Me

Written and illustrated by Alison Jay
A wordless book, *Bee & Me* illustrates the role of bees in pollination. A little girl meets an exhausted bee in her city home one day, so she starts learning about her insect friend. After feeding the bee sugar water, he gets better and

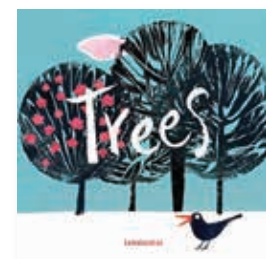
they become friends. But the bee misses wildflowers, so together the friends hatch a plan to re-pollinate the city. If you want to learn about bees and their importance in nature, this is a fantastic book. *Ages: 2 to 5 years*



Hooray for Birds!

Written and illustrated by Lucy Cousins
As you will soon discover, birds are an extremely active bunch. They have a lot of fun flapping their wings, swooping up and down, or standing on one leg. This book invites the reader to do as birds do; chances are that your little one will be exhausted by the last page. This is the kind of book that makes you want to move and, as a bonus, it offers cool facts about birds.

Ages: 2 to 5 years



Trees

Written and illustrated by Lemniscates
Celebrating trees and their importance on our planet, *Trees* introduces young readers to the biology of these majestic plants as well as to their place in the ecosystem. Whether they clean the air we breathe or play host to other life forms, trees are very special. *Ages: 2 to 5 years*



Animal Colors and More

Written by Katie Viggers
If you've never thought of animals in terms of colors, now would be a good time to start. With humor and skill, this book presents animals according to their color but it's more than just a color book: a few patterns and two hiding animals are thrown in for good measure. Wait until you get to the green page—your little one will love playing I-spy. Perfect for preschoolers, *Animal Colors and More* is a great companion to a zoo visit. *Ages: 3 to 7 years*



The Fox Wish

Written by Kimiko Aman,
illustrated by Komako Sakai

This Japanese story begins with a little girl and her brother looking for a lost jumping rope. When they don't find it at the park, the pair discovers a group of baby foxes using it in the forest! Not just that, but the foxes can speak, and one of the foxes believes that the rope is hers, a wish granted to her by magic. With the feel of a traditional folk tale, this book is a lovely bedtime read about an urban animal. *Ages: 3 to 7 years*



Pig & Goose and the First Day of Spring

Written by Rebecca Bond

A happy pig and a graceful goose strike an unlikely friendship on the first day of spring and decide to celebrate their favorite season with a picnic by the pond. Pig realizes that Goose can swim and fly gracefully whereas she can't. When the evening comes and Pig throws a spring party, it's Goose's turn to compliment Pig on being such a good cook and party hostess. Early readers will like delight in the charming spring adventures of Pig and Goose, with positive messages and accessible pages.

Ages: 5 to 8 years



Karl, Get Out of the Garden! Carolus Linnaeus and the Naming of Everything

Written by Anita Sanchez, illustrated by Catherine Stock
Homo Sapiens—do you know who thought of that designation? The Swedish-born Karl Linné studied to become a doctor and, in 1707, when natural sciences were still very much the realm of doctors and country witches, he took it upon himself to classify the entire natural world. He even set aside a category for unicorns in case they were real. This is the story of the man who single-handedly created the species nomenclature we know and use today. Next time you read a tag at the botanical gardens with a scientific name, spare a thought for a young Swede who daydreamed about gardens while bored at school. *Ages: 7 to 10 years*



Botanicum

Written by Kathy Willis,
illustrated by Katie Scott

Like a 19th century natural history museum, this book introduces young readers to all types of living plants on Earth with exquisite illustrations in pen and ink. If the book feels like a Victorian Smithsonian exhibit on paper, the text is decidedly modern and older kids will find much to discover in pages on dinosaur-era forests, edible crops, or the controversial palm oil industry. Thanks to its large format and technical explanations, this book invites leisurely browsing on a large table or on the floor.

Ages: 8 to 12 years



Falcon Wild

Written by Terry Lynn Johnson
This wilderness survival story features 13-year-old Karma lost in the Montana backcountry with her falcon and a runaway boy. After a car accident, Karma decides to leave her father and younger brother behind so she can look for help. With a knack for describing adventure, the author takes us on an action-packed journey wherein teenage

Karma faces a grizzly bear, survives a roaring river, and remembers enough of her Outdoor Classroom to identify edible plants. If your tweens love gritty adventure stories, this book provides a very realistic portrayal or the special relationship between a falconer and her falcon. *Ages: 10+ years*

Laure is the author of the mommy blog *Frog Mom* (www.frogmom.com), as well as the book *Best Hikes with Kids: San Francisco Bay Area*. She writes for several parenting websites and lives in London, where she peppers adventures with her husband and two daughters with compulsory cream tea stops. You can reach her at info@frogmom.com.

From Womb to World

Postpartum Birth Control

By Suzanne Barnecut

It has been said that the best birth control is to have a new baby. Perhaps that’s why birth control was the furthest thing from my mind when I returned to my doctor’s office for my postpartum exam six weeks after having my daughter.

The purpose of a postpartum exam is to make sure you’re healing properly, feeling emotionally well, and to potentially be cleared for physical activity—as in sex or the gym. It’s a chance to discuss how you’re really doing with your doctor. Physically, it’s also about when your body finally stops bleeding.

After a brief physical exam, my doctor switched gears and asked, “So, what are we thinking about birth control?” “Do not rely on breastfeeding,” she warned in a way that could not have been more emphatic (and also like she was reading my mind).

Breastfeeding as birth control is more method than folklore. The lactational amenorrhea method, or LAM, claims a 98 percent effectiveness rate under the right conditions (according to *BabyCenter.com*). If you are exclusively breastfeeding, have not yet had a period, and gave birth less than six months prior, it may work.

But the triumphant return of your period is not a great indicator of when ovulation actually begins, as ovulation may occur before then. In general, women who don’t breastfeed can expect to restart their periods within six or eight weeks of birth, while women who are breastfeeding may not see their periods for several months, or even years.

With baby, new birth control options

A woman’s birth control options fall into a variety of categories. Traditional barrier methods include condoms, diaphragms, and the cervical cap. Hormonal methods include the pill, the ring, the patch, a shot or implant, and intrauterine devices (IUDs). Natural methods include breastfeeding, or the “female awareness method” in which a woman has detected reliable patterns in her monthly cycle. On the extreme end, there is sterilization.

The main difference postpartum is that women who breastfeed have fewer options for hormonal intervention. IUDs also become a larger part of the conversation, mainly because most of the research conducted for FDA approval was on women who already had at least one child.

With one exception, each hormonal method for breastfeeding women only releases progestin into the bloodstream, helping to thicken the cervical mucus and make it harder for sperm to reach the egg. Doctors recommend avoiding estrogen because it can reduce both the volume and mineral content of your milk supply.

Thus, breastfeeding women will generally be presented with these choices during their postpartum exams:

- **IUDs:** IUDs are inserted into the uterus and release small amounts of progestin into your bloodstream. The Skyla and Mirena IUD last up to 3 or 5 years, respectively. There is also the ParaGard IUD, which releases a small amount of copper in lieu of hormones and is effective for up to 10 years. They are all considered to be about 99 percent effective, but come with different potential side effects and risks. The most common side effect of an IUD is continued bleeding, from a few weeks to a few months. The ParaGard may cause heavier cramping and bleeding.
- **Implants:** Similar to the IUD, and newer to the market, a flexible plastic rod is inserted under the skin of your upper arm. Implants also release progestin and are considered 99 percent effective for up to 3 years.
- **Minipill:** The minipill is a progestin-only oral contraceptive. It comes in packs of 28 and must be taken at the same time every day. According to The American Congress of Obstetricians and Gynecologists, you’ll need to use a backup method for 48 hours if you miss a pill by more than three hours.

Weigh the pros and cons

There’s never any one-size-fits-all birth control solution. At the time, it struck me that the risk-benefit analysis method we covered in our childbirth preparation class might have been a great way to choose birth control postpartum.

Instead, I made a snap decision. My doctor was using the Mirena even though she’d never been pregnant, and so were all her doctor friends, and that was good enough for me. (According to Sara Kennedy, MD, MPH on *Bedside.org*, female doctors use

the IUD twice as often as women who aren’t doctors.) As much as I didn’t love the idea of adding hormones back into my body after

being pregnant and giving birth, I didn’t want to have to think about birth control. I probably should have listened to my internal voice—five months later, I had the Mirena removed because I wanted a break from hormonal intervention and their side effects, however minor, and we returned to the barrier methods. The choice is different for everyone but, in hindsight, I wish I’d given myself more time to make the decision, and also that I’d done more research and talked to more of my girlfriends beforehand. ❖

Suzanne Barnecut is a GGMG Magazine contributing writer and a content marketer for Zendesk. When she’s not writing, she’s probably at Rossi Park with her five-year-old daughter. Find her on Twitter @elisesuz.

New Arrivals



To announce your new arrival in the magazine and for a chance to win a Babyganics gift set, fill out the form at www.ggm.org/community.html.

Heather Dragon Strange **Baby Harper Dragon**
Natasha J. **Baby Elian**
Lauren Vose **Baby Lucia Ines**
Graciela Sanabria-Gutierrez **Baby Adeline Eleonora**
Virginia G. **Baby Margaret Kientz**

Congratulations to **Lauren Vose**! She will be pampering her little one with products from Babyganics. These plant-based, tear-free, hypoallergenic cleansers and lotions clean and protect skin from head to toe.



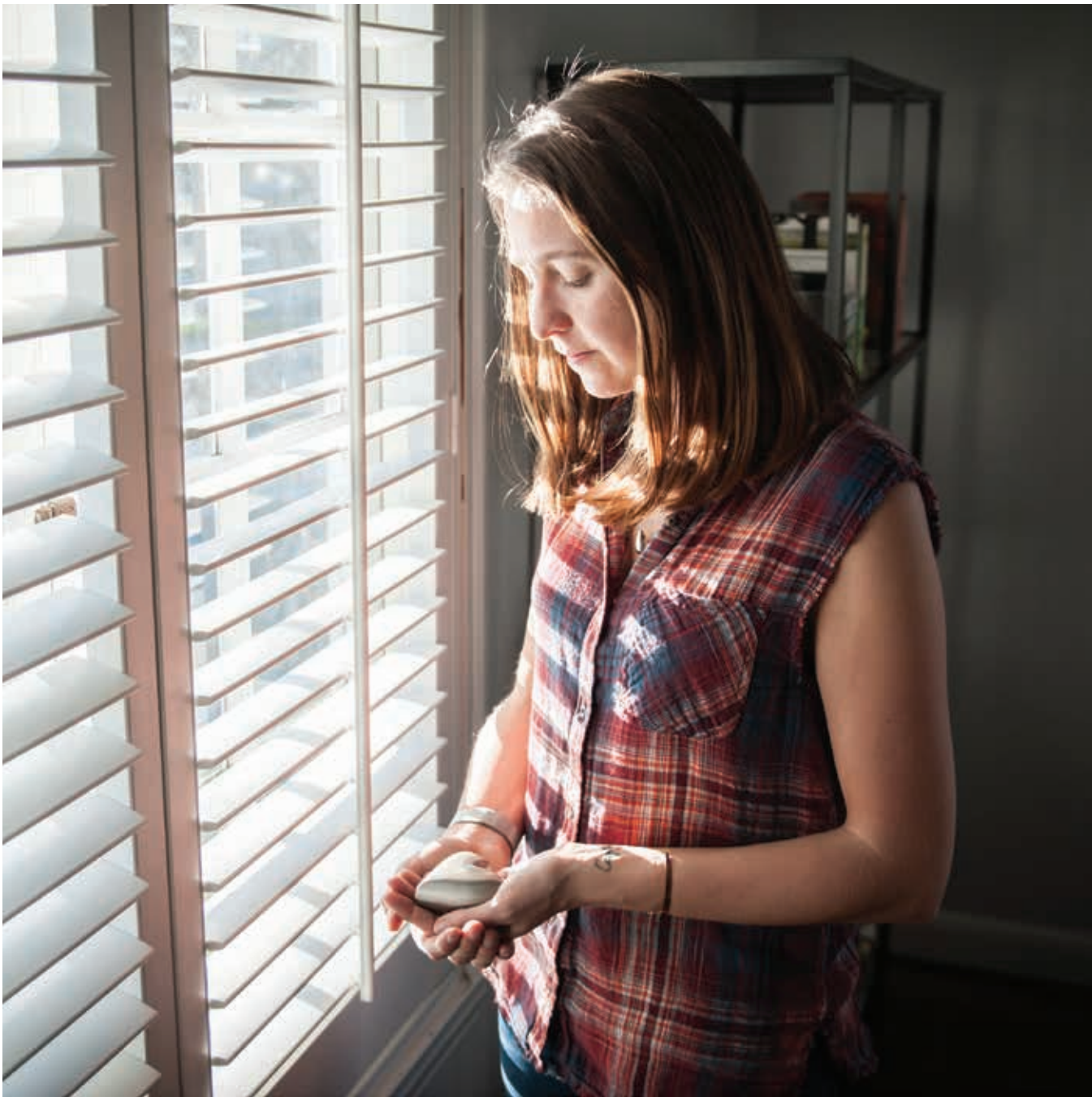
Volunteer of the Month



Congratulations to **Gitanjali Rawat**, our volunteer of the month! Gitanjali started volunteering in August 2016 with the Member Support Committee and works as an employment services manager. She and husband Rahul Singh are parents to 2-year-old Roshni.

WE WANT TO KNOW YOUR FAVORITE... **Pastimes:** reading and sleeping; **Reading Material:** *Americanah* by Chimamanda Ngozi Adichie; **Film:** *Brave*; **Restaurant:** Contigo; **Destination:** Jamaica; **Parenting Advice:** It truly takes a village, so don’t hesitate to ask for help anytime you feel like you need it!

Gitanjali will enjoy a 60-minute massage at International Orange Spa (2044 Fillmore St.). Book yourself a massage today at www.internationalorange.com.



Facing Miscarriage

A closer look at pregnancy loss and the art of surviving it

By Catherine Symon

Photographs by Anna Psalmond Photography

Early in her pregnancy with her second child, Jenny* felt something was off. She wasn't experiencing any of the usual pregnancy symptoms—no nausea, morning sickness, or soreness in her breasts—and she had been spotting on and off for weeks. Because of the spotting, she opted for multiple ultrasounds which helped convince

*Jenny is a pseudonym for the GGMG mom and therapist who wanted to share her story but requested anonymity to maintain an appropriate professional distance from patients who may read this article.

her there was nothing to worry about. But at eight weeks, Jenny had a heavier-than-usual spotting episode and, at what would be her last ultrasound appointment, the technician could no longer find a heartbeat. As the technician quietly slipped out of the room to find the doctor, Jenny was shocked and intensely saddened to realize the pregnancy had ended.

Like so many women before her, Jenny had a miscarriage, the unplanned loss of a pregnancy in the first 20 weeks. About one in five of all medically confirmed pregnancies end in miscarriage—roughly 1 million each year in the United States alone, as tracked by the Centers for Disease Control and Prevention (CDC). The actual rate of miscarriage is presumed to be higher because not all pregnancies are confirmed by a healthcare provider and some women miscarry without realizing they were pregnant.

In spite of how common it is, miscarriage is plagued by misinformation. In a national survey published in 2015 in *Obstetrics & Gynecology*, the journal of the American Congress of Obstetricians and Gynecologists (ACOG), more than half of Americans polled believed that miscarriage was a rare occurrence, happening in fewer than 5 percent of all pregnancies. Additionally, poll respondents believed that miscarriage can be caused by stressful events (76 percent), lifting heavy objects (64 percent), not wanting the pregnancy (23 percent), previous use of oral contraception (22 percent), and getting into an argument (21 percent). Not only are these beliefs incorrect, they unfairly place blame on the mother.

Why does miscarriage happen?

The number one cause of miscarriage is a mistake in cell division that leaves the fertilized egg with the wrong number of chromosomes. Normally an egg or sperm contains 23 chromosomes and, in order to create genetic diversity, a parent's chromosomes are duplicated, shuffled, and divided twice to create a unique mix of genetic material in each resulting sex cell. But the shuffling and redistribution of DNA is not always precise. Sometimes a piece of one chromosome breaks off and sticks to another,

or an entire chromosome ends up in the wrong sex cell. Having either too many or too few chromosomes, a condition called aneuploidy, makes normal human development impossible. And while some forms of aneuploidy are survivable (such as Down syndrome, in which an extra copy of

and functions that allow it to exist must be perfectly developed...[From] a biologic point of view, miscarriages can be seen as nature's way of imposing quality control."

According to ACOG, aneuploidy causes around 60 percent of all miscarriages. The remaining cases are due to a wide range of

Understanding that miscarriage is out of our control may help to assuage that internal guilt.

chromosome 21 causes a wide range of physical and developmental differences) aneuploidy typically results in miscarriage.

Aneuploidy is extremely common in human eggs; 20 percent of a woman's lifetime supply of eggs start out with the wrong number of

conditions including certain illnesses in the mother (rubella, uncontrolled diabetes, lupus, rheumatoid arthritis, hyper- and hypothyroidism), intense physical symptoms of illness in the mother (prolonged high fever, severe dehydration), serious accidents, hormonal imbalances (e.g., polycystic ovarian syndrome), problems with the uterus that prevent implantation or limit blood supply to the embryo, cervical incompetence (usually causing miscarriage later in the pregnancy), being under- or overweight, and exposure to radiation or hazardous agents. Miscarriage in women with recurrent pregnancy loss—defined by the American Society of Reproductive Medicine as two or more consecutive miscarriages—is more likely to be attributed to one of these "other" causes rather than aneuploidy.

Certain lifestyle choices like smoking, heavy alcohol consumption, illicit drug use, and heavy caffeine consumption also increase the risk of miscarriage, so it is wise to avoid those while you are pregnant or trying to get pregnant. But in general most of the causes of miscarriage are out of a woman's control.

What comes next?

Women who have experienced miscarriage shoulder a lot of feelings of guilt. In the same 2015 survey from *Obstetrics & Gynecology* that examined public perceptions of miscarriage, a portion of the respondents who reported having had a miscarriage were asked about their experiences; 47 percent reported feeling guilty, 41 percent felt they had done something wrong, 38 percent felt they could have prevented the miscarriage, and 28 percent felt ashamed.

Understanding that miscarriage is out of our control may help to assuage that internal

A SAMPLING OF WHAT DOES *NOT* CAUSE MISCARRIAGE

Working

Exercise

Morning sickness

Having sex

Having a tipped ("retroflexed") uterus

Stress

SOURCES: American Congress of Obstetricians and Gynecologists (ACOG); *Miscarriage: Why it happens and how best to reduce your risks* by Henry M Lerner, MD, OB/GYN;

chromosomes. The rate of aneuploidy increases with a woman's age as her cache of healthy eggs is gradually depleted through ovulation, the remaining eggs are damaged by radiation and other environmental factors, and the mechanisms that control cell division become less precise over time. Sperm also exhibit aneuploidy, though at a lower rate (3 to 4 percent). If either the egg that gets fertilized or the sperm that does the fertilizing is aneuploid, a miscarriage is almost certain. Aneuploidy can also occur during a fertilized egg's final cell division, even if the egg and sperm had the correct allotment of chromosomes. As OB/GYN Dr. Henry M. Lerner writes in *Miscarriage: Why it Happens and How Best to Reduce Your Risks*, "a functioning adult human being is such an enormously complex entity that the vast majority of the structures

guilt, but clumsy social attitudes can unfairly minimize the pain of pregnancy loss for women and their partners. It's not uncommon to receive hurtful comments from well-meaning family members, friends, or colleagues: "At least you know you can get pregnant," "You're lucky it happened early, it could have been worse," or, in Jenny's case, "Don't worry, it's easier to conceive after a miscarriage!" It's no wonder many women prefer to be secretive.

Even medical professionals can fail to recognize the depth of loss a parent experiences. Jenny was still in the ultrasound room absorbing the shock of the loss of her child when her OB/GYN dropped in for what Jenny calls an "obligatory 2-minute pop-in" before leaving her with an assistant. The assistant failed to inform Jenny about the side effects of the misoprostol pills she was given to prepare her for the Dilation and Curettage (D&C). A few hours later, Jenny was blindsided by intense abdominal pain and vaginal bleeding. The next day was even worse: "I was most distraught right before the D&C as they were putting me under, as I suddenly became very emotional and worried where they were taking the fetus after they took it out of me. I realized that the fetus was going to be disposed of with other medical waste, and this made me panic. I often wonder if there could have been an alternative way to handle it."

Feelings of loss and trauma, as in Jenny's experience, can have long-term consequences if left unaddressed. According to the American Psychological Association, women are at an increased risk for depression and anxiety for several years after a pregnancy loss. Even those who go on to have full-term pregnancies and give birth to healthy children are at increased risk for postpartum depression and many form weaker attachments to those children.

Melodie del Rio, a GGMG mom and San Francisco-based therapist who helps women and couples deal with pregnancy loss, describes the importance of processing psychological pain. "In order to process a loss such as a miscarriage, it takes time and awareness of your feelings. Many times when parents are dealing with grief, they attempt to shut out their feelings in order to not



experience pain. If the feelings are not worked through, other problems may develop such as illness or physical symptoms including GI issues, migraines, anxiety or depression, and sleep impairments." Del Rio says unresolved feelings can sometimes be misdirected and affect relationships as well. The goal is not to forget and move on, but to integrate the experience of loss into your life. She says, "miscarriage can also be revisited later in life because memories of the experience are stored in your mind and can still be accessed and integrated."

In addition to therapy, ceremonies and rituals can be incredibly helpful for processing pregnancy loss. After the negative experiences during her miscarriage, Jenny found comfort at her family's Japanese Buddhist temple. There, she and her family held a ceremony where the priest prayed for safe passage of her unborn child to heaven. The experience allowed her to grieve, and also formally acknowledge the existence of the child.

Most Western cultures lack traditional miscarriage rites, but adopting rituals from other cultures or creating your own can help with the grieving process. Melodie del Rio suggests there is no one-size-fits-all approach to grief. "Parents need to grieve in their own



way. It can be helpful to find ways to say goodbye such as writing a letter to the baby you had planned for, writing in a journal, wearing jewelry that represents the pregnancy and memories associated with it, saving special baby clothes and other items such as ultrasounds to create a memory box, or visiting a special place to remember the dreams they had for the baby. Parents can include loved ones and share with one another what they had hoped and dreamed for the baby, ask for written messages from loved ones, or consider a religious service to help process the loss." ❖

ADDITIONAL SOURCES: National Institutes of Health, *Molecular Biology of the Cell* (5th ed.), *Seminars in Cell and Developmental Biology*

Catherine is a medical writer. Her first pregnancy ended in miscarriage. Even with a supportive partner and gynecologist she felt alone and vaguely guilty... until she opened up to her friends and realized how many of them had also miscarried.

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Women with a Plan

Women on opposite ends of motherhood age range extol the virtue of their choices.

By Jennifer Kuhr Butterfoss

Photographs by Katya Mizrahi Photography



For women who fall below the San Franciscan median age of 32 for first-time motherhood, it's common to hear that a pregnancy was unplanned, according to analysis by the Silicon Valley Institute of Regional Studies. For women above the median, many attribute their timing to not finding a suitable partner until later or difficulties in conceiving. But what about women with a plan whose chips all fell perfectly into place? Is there such a thing? What makes them consciously take the plunge into motherhood earlier than their peers? What makes them purposefully wait until much later? What is life like for them now, and how do they feel about the results of their decisions?

Most Bay Area women I talked to were confused as to what constitutes “younger than most” or “older than most” in our region. One woman who was 29 when pregnant with her first, and then 31 with her second, hoped that made her “young enough” for a potential interview. On the other hand, Melissa Black recounted the trials of trying to conceive at age 31, and determined after experiencing fertility issues that this timeframe was too late. So two women in San Francisco who got down to the business of having children at almost exactly the same age viewed themselves wildly differently: one identifying more with younger moms while the other's fertility struggles have convinced her that she is on the older end of the mom spectrum.

Geriatric versus teen moms?

Even more fascinating than this apparent confusion about what was actually considered young or old in our city was a phrase that frequently popped up: teen mom. The phrase did not refer to actual teenage mothers or to the MTV reality series. In fact, most women alluded to hearing the phrase tossed around jokingly by fellow moms, their co-workers, or even their OB/GYNs to describe mothers between the ages of 20 and 35. Amanda, mother of two, said, “I had my kids at 25 and 29. So far I've been really happy with that decision, but I often [feel] like a teen mom in SF. People constantly think I'm the babysitter when I'm out with my kids.”

Jennifer Barnhart, mother of 3-year-old

Aven, shared, “My friend had her first at 38 and was asked by her doctor how old she would be when she delivered. When she replied ‘38,’ the doctor responded, ‘Oh goody, a teenage pregnancy.’ The doctor had so many new moms over 40 in her practice that under 40 was considered ‘young.’” The nationwide average age for first pregnancy is just over 26, and for California as a whole it is closer to 28. But having a child here in SF before your mid-30s apparently qualifies you for teen mom status. Most moms in this city are very familiar with the unflattering term “geriatric pregnancy” (or more clinically, *elderly gravida*), which describes any woman who gets pregnant over the age of 35.

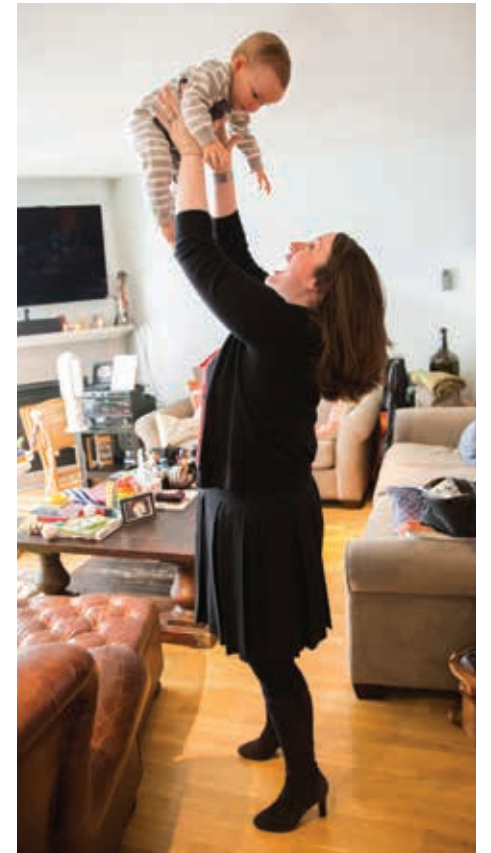
Elsa's future mother

My quest to track down a mother who planned a pregnancy later than the average San Franciscan brought me to the Financial District hustle and bustle, and to 41-year-old Julie Arenas, medical malpractice defense attorney. “I did the whole lawyer thing” Julie explained, referring to late nights and the challenging path to make partner at her firm. “I didn't really date with purpose until my mid-30s.”

“When I began to date with purpose, the quest for a life partner started from day one. I didn't hold back on saying what I wanted: ‘I want kids. I want a house and marriage.’ [My now husband and I] talked about these things on our first date. In fact, we have been talking about this for our entire relationship. We still dated three years before marrying, but we were old enough to know we were going to get married.”

Julie explained in detail a host of fertility treatments with which she was familiar, a common price for waiting. She emphasized her point by looking me right in the eye and smirking a bit when describing the whole process as “delightful.” However, her face instantly softened when speaking about her 9-month-old son, Brandon, a bubbly bouncing boy who spends his days going to “Grandma Daycare” while she's at work.

“I'll have my second one when I'm 42” she stated matter-of-factly, as though she was informing me of her next appearance in court. And then the kicker, “My friends all refer to her as Elsa....because she's frozen.”



Amazing. Here was a fifth generation San Franciscan who made partner at her law firm, had the financial means to engage in costly fertility treatments, had one beautiful boy, a girl (eventually) on the way, a loving husband, an involved grandmother, and undoubtedly other wonderful things in life. Julie added reflectively, “One of the benefits of having children later is that I think I'm more mature. I'm able to handle—no, *embrace*—the crazy. I watched and learned this from my friends who had children earlier and my sister who also had her first child at 40. She was just so much more calm and less anxious than my younger friends and I feel this is the same with me.”

I was sitting in the presence of genuine happiness at Starbucks. It was contagious. I left feeling energized and determined to go home to embrace my own version of crazy.

Yoga, happy hour, and trampolines

On the first sunny day in what felt like forever, Jennifer Hammond, a 35-year-old teacher and school counseling graduate student, moved about the hardwood floors of her

home in yoga pants and a fitted t-shirt, stretched just enough to reveal her rock star abs. She offered me rose tea with her British accent, and we settled down in the warm sun while my daughter bobbed up and down with her two kids, Sofia and Xavier, ages 6 and 4, on a massive trampoline.

“My age to have kids was never a factor. I never thought, ‘Oh, I should be in my 30s or I should do it after I...no, it wasn’t like that. I was just really ready. At the age of 27 I had a good career well underway, I was comfortable and ready to settle down. I wanted to have a more family-friendly lifestyle. I had had enough of all of it.” I deduced that “it” was escapades involving fun but completely unsuitable male companions.

“I definitely told all of my friends I was ready to have kids before I even met [my husband] Will and no one could relate. When I admitted that, I actually felt really embarrassed. People were like, ‘You want to give up your life?!’ but I didn’t feel that. Even though I was young, there wasn’t anything else I wanted to do. I had traveled, dated, seen different places, I had my teaching credential and that was enough.”

“Will was actually 40 years old when we met,” she told me. “He was resigned to simply never having kids of his own and was ready to donate his sperm to a lesbian couple.” How much more Bay Area could you get?

“I hope he doesn’t mind me sharing that,” she added, looking in his direction. Oblivious, the almost-sperm-donor remained fixated on his laptop, headphones drowning out our

chatter. He was busy searching for a Star Wars cake for their son’s birthday.

We discussed the blasé attitude they shared about remembering birth control and the almost instant pregnancy. “I moved in after three months to his place in the Sunset but still had my studio apartment in Cole Valley. My birth control was getting delivered to my old address. I kept forgetting to pick it up. He didn’t care. He knew.”

She told me about lovey dovey mornings in

What I love about motherhood at this age is I get the best of both worlds. When I want to be young, I can be young.

bed sharing their baby fantasies. “One day I told him I had the best boy’s name and he said ‘Me too.’ We agreed to share our names on the count of three and we both blurted out ‘1...2...3...Xavier!’ Of course, then we ended up pregnant with a girl....”

In addition to the pregnancy, she recounted the first time she introduced Will and their newborn daughter simultaneously to Jennifer’s grandmother in Europe, and planning a wedding around when little Sofia might be able to walk herself down the aisle in a teeny tiny white dress.

When I asked her to reflect on her life now with two elementary-aged children while her girlfriends were still going out and dating, she perked up. “What I love about motherhood at this age is I get the best of both worlds. When I want to be young, I can be young. There are all these moms who make these jokes like

‘Well, that’s my one drink of the month’ or about spending the whole weekend doing laundry and passing out. And I’m like, ‘No, if I want to have some drinks and go out with my girlfriends, I just do it. I have the energy. And I can still get up early the next day and make those Halloween costumes or plant trees in my garden with my two kids. I can duck in and out of each of those worlds whenever I want.’ Obviously, her sleek physique indicated a world that also involved plenty of

CorePower Yoga—in between tree planting, costumes, trampolines, and happy hour.

I never thought about the freedom that earlier motherhood actually affords women like Jennifer. She’s out of the fog of raising babies and toddlers, and now has the glow of a healthy, attractive, physically fit and most importantly, balanced, mama. I listened with admiration as she discussed buying and selling real estate, finishing up her master’s degree, and continuing to spend summers in France as a family. My mind wandered as I started to mentally juggle how I could fit more yoga into my life, and how much longer my husband could tolerate our mostly insane 18 month old boy before I needed to head home.

Having it all

By and large, there truly is no perfect time to have children. Everyone’s needs and life circumstances are vast and varied, making the addition of children something that can rock our worlds in any number of ways. What I enjoyed most about my encounters with Julie and Jennifer was the confidence they each exuded about their choices about when and how to get pregnant. There is ongoing and somewhat vocal skepticism about whether or not women can “have it all”; at least for two women I know in the Bay Area, the answer seems to be a resounding yes. ❖

Jennifer Kuhr Butterfoss is a 36-year-old school administrator who conceived at ages 31 and then 33, framing the San Franciscan median age of 32 for first-time mothers nicely. She began purposefully dating at age 25.



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Hormones: What Are They and How Do They Work?

Not feeling like yourself lately? Hormonal changes might be responsible

By Juli Fraga
Photography by Petra Cross Photography

“I am so hormonal!” Many women share these words when they’re feeling sad, irritated, or angry. While this phrase has become a way to describe our emotional states, hormones actually do affect how we feel, as well as how our bodies work.

Do you remember when you went through puberty? This developmental phase began when your pituitary gland began secreting luteinizing hormone (LH) and follicle stimulating hormone (FSH), which then signaled your ovaries to start producing another hormone—estrogen.

These three hormones play a vital role throughout our reproductive life cycles by regulating our fertility, physiology, and behavior during pregnancy, the postpartum period, perimenopause, and menopause.

Hormones and pregnancy

“Pregnancy is a time when your hormones change drastically,” says Dr. Anna Glezer, a reproductive and maternal mental health psychiatrist at the University of California, San Francisco. The hormonal changes that occur during pregnancy affect the way a woman feels both physically and emotionally. Progesterone, estrogen, oxytocin, and cortisol all affect our emotional well-being throughout pregnancy.

“Progesterone rises throughout pregnancy, and changes in this hormone have been linked to symptoms of anxiety and depression in some prenatal women,” says Glezer. Progesterone also helps the placenta function properly, and it softens our cartilage, which is why your gums are more sensitive during pregnancy and why your joints may ache during the third trimester.

Estrogen also increases during pregnancy. It helps the uterus grow and increases blood circulation, which explains why our breasts feel tender during the first trimester.

According to *WhatToExpect.com*, estrogen is also responsible for pregnancy-related allergies and nasal congestion, acne, and melasma (skin discoloration during pregnancy), as well as frequent mood swings.

Two other hormones, cortisol (the “stress hormone”) and oxytocin, also increase during pregnancy. Oxytocin, the “love drug,” plays a key role in birth and the postpartum period. Made in the hypothalamus, this hormone kick starts labor by stimulating uterine contractions, and it also helps the uterus shrink back to its normal size after childbirth.

Myriad hormonal changes occur during pregnancy that can dramatically impact a woman’s mood, and many women struggle with prenatal depression or anxiety. Women with a history of mood disorders are at a higher risk of developing this maternal mental health condition.

If you’re feeling excessively tearful, irritable, worried, or you’re having sleep issues during your pregnancy (sleeping too much or too little), reach out to your health provider for a mental health mood screening. Glezer says that the earlier a woman is screened and treated for this pregnancy-related complication, the better the outcome. Treatment may include individual or group therapy, and medication.

Hormones during the postpartum period

The postpartum period, which is defined as the first year following your baby’s birth, is a whirlwind for your hormones. Immediately after you give birth, estrogen and progesterone begin to plummet. According to Postpartum Support International, 90 percent of women experience the “baby blues” as a

result of these hormone changes, which include feelings of overwhelm, mild anxiety, and tearfulness. Don’t be alarmed by the moniker; these are normal emotions after a woman gives birth, and they should begin dissipating 10 to 14 days after the birth. This doesn’t mean that you won’t have periods of emotional highs and lows, but the symptoms of baby blues do not worsen over time. If you are still feeling ‘blue’ more than two weeks after giving birth, it’s a good idea to contact your doctor for a postpartum mood evaluation.

In addition to causing major mood swings, postpartum hormonal changes are also responsible for night sweats, hair loss, and skin changes.

Oxytocin continues to play a major role during the postpartum period. This hormone facilitates the mother-baby bond and is released during skin-to-skin contact with your baby. Oxytocin is responsible for breast milk letdown, where it is released in response to nipple stimulation (baby nursing or breast

The postpartum period, which is defined as the first year after your baby’s birth, is a whirlwind of a time for your hormones.

pump) and also when baby begins to breastfeed, signalling the letdown reflex.

While some people believe that oxytocin treatment cures postpartum depression and anxiety, Glezer says that these studies are inconsistent. She recommends reaching out to your doctor for a more formal screening and following a doctor-approved treatment plan.

For some women, the hormonal changes that occur after having a baby can wreak havoc on their emotions, causing them to feel excessively irritable, anxious, helpless, and sad. Women are more vulnerable to developing anxiety or depression anytime during the first year of their baby’s life. For this reason, it’s important to pay attention to your mood, because these hormonal fluctuations may be one cause of postpartum depression and anxiety. Unknown to many

people, almost 20 percent of new moms suffer from a maternal mental health concern.

Postpartum depression and anxiety require treatment, such as psychotherapy, group support, or medication. Mothers who suffer from these disorders may have difficulty sleeping, and they may have ‘intrusive’ or worrisome thoughts about the baby’s safety. Some women with postpartum depression say that it’s difficult for them to bond with their babies or to feel any joy during the new months of motherhood. These are all signs that you should speak with your obstetrician (OB) or pediatrician for a postnatal mood assessment.

Hormones and fertility

According to Bay Area reproductive endocrinologist Dr. Aimee Eyvazzadeh, our brain contains the thermostat that regulates our reproductive system. If the thermostat is out of balance, then our menstrual cycles and fertility may be as well.

“If a woman’s cycle is irregular, it’s possible that she has a thyroid concern, Polycystic Ovarian Syndrome (PCOS), or amenorrhea, and all of these health problems can affect a woman’s fertility,” says Eyvazzadeh.

Hormonal imbalances may also affect ovulation. According to the Mayo Clinic, 25 percent of women suffer from ovulation problems, which can cause irregular periods (making conception more difficult). Follicle stimulating hormone, LH, progesterone, and estrogen are responsible for ovulation and regulating menstrual cycles. These hormones change as we age and can also be affected by stress, says Eyvazzadeh. A simple blood test can determine if your hormone levels are affecting your fertility.

Hormones during perimenopause and menopause

Perimenopause begins years before menopause. Menopause is the cessation of your menstrual period, but perimenopause is the journey leading up to this reproductive change.

According to Dr. Louann Brizendine, a women’s health psychiatrist at the University of California, San Francisco and author of *The Female Brain*, hormones begin shifting when

perimenopause begins. She says that estrogen and progesterone start decreasing after age 42.

“These hormonal changes can affect a woman’s mood. She may feel more irritable, less nurturing, and more emotional,” says Brizendine. She notes that perimenopause lasts four years on average. In addition to mood changes, women may also experience fatigue, weight gain, insomnia, irregular periods, and hot flashes.

Hormonal replacement therapy (HRT) and bioidentical hormone treatments can help you manage these symptoms. However, there is some concern that these medications may increase the risk of developing breast cancer. It’s best to talk with your doctor about treatment options.

Maintaining a healthy lifestyle by doing yoga, meditating, managing stress, and eating a healthy diet can also help manage the symptoms of perimenopause.

If you are experiencing unusual mood changes, whether pregnant, postpartum, perimenopausal, or beyond, hormonal changes may very well be in the driver’s seat. By being aware of your body and life changes, you can work with your health provider to identify the intrinsic causes of your behavioral changes and being to understand the true meaning of what it means to be “hormonal.” ❖

Dr. Juli Fraga is a psychologist and a health writer in San Francisco. She’s written for Time, The Washington Post, The New York Times and NPR.

Complementary and Alternative Treatments for Hormonal Imbalances

Holistic treatment can help with hormonal imbalances and may be particularly useful for prenatal, perimenopausal, and postpartum women. For women hoping to conceive, holistic treatments such as acupuncture and nutrition can help to nourish body and mind.

Naturopathic medicine

Naturopathic doctors seek to heal the body by identifying the cause of a woman’s symptoms instead of merely treating the symptoms. Naturopaths rebalance a woman’s hormones by helping her to adjust her lifestyle (diet and exercise) and by prescribing medications or supplements that can help the body to return to its optimal state.

Acupuncture

Acupuncture is beneficial at any point in a woman’s reproductive lifespan. It can treat menstrual irregularities, PMS, fertility issues, prenatal and postpartum health concerns, and perimenopausal symptoms. Acupuncturists select points to nourish deficiencies or sedate excesses of qi, yin, yang, or blood. Regular acupuncture treatments can help regulate hormones.

Holistic health coaching

We’re all familiar with the old saying, “You are what you eat,” and holistic health coaches take this information to heart. Holistic health coaches take an integrative approach to your diet, helping women identify how certain foods might affect their moods. Treatment may include a brief cleanse to flush the body of toxins and reset a woman’s diet.

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Perks for Kids

- 50% off the first two months of JCCSF Swim School lessons*
- 10% off any JCCSF camp (valid for up to four weeks of camp per child)
- Priority registration for JCCSF Summer Camp in 2018
- One three-pass card for any JCCSF Kinder Fun Klub drop-in class
- One GGMG-exclusive tour at each of our three preschool locations
- 50% off JCCSF preschool and afterschool program application fees
- 40% discount on select JCCSF classes



Perks for Parents

- Two single-day guest passes to the JCCSF Fitness Center**
- \$100 off the registration fee for a new Fitness Center Membership
- Free registration when upgrading from an Individual to a JCCSF Family Fitness Center Membership
- Three free JCCSF childcare sessions for new Fitness Center Members***

How to Redeem

GGMG members may redeem their benefits by registering in person at the JCCSF with proof of GGMG membership, which can be either:

- A recent copy of the GGMG Magazine showing member’s name and address
- GGMG homepage on BigTent showing member’s name and address

GGMG members are eligible for the above discounts through February 28, 2018.

Restrictions

*All Swim School discounts are valid only for new participants enrolling in group swim lessons.

**Complimentary JCCSF Fitness Center passes expire six months from date of activation. GGMG members must pick up passes.

***Free childcare must be applied to the first three visits to Kid Care.



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NEIGHBORHOOD MEETUPS: THE HEIGHTS

The Heights is an active group of moms and children encompassing the Presidio Heights, Pacific Heights, Laurel Heights, Fillmore, Cathedral Hill, and Japantown neighborhoods.

Our group recently revamped its structure to offer more themed and activity-based play dates in addition to community-based events. Neighborhood Director Kelly Dwinells (Henry & Oliver) and Ambassadors Anna Morozovsky (Nate & Beau) and Jamie Johnson (Will & Emily) welcomed new Kids Events Ambassadors Krupa

Antani, Lauren McDowell, Jackie Pallas, and Johanna Abbinante; Moms Events Ambassador Marina Krueger and volunteers Mary Docker and Alyssa Zagrobski also recently joined.

This year, our volunteers have hosted a Valentine's Day cookie decorating play date, a wine night with a postcard passion project, and a hike in the Presidio. In the spring, watch for a repeat of the Mother's Day event at Athleta, community gardening day at a local park, and much more!

To join us, please visit www.bigtent.com/group/subgroup/ggmg_theheights/join

GET CONNECTED

Connect with other moms in your neighborhood by joining your Neighborhood Meetup subgroup on BigTent. From wine nights to playgroups, there are 11 neighborhoods hosting events every week! Contact Yanina at yanina.markova@gmail.com for more information on what's happening in your neighborhood.



ENTREPRENEURSHIP & CAREERS

Shop and Talk with CEO and Co-Founder of Cuyana

Help the Careers and Entrepreneurship Committee welcome Cuyana CEO, Co-founder, and new mom Karla Gallardo. Cuyana, a SF-born company, makes women's apparel and accessories.

During this intimate event, you'll learn how Karla founded Cuyana and built it to become a global destination for fewer, better things. She'll also share her tips for balancing work, baby, and family. Sip champagne and shop Cuyana's new spring collection and receive free monogramming on all purchases.

- DATE: April 12
- TIME: 6:30 to 8 p.m.
- PLACE: 291 Geary St. #201
- COST: \$10 to reserve your spot. You will be reimbursed at the event.

REGISTRATION: www.bigtent.com/home/calendar/event/100525137

KIDS ACTIVITIES

JLSF Touch-a-Truck Event at the Presidio

Join us for a family-friendly event for children to explore, climb, and touch trucks of all shapes and sizes. From exploring cars and trucks, to getting creative at the arts and crafts table and playing with giant bubbles, a variety of children's activities will keep everybody busy and active. Food trucks will be onsite offering lunch and snacks for purchase. Join the Kids Activities Committee at one of the largest fundraisers of the Junior League of San Francisco. We look forward to seeing you! GGMG will be offering a limited amount of discounted tickets.

- DATE: Saturday, April 1
- TIME: 11 a.m. to 3 p.m.
- PLACE: Civil War Parade Ground, Graham St.
- COST: \$12 general admission; \$10 for GGMG members, available at www.tinyurl.com/GGMG-TAT

REGISTRATION: www.bigtent.com/home/calendar/event/100367399

Mother's Day Crafting at Artist and Craftsman Supply

Artist and Craftsman Supply is excited to team up with the Kids Activities Committee to celebrate some of our favorite people: moms! With Mother's Day right around the corner, drop by between 1 and 3 p.m. on April 30. We'll be designing handmade cards using stamps, glitter, ribbons, and all the classics. For kids 6 and up, we'll be teaching the delicate craft of paper rose-making. All ages welcome. Space is limited, so please leave strollers at home.

- DATE: Sunday, April 30
- TIME: 1 to 3 p.m.
- PLACE: 555 Pacific Ave.
- COST: FREE

REGISTRATION: www.bigtent.com/home/calendar/event/100504791



Committee Spotlight: **Parent Education**

Describe the personality of your committee.
We are a six-person committee responsible for nearly a dozen GGMG member events, ranging in topics from estate planning to gender identity in preschoolers. Co-chairs Ming Ming Liu and Samanata Naik Le, along with volunteers Angela Cheung, Grace Huang, Belen Jimenez-Aguayo, and Christi Zerbst are the get-it-done moms that oversee our events.

Why do you do what you do? What has been an unexpected benefit of being involved with the Parent Ed Committee?
Some of us have been working on the committee for several years and have created strong bonds amongst ourselves, both by working together and by participating in activities with our kids. The people on the committee, as well as the GGMG community and the mission of the greater organization, are what draw many of our committee members to do what we do.

What types of activities or projects to you undertake?
The committee’s primary seminar offerings address the challenges of: parenting young children, positive discipline, language

development, lactation, sleep, potty training, child care, preschool, kindergarten, and middle school.

How do you know when you are making a difference?
When fellow moms mention a class or event they attended and found helpful, and you realize that you organized it!

What's next for the Parent Ed team?
We hope to continue with similar programming for the year to attract more of our members and to expand on the older-child parenting events since GGMG has expanded membership to moms with children up to 12 years of age. Popular topics include preschool, kindergarten, and public schooling in San Francisco. The committee anticipates that these seminars will draw over 50 attendees. However, many of the Parent Education events are designed for more intimate groups. The committee generally plans for between 10 to 30 attendees at each event.

How can interested GGMG members get involved in the Parent Ed Committee?
Please feel free to contact us at education@gmg.org.

Save the Date: **Annual Spring Fling at the Bay Area Discovery Museum**

Join other incredible GGMG families as we celebrate spring! In addition to full access to the museum's regularly scheduled activities and exhibits, GGMG will have exclusive use of the Discovery Theater, where your family will enjoy:

- A bounce house
- Face painting
- Craft table
- Musical performance by Breakfast with Enzo
- Grocery samples from Good Eggs
- Healthy gelatin from Rainbow Snacks
- Treats from Bitsy's Brainfood
- Beech-Nut baby food
- Diapers and wipes drive supporting the Homeless Prenatal Program
- Light bites provided by GGMG
- Goody bags for the first 100 members
- Raffle prizes

For more details and to RSVP visit: www.bigtent.com/group/calendar/event/100482639

DATE: Sunday, May 7
TIME: 11 a.m. to 2 p.m.
PLACE: Fort Baker, 557 McReynolds Rd., Sausalito



Three Ways to Partner

Partners of GGMG
Offering year-round, exclusive perks for GGMG members, such as free fitness passes at the JCCSF, free access to playspaces at Peekadoodle, Recess, and Gymboree, and babysitting credits at UrbanSitter.

Friends of GGMG
Featuring a variety of traditional and innovative businesses, from spas and kids' clothing stores to subscription services for toys and books.

Neighbors of GGMG
Watch your inbox for these high value, short expiry date discounts found in the monthly Board Bulletin.

The Partnership Committee is excited to bring these membership perks to you and hopes that you take full advantage of them. Visit www.gmg.org/partnerships.html or the "Friends of GGMG Benefits" tag in the Files section of Big Tent for program details. If you have suggestions for new businesses to partner with, email us at partnerships@gmg.org or visit www.gmg.org/partnerprograms.html.

School Choice

By now, those applying to public schools have received their first-round notification letters from SFUSD. Whether you’re applying for preschool, elementary school, or another level of education, the letter might have ended your stress, or it might have kicked it into higher gear. Maybe you did not receive an acceptance for preschool, or you were waitlisted at your favorite independent kindergarten. Maybe the dreaded SFUSD lottery matched you with a low-performing school on the other side of town. Or maybe it seems like everyone else got the school of their dreams while you got sloppy sevenths.

Member Support is here to say: it will all work out. Families move over the summer. Children delay school. And yes, some folks actually hold more than one school. *(Please don’t do this!)* Some schools that you never heard of will suddenly have spots as well.

If you need support while you wait, reach out to your village. Post on the forums, have dinner with a friend, and email Member Support (member.support@gmg.org). We will get you through this time. We promise to listen when you want to talk, and to advise when you want to strategize. Better venting to us than in front of your kids, who can pick up on the anxiety. Hang in there.

Leaning in and on Each Other

The Careers and Entrepreneurs Committee has hit the ground running in 2017! This year, we’ve hosted a financial fitness event with Director of Client Development at Mosaic Financial Partners, Sheila Schroeder, along with a panel discussion from Bay Area mom entrepreneurs, who shared knowledge on how to start a business in the baby industry. In the spring, we’re planning a financial webinar for those who couldn’t make the January event, along with a Shop and Talk event at Cuyana with CEO Karla Gallardo on April 12. We’re also bringing back our popular makeover and headshot event from last year (details coming soon).

Our goal is to provide moms with tools and resources to advance their careers. If you have an idea for an event, would like to host an event, or have feedback on the format or preferred timing of events, please reach out to committee chair Emily Beaven: emilyabeaven@gmail.com.

We’re currently looking for new members and a co-chair to help us create more great events and programs for our GGMG members. Please contact emilyabeaven@gmail.com if you are interested in this role.

GGMG Recruiting Needs YOU!

Do you love being a member of the GGMG community? If so, consider giving back by becoming a volunteer. There are many open positions, and several of the roles can be done mostly from home or on the computer. Volunteering is not only a great way of giving back, it is also a great way to meet other moms. And, as a volunteer, you will receive even deeper discounts from many of GGMG’s partner businesses. Contact volunteer@gmg.org for more information.

- Here is a list of committees that need volunteers:
- Operations
 - Just for Moms
 - Community Support: Member Support, Drives, and Resource List
 - Kids Activities
 - Membership Approvals
 - Playgroup Formation
 - Neighborhood Meetups: volunteers needed for Haight, Mission, Noe, Richmond, Mission/Castro, Nob Hill/North Beach, Bernal/Glen Park
 - Recruiting
 - Social Events
 - Careers and Entrepreneurship

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- Reading disorders

I ♥ Mom

What to Expect When You Are Not Expecting

By Petra Cross

Have you ever loaded your kids into a cryogenic tank and taken them for a ride? I have. Just last week we drove our frozen embryos from our old fertility clinic to a brand new San Francisco clinic which will help us pursue our second child. If you are lucky, you will never have to do this, but for women 35 years and older, about one in six couples may experience infertility at some point.

“The process”

Friends who have shared their infertility stories have probably referred to it as “a process,” one you need to prepare to work on for many months, even years, with no guarantee of success (my husband and I tried for four years before we were blessed with our baby girl). If you are experiencing “the process,” you have been trying to get pregnant for over a year. You regularly pee on ovulation tests sticks and nag your partner to “make a deposit” on specific days, regardless of how tired either of you feel. You decide to see a fertility specialist and arrive at the clinic, naively hoping there is an opening in the schedule next month and you will have baby by Christmas. At least that’s what I thought. Boy, was I wrong! Before you are even considered a good candidate for in vitro fertilization (IVF) there are a number of tests needed, some of which are quite painful (I’m talking about you, hysterosalpingogram (HSG)!). These tests try to identify the cause of infertility and inform the doctors on how to proceed. Before being able to undergo IVF, some women need to have fibroids removed or take thyroid hormones, others need to adjust their lifestyles, and everyone needs to adjust their expectations. Most women try a few months on the drug Clomid along with intrauterine insemination (IUI, or the “turkey baster” method) before the big guns come out.

In about 40 percent of infertile couples, the male partner is either the sole cause or a contributing cause of infertility. If a reproductive urologist recommends treatment for your partner, that could delay the start date of your IVF cycle by at least three months.

After about a month or two of testing, you might be deemed eligible for IVF and ready to be put “on the schedule.” The IVF cycle often starts with two weeks to two months on birth control. Yes, you will be taking birth control in your attempts to conceive. This allows your ovaries to rest before going full throttle on IVF drugs. You then menstruate and start injecting yourself with at least two different hormones daily, for about 12 days. One hormone tells your ovaries to mature multiple eggs, and the other prevents ovulation. When I took these drugs, I felt like a hybrid of a pincushion and a force-fed duck at a foie gras farm. My ovaries were blowing up with growing follicles, each holding one maturing egg. After two weeks of these injections, plus daily blood draws followed by vaginal ultrasounds, you will be told that the follicles are mature and it’s time for the harvest, ahem, ovulation. To trigger ovulation, you will give yourself another shot, followed by a minor surgery to harvest the eggs at their perfect ripeness.

The egg retrieval procedure is done under light general anaesthesia. The surgeon uses an ultrasound-guided needle inserted into the vagina and pointed sideways towards one of the ovaries. When a ripe follicle is in clear sight, a telescopic needle travels through the vaginal wall and soft tissues between abdominal organs, and enters the ovary. It then slurps out the “juice” from every follicle in sight. After all of the follicles are emptied, the same is done to the other ovary. If all goes well, by the time you wake up, the embryologist knows how many mature



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eggs were harvested. This is an invasive procedure, so you will need to take it easy for about a week afterward.

While you are undergoing the procedure, your partner provides a sperm sample. Time starts ticking the moment your precious eggs are out of your body. Fertilization occurs in a petri dish by surrounding an egg with free floating sperm or by manually injecting one sperm into the egg.

The day after the procedure, the embryologist will call with your fertilization report. Hopefully, most of your eggs accepted the sperm and have officially turned into embryos. The next few days are critical, because many of the embryos will stop growing due to genetic issues or the stress of the lab environment. Just like baby formula is not an exact replacement for breast milk, an embryology lab is not as perfectly tailored to the embryos as your own uterus.

On day three, your embryos have six to eight cells. On day five, they have 100 to 150 cells and are called a blastocysts. Blasts have proven that they are strong because they have survived the harsh lab environment for 120 hours!

Another great thing about blasts is that if tested by preimplantation genetic screening (PGS), they result in fewer miscarriages and genetic abnormalities than day-three embryos. The catch 22: blasts are better (quality) but there are always more of the day-three embryos (quantity). If you don't have many embryos on day three, it is possible that all of them will arrest by day five and you may end up with nothing. Clinics with better embryology labs are more likely to grow and transfer blasts.

When your embryos are ready to transfer, a decision has to be made whether to transfer them into your uterus on that day or freeze them. If you have enough embryos, you can transfer some and freeze the rest. Transferring fresh embryos used to be the preferred way because not all embryos survive freezing (vitrifying) and thawing. However, many doctors now recommend frozen embryo transfers (FETs); you are more likely to get pregnant from an FET because your body has had at least a month to rest after the egg retrieval procedure and the storm of IVF hormones. Luckily, vitrification technology has advanced significantly in recent years, so 99 percent of embryos usually survive the thaw.

After the precious embryos are transferred into your uterus, you will anxiously await a positive pregnancy test. So much is at stake—you have just spent a fortune on an invasive treatment and getting a period will feel devastating. If you don't get pregnant,

you will decide whether to transfer more frozen embryos, do another fresh cycle, consider an egg donor, sperm donor, gestational carrier, or a combination of these things.

The cost

Expect to pay \$15,000 to \$35,000 for a single IVF cycle, and \$2,500 to \$3,500 for one FET out of pocket. The pricier procedures include genetic testing, which itself costs up to \$8,000. Your insurance might cover anywhere from nothing to 50 percent of a single IVF cycle, \$20,000 lifetime coverage, or something in between. It's a good idea to check with your employer or insurance company, because newer ventures like Progyny may cover up to three IVF cycles. Be sure to inquire about the coverage of medications as well, which cost \$3,000 to \$5,000 per IVF cycle and are often not covered.

The risks

There are very good reasons you sign so many liability waiver forms in this process. Serious complications can result from

infertility treatments. I personally experienced a urologic emergency after an egg retrieval procedure in which my bladder was pierced. A huge blood clot blocking my urethra caused acute urinary retention, and my bladder expanded to over twice its normal size. Had I not been catheterized in time, I would have died.

Couples dealing with infertility may also struggle with stress or depression. According to new research, infertile couples are three times more likely to divorce. While we were struggling, I often wondered whether I'd ever know what it's like to carry life

inside me or look into the face of my child. In the end, our marriage survived. But not without scars.

Choosing a clinic

You want to pick the clinic that will give you the best results. There are two types of statistics to look at: embryology lab stats published on a clinics' websites, and fertility success rates published on the Centers for Disease Control and Prevention (CDC) (www.cdc.gov/art/artdata).

Lab stats will tell you how well the lab can grow your embryos. The most important numbers are fertilization rates and blastocyst conversion rates. Some clinics perform 25 to 30 percent better than the national average. Inquire about genetic testing as well. Clinics that perform genetic testing on biopsied embryos not only

Before being able to undergo IVF, some women need to have fibroids removed, others need to adjust their lifestyles, and everyone needs to adjust their expectations.

have lower miscarriage rates, they also guarantee that babies will not be born with certain genetic disorders.

Fertility success rates published on the CDC website are harder to understand. The most important statistic is not the "percentage of pregnancies" but the "percentage of transfers resulting in singleton live births." Pick the clinic with the highest percentage for your age cohort, but look for red flags. Unless you want to be the next Octomom, steer clear of clinics that report high "average number of embryos transferred." To calculate the rate of miscarriage, deduct the singleton and twin live births percentage from the pregnancies percentage.

Lastly, numbers aren't everything. The IVF journey is an emotional one, and the medical team that you chose can make a big difference in your experience. Remember, clinics are competing for your patronage and might offer benefits that can make the process less stressful. Tour a few clinics, ask questions, and see for yourself. Things to consider in your search:

- Access: Look for clinics that let you contact your doctor directly via phone or email.
- A "patient centric" system: Some clinics assign a small, dedicated crew of physicians and in-cycle nurses who will be with you during the entire cycle, including the egg retrieval and embryo transfer.
- Perks: Some SF clinics offer additional features such as refund plans (Pacific Fertility) or heart beat guarantees (Spring Fertility), video consultations, painless HSG tests, and more.

As my next round of procedures approaches, I am taking pains to ensure I have childcare for my daughter. Fertility clinics don't allow children in their waiting rooms because not everyone there is as lucky as I am. And even if I never succeed in creating a second child, I consider myself lucky to have come out the other side of "the process" a mother. ❖

Petra is a software engineer with a love for travel, design, and photography (www.petracross.com). You can see her wandering around SOMA and talking to her daughter Luna in her native Slovak language.



San Francisco Fertility Clinics

Kaiser Permanente
www.kpivf.com

Lane Fertility Institute
www.lanefertilityinstitute.com

Laurel Fertility Care
www.laurelfertility.com

Pacific Fertility Center
www.pacificfertilitycenter.com

Spring Fertility
www.springfertility.com/about

UCSF Center for Reproductive Health
www.ivf.ucsf.edu

WHAT NOT TO TELL TO PEOPLE WHO ARE TRYING TO CONCEIVE:

Anything that starts with "Have you tried..."

It's almost certain that they know an order of magnitude more about this than you.

"Just go on a vacation. You are just too stressed out."

In many cases, there is a physical problem that prevents the couple from getting pregnant.

"You are lucky that you don't have to deal with <enter-something-kids-annoy-you-with>"

Don't minimize their pain or say that worse things can happen.

"You are still young."

Being young increases your chances of success with treatment but it doesn't guarantee success.



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