



## Welcome to Southwest Contemporary Women's Care

- Our office will be happy to answer any questions you may have throughout the duration of your pregnancy. You should bring a list of your questions with you for each prenatal visit. If there is an emergency, you may call us at any time.

**Ahwatukee Office (480) 785-2100**

**Gilbert Office (480) 505-4475**

**Tempe Office (480) 820-6657**

If it is **after hours**, please call our answering service at **(480) 351-5292**.

- Regarding office procedures, please feel free to ask our front office staff any general questions you may have. Please contact the billing department at **(480) 505-4258** for any insurance or financial matters. Our office managers are available for any questions or concerns about the practice. We welcome your feedback!
- You will have monthly routine obstetrical visits until you are 28 weeks along. From 28 weeks until 36 weeks of pregnancy, you will be seen every 2 weeks. Starting at 36 weeks until delivery you will be visiting the office weekly. This enables us to educate you and gives us time to answer any questions you might have during your pregnancy.
- Our providers render services at Banner Desert Medical Center. We have both male and female physicians in our practice, and one of them will be on-site 24 hours a day. If your provider is unable to attend your delivery, the on-call physician will help you through your delivery. The call schedule can be found on our website at <http://www.swcwc.net/doctor-call-schedule/>

Below is a list of our physicians that cover call and deliver babies at Banner Desert Medical Center:

- Adam Alperin, MD, FACOG
- Kim Balk, MD, FACOG
- Tiersa Damore, MD, FACOG
- Robert Grayson, MD, FACOG
- Lisa Hollar, MD, FACOG
- Erin Labesky-Scoggin, DO
- Stephanie Mayes, MD, FACOG
- Lisa Buschmann, MD
- Michella Switzer, DO, FACOG
- Edward Szmuc, MD
- Paul Tamanaha, MD, FACOG
- Mo Vaziri, MD, FACOG
- Rick Wilson, MD, FACOG



## Approved OTC Medications during Pregnancy and Breast Feeding\*

| Symptoms   | First Line (Preferred)   | Other Options**  |
|--|--|--|
| <b>Acid Reflux</b>   | <b>Tums/Roloids</b> products<br><b>Pepcid</b> (famotidine)<br><b>Tagament</b> (cimetidine)<br><b>Zantac</b> (ranitidine)   |  |
| <b>Allergies</b>   | <b>Allegra</b> (fexofenadine)<br><b>Claritin</b> (loratadine)<br><b>Zyrtec</b> (cetirizine)  | <b>Benadryl</b> (diphenhydramine)  |
| <b>Constipation</b>  | <b>Citrucel</b> (methylcellulose)<br><b>Colace</b> (docusate sodium)<br><b>Peri-Colace</b> (docusate/senna)<br><b>FiberCon</b> (polycarbophil)<br><b>Milk of Magnesia</b>  | <b>Dulcolax</b> (bisacodyl)<br><b>Metamucil</b> (psyllium)<br><b>MiraLAX</b> (polyethylene glycol)   |
| <b>Cough</b>   | <b>Delsym</b> (dextromethorphan)<br><b>Mucinex</b> (guaifenesin)<br><b>Robitussin DM</b> (dextromethorphan/guaifenesin)<br>*Sugar-free options are available for diabetic patients!  |  |
| <b>Diarrhea</b>  | <b>Immodium</b> (loperamide)   |  |
| <b>Gas</b>   | <b>Maalox/Gelusil/Mylanta</b> (simethicone)  |  |
| <b>Headache</b>  | <b>Tylenol</b> (acetaminophen) regular or extra strength   |  |
| <b>Hemorrhoids</b>   | <b>Preparation-H Ointment</b><br><b>Anusol Cream</b>   | <b>Nupercainal</b>   |
| <b>Nasal Congestion</b>  | <b>Ocean Nasal Spray</b><br><b>Neti Pot</b>  | <b>Afrin</b> (oxymetazoline) – for <u>short term</u> treatment only!<br><b>Flonase</b> (fluticasone) |
| <b>Nausea/Vomiting</b>   | <b>Emetrol</b><br><b>Unisom</b> (doxylamine)<br><b>Vitamin B6</b> (50 mg four times daily)   | <b>Dramamine</b>   |
| <b>Sore Throat</b>   | <b>Chloraseptic Spray</b><br><b>Throat lozenges</b><br><b>NyQuil</b> (alcohol content less than 15%)   |  |
| <b>Vaginitis (yeast infection)</b>   | <b>Monistat</b> (miconazole) 3 day or 7 day option   |  |
| <b><u>Medications to AVOID</u></b><br>Unless otherwise recommended by your healthcare provider | <b>Ibuprofen/Aleve/Motrin/Naproxen</b> products<br><b>Aspirin</b> containing products (such as <b>Bayer</b> and <b>Excedrin</b> )<br>Decongestant containing <b>pseudoephedrine</b> and <b>phenylephrine</b> (such as <b>Claritin-D</b> and <b>Sudafed</b> )<br><b>Kaopectate</b><br><b>Pepto Bismol</b> |  |

\*Note: Call or come in to the office if you do not experience relief of symptoms after directed use

\*\*Indicates medications that have not been extensively studied; therefore, their safety is unknown -- use with caution



## Frequently Asked Questions

### **What should I stop and avoid during pregnancy?**

Once you are pregnant it is best to completely stop smoking, alcohol, and recreational drugs. These increase the risk of miscarriage, birth defect, and other serious conditions. Do NOT change cat litter while pregnant. Cat excrement may contain toxoplasmosis, a harmful parasite. You should avoid hot dogs, luncheon meats, and cold cuts. They may contain bacteria or parasites that can cause serious food poisoning.

### **Why am I tired all the time?**

Early pregnancy creates general fatigue by the usage of 300 calories of energy per day in the development of the fetus. Be assured after a period of time you will usually begin to feel better.

### **What type of diet should I be following while I am pregnant?**

An average pregnancy diet includes 2000-2200 calories a day. The emphasis is on food groups and increasing certain areas of each. Average daily allowances should include: 6 servings of Proteins (meat, eggs, fish, and poultry), 4 to 5 servings of milk products (milk, cheese, yogurt, etc.), 4 to 6 servings of grains (bread, rice, cereal, and pasta), 6 to 8 glasses of water daily. These are basic guidelines to get you started.

### **How much weight should I gain?**

We usually anticipate an average of 25 to 35 lbs. during pregnancy. Individual situations may be different.

### **May I continue working during pregnancy?**

We encourage women to work if they desire and the pregnancy progresses well. As you get further along, we will be reevaluating your work and its effect on the pregnancy or visa-versa.

### **I seem to be urinating more frequently, is this normal?**

Initially, as the uterus enlarges, more pressure is placed on the bladder thus causing a need to urinate more frequently. As you progress in the pregnancy, the uterus will rise away from the bladder and some of the early symptoms will subside.

### **What should I do if I see any bleeding or have any cramping?**

A small number of abdominal twinges are normal as the uterus enlarges and the fetus grows. Anything equivalent to menstrual cramping occurring on a regular basis should be evaluated by our office. Period-like bleeding is never considered normal and should be reported immediately. Spotting or a few small brown-red drops may occur after intercourse and would be considered normal. If spotting occurs without having had intercourse or is combined with cramping, it should be reported to us.

### **What should I do if I am exposed to a communicable disease (i.e., chickenpox, measles, mumps, etc)?**

Mumps is not of concern during pregnancy. Measles are usually a childhood disease. If transmitted to an adult, measles are mild and cause no problems to the fetus. However, Rubella (the 3-day German measles) is very harmful, especially if contracted during the 1<sup>st</sup> trimester. Your initial lab work will determine your immune level. If there is no immunity, we will review guidelines for your pregnancy and make sure a vaccine is given after delivery. Fortunately, Rubella is not commonly seen in the general population because of childhood immunizations. If you have previously had chickenpox, you have developed an immunity to the disease and if exposed will not need to worry. If you have never had chickenpox and are exposed to them, contact our office. We will discuss your individual risk factors. Remember, a true exposure is contact with someone who actually has the infection at the time of contact with you. Contact with a parent or family member that has an ill child is **not** exposure.

These are only a few of the most common question asked by our patients. If you have others, please address them at your office visit, or call us prior to your visit and we will assist you.

# You Do A Lot

# We Help A Little



## What is WIC?

- Free nutrition and breastfeeding program
- Experts in nutrition for pregnancy, breastfeeding, infants, toddlers and preschoolers
- Personalized nutrition tips and support for parents and caregivers
- Breastfeeding information, support and resources
- Referrals to other community resources
- Healthy foods

## Who is WIC for?

- Infants
- Children up to five years of age
- Pregnant women
- Breastfeeding women, until their infant's first birthday
- Women whose pregnancy ended <6 months ago

## Arizona WIC is here for you!

Visit [www.azwic.gov](http://www.azwic.gov) or call **1-800-2525-WIC** to find the nearest clinic. Download the AZ WIC Clinic Search App through the Google Play Store on Android or iTunes on Apple devices.

**Effective Date:**  
**April 17, 2017**

WIC Eligibility is based solely on your gross income, this chart can help determine your eligibility

| Number of Family Members | Income Every Two Weeks | Income Monthly |
|--------------------------|------------------------|----------------|
| *2                       | \$1,156                | \$2,504        |
| 3                        | \$1,453                | \$3,149        |
| 4                        | \$1,751                | \$3,793        |
| 5                        | \$2,048                | \$4,437        |
| 6                        | \$2,346                | \$5,082        |
| 7                        | \$2,643                | \$5,726        |
| 8                        | \$2,941                | \$6,371        |
| Each Additional Member   | \$298                  | \$645          |

\*A pregnant woman is considered a family of 2

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





## Domestic Violence

Domestic violence is a pattern of threatening or controlling behavior imposed on a woman by an intimate partner without regard for her rights, feelings, body, or health. A woman is abused if she has had intentional, often repeated, physical, sexual, or emotional harm done to her by a person with whom she is or has been in an intimate relationship with.

There are several different **types of domestic violence** such as:

- **Battering and Physical Assault:** Throwing objects at the victim, pushing, hitting, slapping, kicking, choking, beating, or attacking with a weapon.
- **Sexual assault:** Forced sexual activity, including vaginal, oral, or anal intercourse.
- **Psychologic abuse:** Forcing the victim to perform degrading acts, threatening to harm a partner or her children, attacking pets, smashing valued objects, or trying to dominate or control a woman's life.

If you are in a situation involving any form of domestic violence, please discuss with your physician or contact any of the following resources.

| Domestic Violence Resource                     | Phone Number  |
|--|---|
| Shelter Line (Maricopa County Only)            | (480)890-3039   |
| National 24 hr Domestic Violence               | (800)799-7233   |
| A New Leaf                                     | (480)969-4024   |
| National Sexual Assault Hotline – RAINN        | (800)656-HOPE (4673)                                  |
| AZ Coalition to End Sexual & Domestic Violence | (602)279-2900<br>(800)782-6400<br>(602)279-7270 (TTY) |

**In the event of an emergency, call 9-1-1.**



## **DISABILITY FORMS**

### **What is the difference between FMLA and Short-term disability?**

**FMLA** is a 12 wk unpaid time away from work, protecting your job while you are away. It is generally available at companies of 50 employees or more, mandated by the federal government.

**Short-term disability** refers to a medical necessity leave secondary to a physician's recommendation that you no longer work. It can be a paid leave depending on the company you work for and whether they offer this type of protection for the patient. Your employer determines the length and amount of payment allowed. Our office only determines the reason you need to be off work.

### **How much time out of work am I allowed following a delivery?**

National standards allow 6 weeks for either a C/section or vaginal delivery. Although rare, if you develop a complication following any delivery in which the physician feels you will need to be off work for a longer period of time, this is assessed on a case-by-case basis with the physician.

### **What do I need to do when I have forms that I need to fill out?**

Our office will assist you with filling out the forms. All companies have their own forms, we do not provide them. We ask that you fill out your portion (name, address, etc). We will fill out the physician's statement portion of the form. Once you have given them to us, we should have them completed in 5 business days. If you would like them faxed directly to your work place, you will need to provide us with that information.

### **Is there a charge for this paper work?**

Yes, there is a \$15 fee for each FMLA and disability form completed. Additional records to be released with a form will turn over to a \$35 fee. These fees will need to be paid prior to the release of the completed forms.

# Immunization & Pregnancy

***Vaccines help keep a pregnant woman and her growing family healthy.***



| Vaccine   | Before pregnancy  | During pregnancy  | After pregnancy   | Type of Vaccine            |
|---|---|---|---|----------------------------|
| Hepatitis A                                       | Yes, if indicated   | Yes, if indicated   | Yes, if indicated   | Inactivated                |
| Hepatitis B                                       | Yes, if indicated   | Yes, if indicated   | Yes, if indicated   | Inactivated                |
| Human Papillomavirus (HPV)                        | Yes, if indicated, through 26 years of age                                  | No, under study   | Yes, if indicated, through 26 years of age                                  | Inactivated                |
| Influenza IIV                                     | Yes   | Yes   | Yes   | Inactivated                |
| Influenza LAIV                                    | Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks | No  | Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks | Live                       |
| MMR   | Yes, if indicated, avoid conception for 4 weeks                             | No  | Yes, if indicated, give immediately postpartum if susceptible to rubella    | Live                       |
| Meningococcal:<br>• polysaccharide<br>• conjugate | If indicated  | If indicated  | If indicated  | Inactivated<br>Inactivated |
| Pneumococcal Polysaccharide                       | If indicated  | If indicated  | If indicated  | Inactivated                |
| Tdap  | Yes, if indicated   | Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation | Yes, immediately postpartum, if not received previously                     | Toxoid/<br>inactivated     |
| Tetanus/Diphtheria Td                             | Yes, if indicated   | Yes, if indicated, Tdap preferred   | Yes, if indicated   | Toxoid                     |
| Varicella   | Yes, if indicated, avoid conception for 4 weeks                             | No  | Yes, if indicated, give immediately postpartum if susceptible               | Live                       |

For information on all vaccines, including travel vaccines, use this table with [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Get an answer to your specific question by e-mailing [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) or calling 800-CDC-INFO (232-4636) • English or Spanish

National Center for Immunization and Respiratory Diseases  
Immunization Services Division



# Pregnant Women Need a Flu Shot

Flu vaccine comes in two forms: an injectable form (the flu shot) and a nasal spray. The *nasal spray* (or LAIV) flu vaccine is **not recommended** for pregnant women.

Pregnant women should receive the flu shot. The nasal spray is for use in healthy people 2-49 years of age who are **not** pregnant.

Women who are not pregnant but are breastfeeding may receive the nasal spray flu vaccine.

***Influenza (the flu) is a serious illness, especially when you are pregnant.***

***FACT: The flu can cause serious illness in pregnant women.***

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization, and even death, than non-pregnant women. Severe illness in the pregnant mother can also be dangerous to her fetus because it increases the chance for serious problems such as premature labor and delivery.

***The flu shot is the best protection for you – and your baby.***

***FACT: Getting a flu shot is the first and most important step in protecting yourself against the flu.***

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your unborn baby, and help protect the baby for up to 6 months after he or she is born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed in breast milk.

It takes about two weeks to make antibodies after getting flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated as soon as you can.

***The flu shot is safe for you and for your unborn child.***

***FACT: The flu shot is safe for pregnant and breastfeeding women and their infants.***

You can receive the flu shot at any time, during any trimester, while you are pregnant. Millions of flu shots have been given to pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their infants.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and pass it to the baby. Because babies younger than 6 months are too young to receive the vaccine, it is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

***FACT: The side effects of the flu vaccine are mild when compared to the disease itself.***

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and nausea or feel tired.



National Center for Immunization and Respiratory Diseases  
Office of Director



***Even healthy pregnant women can get the flu and have serious complications – know the signs and symptoms of flu.***

***FACT: If you have symptoms of the flu, call your doctor immediately.***

If you have flu-like symptoms—even if you have already had a flu shot—call your doctor, nurse, or clinic right away. Doctors can prescribe medicine to treat the flu and lessen the chance of serious illness. These medicines must be started as soon as possible. If you have any or all of the following symptoms, contact your doctor or nurse immediately:

- Fever
- Cough
- Sore Throat
- Headache
- Body aches
- Runny or stuffy nose
- Vomiting
- Diarrhea



Having a fever from flu, or any other infection early in pregnancy, increases the chance of having a baby with birth defects or other problems. Fever can be brought down with Tylenol® (acetaminophen), but you should still call your doctor or nurse.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Problems breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or constant vomiting
- Decreased or no movement of your baby
- High fever that is not responding to Tylenol® or other acetaminophen

Because you are pregnant, you are recommended to get the flu shot to protect yourself and your baby from the flu. Talk to your health care provider about getting a flu shot. For more information about the flu or the vaccine, call 1-800-CDC-INFO or visit <http://www.cdc.gov/flu/>.





Leadership for a Healthy Arizona



Arizona Department of Health Services  
Office of Women's and Children's Health

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Phoenix, Arizona 85007  
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## Umbilical Cord Blood



### Important Information for Parents-To-Be About Umbilical Cord Blood

## Umbilical Cord Blood

The State of Arizona recently passed a law requiring pregnant women to receive information about umbilical cord blood banking options. Umbilical cord blood banking is a relatively new procedure that saves lives. Now you have the chance to make a decision that could save the life of a family member, or someone else with a medical emergency. Please read the following information to learn more about the important medical options available to you.

### What is cord blood?

After your baby is born, the umbilical cord is clamped and cut. The blood remains in the placenta and umbilical cord. In the past this blood commonly called cord blood was usually thrown away. We now know cord blood contains stem cells that can be used to help people with certain serious diseases. Now, families have three options available: discard the blood, donate it to a public cord bank, or retain it in a family cord blood bank. Cord blood that has been collected for storage at either a public cord blood bank or family cord blood bank is frozen and can be used when needed to help treat many serious diseases.

It is important to discuss questions regarding cord blood banking options with your health care provider as soon as possible during your pregnancy.

### How can cord blood help?

The stem cells in cord blood are very important because they make many different types of cells in the body, including blood cells that carry oxygen, fight disease, and help stop bleeding. The stem cells in cord blood are primitive or undeveloped and can be transplanted in people to treat a number of life-threatening diseases. If needed, blood-forming cord blood stem cells can sometimes be used in autologous transplants (when a person receives his or her own umbilical cord blood) or more commonly, allogeneic transplants (when a person receives umbilical cord blood donated from someone else). A cord blood transplant does not need to be as perfectly matched to the person who receives it as in most other types of transplants. Because cord blood stem cells are more primitive, they have a lower rate of complications than with other stem cell transplants such as in bone marrow.

### What disease can cord blood be used for?

There are more than 60 diseases that can now be helped through cord blood transplantation. These diseases include malignant and non-malignant conditions, such as blood cancers, rare inherited disorders of metabolism; immune diseases, and more. Treatment of these diseases using umbilical cord blood is not experimental. Cord blood transplantation has already helped thousands of people. There is ongoing research to find more diseases that can be helped by cord blood. While the research is still in the experimental stages, scientists are hopeful that one day cord blood transplantation will help in many heart, bone, liver, and brain diseases, even diseases like heart attack and stroke.

## How is cord blood collected? Is it safe?

Collecting cord blood is completely safe for babies and mothers. It will not affect your baby's health or your birth experience because the blood is collected after your baby is born. The blood remaining in the umbilical cord is drained into a special collection bag and sent to the public or family cord blood bank you selected.

If you would like your baby's cord blood to be collected and stored for future use, you must make arrangements with either a public or family cord blood bank before the baby is born. When you contact a cord blood bank, they will send you information about cord blood collection and storage, forms to fill out, and a kit to take the hospital for your baby's birth.

## What are the ways cord blood can be stored? What is the right decision for my family?

### Types of Cord Blood Banks

Cord blood can be donated to a public cord blood bank for use by someone in need or stored at a family cord blood bank for your baby's or family's use. Donating your baby's cord blood or storing it for private use is a personal decision that you must make for yourself after discussion with your healthcare provider and after performing your own research. If you have a family member with leukemia or another disease that may be treatable by stem cell transplant, you should talk to their healthcare provider about the advisability of family cord blood banking, which would typically be performed under these circumstances without cost.

### Public Cord Blood Banks

At this time, there is only one public cord blood bank in the United State available to accept cord blood donations from babies born in Arizona. They are Cryobanks International (1-800-869-8608). Public cord blood banks save and use cord blood for transplants to help people with one of the treatable diseases or for scientific research to learn more about the possible uses of cord blood. Transplants are anonymous and no information about you or your baby is given to the person receiving the cord blood. Donated cord blood becomes the property of the public cord blood bank. Before being accepted for donation, you will need to complete a health questionnaire to screen for genetic disorders and infectious diseases.

### Family Cord Blood Banks

There are many family cord blood banks available for Arizona families who wish to save their baby's cord blood for potential future use. Using family cord blood banks, the family controls the use of the cord blood. Studies show there is less graft versus host disease complications and better survival rates when cord blood from a related source is transplanted. However, there is no guarantee that the saved cord blood will be able to be used in all situations. When making a decision about family cord blood banks, it is important to ask what the total cost is, how experienced the company is in cord blood banking, how experienced the company is in cord blood transplantation, if the company is financially sound, and what would happen if the company went out of business.

## How much does it cost to donate or bank cord blood?

Donating cord blood to a public cord blood bank does not usually cost you any money. Ask your healthcare provider if there will be any charge to collect the blood. Family banking of cord blood for the baby's or family's future use usually costs between \$1,000 and \$2,000 at the time of the baby's birth. There will also be an annual storage fee of approximately \$100 to \$150.



Where can I get more information about umbilical cord blood banking?

**The March of Dimes**

[www.marchofdimes.com](http://www.marchofdimes.com)

**A Parent's Guide to  
Cord Blood Banks**

[www.parentsguidecordblood.com](http://www.parentsguidecordblood.com)

**Arizona Department of  
Health Services**

[www.azdhs.gov/phs/owch](http://www.azdhs.gov/phs/owch)

**National Marrow Donor Program**

[www.marrows.org](http://www.marrows.org)

