

Welcome to Sacramento Women's Health

Congratulations! Thank you for allowing us to take part in this exciting time in your life. We will be seeing a lot of each other in the next few months, and we would like to let you know what to expect at your visits and what to anticipate during your pregnancy.

The First Visit: At this time, the doctor will review your medical history with you. You will have a general physical examination, including a Pap smear if due and an ultrasound to confirm your estimated delivery date.

Next, you will meet with one of our Medical Assistants, who will give you more information about our practice and your pregnancy. At this time, you will receive a schedule which includes all tests available to you. Any additional questions you may have will be answered at this time and contact information for your Doctor and Medical Assistant will be provided to you.

Many medical authorities, including the American College of Obstetricians and Gynecologists (ACOG), recommend that all pregnant mothers be tested for HIV, because if the results are positive, treatment for the mother can be initiated. In most cases, treatment can prevent transmission of the virus to the infant. This test is voluntary. In addition to the routine labs, we also offer carrier screening for Cystic Fibrosis, as well as other genetic diseases. (See Counsyl testing information attached.)

The California Prenatal Screening Program also offers Quad Marker Screening, Serum Integrated Screening, and Sequential Integrated Screening. A screening test estimates the chance (risk) that the fetus has a genetic disorder or birth defect. This is called a "Risk Assessment." This test screens for Down syndrome, Trisomy 18, Trisomy 13, Neural Tube Defects, Abdominal Wall Defects, and Smith-Lemli-Opitz syndrome (SLOS). If the risk is high, genetic counseling and further diagnostic tests may be offered. (Please see testing booklet for more information)

You have the option of having Noninvasive Prenatal Testing (NIPT), Chorionic Villus Sampling (CVS) or an Amniocentesis. A referral to a genetic counselor will be arranged if you are or older than 35 at the time of your due date or if you have any high risk genetic history.

Subsequent Visits: Between your initial visit and about 30 weeks, you will be seen every four weeks. The visits will include uterine measurements, blood pressure, and a weight check. We will also be asking for a urine sample to check for sugar and protein (to detect high blood pressure diseases and diabetes of pregnancy)

Between 16 and 21 weeks, you will have a detailed ultrasound at an Imaging facility or a Perinatology office, depending on the circumstances of your pregnancy.

Between 24 and 28 weeks, you will be screened for gestational diabetes and for anemia. This non-fasting test is done at an outside laboratory and takes about one hour.

During the late second and early third trimester, you will begin rotating through the other obstetricians in our office to meet them, in case they are on call the day of your delivery.

At 32 weeks, you will begin more frequent visits. During the last month of your pregnancy, you will be seen weekly, usually by your primary obstetrician.

At 36 weeks, a vaginal/rectal culture for Group Beta Streptococcus (GBS) will be taken to determine if you need antibiotics at the time of delivery. You will be evaluated weekly with pelvic examinations to note any changes in your cervix. The baby's position will be confirmed, and the doctor will review your delivery plans.

Frequently Asked Questions

What do I do if I have a problem when the office is closed?

Our normal office and phone line hours are from 9 am to 5 pm Monday through Friday and closed holidays. Most problems and routine questions are handled during this time. If a true emergency occurs when the office is closed, please call our regular office number (916) 927-3178 and our exchange will contact the on call doctor. Please note that our physicians call from a private number, so please be available.

As we are Obstetricians and Gynecologists only, we do not handle non-pregnancy related problems. These should be referred to your primary care physician.

In an emergency, you should go to the Emergency Room covered by your insurance.

Our doctors practice at the following hospitals:

1. Sutter Medical Center Anderson Lucchetti Women's and Children's Hospital at 28th and Capitol
2. Mercy General Hospital at 41st and J Street

For less serious problems, an urgent care center or after hours clinic should suffice.

In a life-threatening emergency, you should call 911 or go to the nearest emergency facility.

If you have a problem requiring same day attention, please call as soon after 9 AM as possible , so that we can schedule you an appointment, arrange for testing, or make a referral for you in a timely manner.

What symptoms need immediate attention?

- Any vaginal bleeding
- Sharp abdominal pain (not related to a bowel movement) that does not resolve quickly
- One leg that is swollen to double the size of the other, severe hand and facial swelling
- Persistent severe headaches
- Blurred vision or visual changes
- Fever over 102 degrees
- Severe nausea and vomiting for over 24 hours

When is a good time to ask questions about my pregnancy?

Most questions about your pregnancy can be answered by the physicians or our staff at the time of your visits. Please write down any questions you have, so that they can be discussed.

Calls to the physicians outside of office hours should be reserved for true emergency situations.

Can I exercise during my pregnancy?

A program of regular exercise during your pregnancy will improve your muscle tone and the health of your heart and blood vessels. It will also help you maintain the body weight that is best for you throughout your pregnancy and will help give you an overall healthy feeling as your body copes with the physical changes that normally occur during these 9 months. Regular exercise will also aid in preventing constipation. However, you should remember some general guidelines:

- Maintain adequate water intake
- Stop regularly to rest
- Eat 1-2 hours before exercising
- The most beneficial and safest exercises are low impact, aerobic activities such as walking, swimming, and cycling
- For your comfort, wear a supportive bra and good shoes
- AVOID strenuous exercise or prolonged activity during extremely hot or humid weather
- AVOID activities that may cause you to fall or have something hit your body with force
- Be careful not to become overheated, especially in warm weather. If you become dizzy or light headed, stop to rest or switch to a less strenuous activity. To help prevent becoming overheated, make sure your clothing is appropriate for the weather and for the activity you are doing. You should be able to sweat freely. Please speak with your physician regarding questions about exercise

What vitamins should I be taking during my pregnancy?

Prenatal vitamins with folic acid and DHA are recommended throughout pregnancy, postpartum, and breastfeeding. Generally, any prenatal vitamin is acceptable and should be taken with food. Although most prenatal vitamins have some iron, your doctor may ask you to add an iron supplement based on your lab results.

If you do not consume 3-5 servings of dairy products daily, supplemental calcium is recommended. Calcium requirements, as well as caloric requirements, increase during breastfeeding. Prenatal vitamins, iron and calcium can all be purchased without a prescription, and generic products are usually acceptable.

Am I really eating for two?

A well-balanced diet consisting of protein, fish, colorful vegetables, grains, fruits, and dairy products is needed throughout pregnancy, recovery, and lactation. You should expect to gain 1-4 pounds during the first three months. Aim for weight gain of 1 pound each week for the rest of your pregnancy—and about half this amount if you are overweight. The recommendation for each pregnancy varies, and our doctors will discuss your progress throughout the pregnancy.

Which foods are safe to eat?

- Enjoy up to 12 ounces a week of fish and shellfish that are low in mercury (see below)
- Drink non-fat or low-fat milk. If you feel bloated or have other digestive issues, try smaller amounts with meals, lactose-free milk, hard cheeses or yogurt.
- You may drink up to 2 cups of brewed coffee or 5 cups of tea each day. Over 200 mg of caffeine per day may increase your risk of miscarriage. For reference, a cup of brewed coffee contains about 100 mg, and an espresso shot contains about 80 mg.
- If you follow a vegetarian diet, be sure to keep up with protein and iron needs. Speak with your physician or a registered dietician with any concerns.

What foods should I avoid?

- Raw fish, meat or eggs
- Unpasteurized juices or milk (no raw milk)
- Soft cheeses made with unpasteurized milk. You may eat feta, Brie, blue-veined cheese or Mexican-style cheeses if the label says “made with pasteurized milk.”
- Fish with high mercury content, including shark, swordfish, king mackerel, tilefish, and tuna steaks
- Raw sprouts, especially alfalfa sprouts
- All alcoholic drinks, including beer and wine
- Sweetened beverages, including fruit juices and Gatorade
- Remember to reheat until steaming any deli meats and hot dogs. Deli meats over 3-5 days old should not be eaten. Wash all fruits and vegetables well, even “prewashed” salad greens.

What if I'm constipated?

- A well-balanced diet, adequate water intake, and regular exercise can help ease this common pregnancy problem. Avoid stimulant laxatives. Maintaining soft stool will avoid unnecessary discomfort and may help prevent hemorrhoids.
- Drink 8-12 cups (8 ounces each) of water each day.
- Eat high fiber foods, such as whole grains, beans, lentils, fruit and vegetables.
- Stool softeners and/or a fiber source may be needed and can be purchased without a prescription

Is sex safe during pregnancy?

Intercourse during pregnancy is safe and not harmful to the baby. Avoid intercourse if there is pain, vaginal bleeding, or if the membranes (bag of water) is broken.

Where will my baby be delivered?

In most cases, the delivery hospital depends upon your insurance. Our doctors have delivery privileges at the new Sutter Medical Center Anderson Lucchetti Women's and Children's Center and at Mercy General Hospital. You will be given information about the hospital and its services, such as classes and labor and delivery tours, early in your pregnancy. All pertinent information is also available on line.

Who will deliver my baby?

Our doctors share obstetrical call coverage. Thus, if you are admitted to the hospital in spontaneous labor, you will know who is covering for your delivery at that time. If you have a scheduled cesarean section for any reason, your primary obstetrician will likely be the delivering provider. If you require induction of labor, either your primary obstetrician or the on call doctor will manage your labor and deliver the baby. Occasionally, our practice is covered by Drs. Michael Chu and Victor Chan, experienced private practice Obstetrician/Gynecologists.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

Best Choices

EAT 2 TO 3 SERVINGS A WEEK

OR

Good Choices

EAT 1 SERVING A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster, American and spiny	Shad
Atlantic mackerel	Mullet	Shrimp
Black sea bass	Oyster	Skate
Butterfish	Pacific chub mackerel	Smelt
Catfish	Perch, freshwater and ocean	Sole
Clam	Pickering	Squid
Cod	Plaice	Tilapia
Crab	Pollock	Trout, freshwater
Crawfish	Salmon	Tuna, canned light (includes skipjack)
Flounder	Sardine	Whitefish
Haddock		Whiting
Hake		

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid

HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.fda.gov/fishadvice
www.epa.gov/fishadvice



Prenatal Visit Schedule

EDC: _____

New OB visit (Primary OB)

- Between 8-10 weeks
- Full physical exam/review patient history
- Ultrasound – due date (EDC)
- Review labs and tests available
- Discuss how practice works (rotation/call schedule)
- Give new OB packet/schedule

Next Visit at 12-14 weeks (Primary OB)

- Review prenatal labs/NT
- Order 2nd trimester labs
- Heart tones/uterine measurement
- Answer patient questions

Next visit at 16-18 weeks (Primary OB)

- Review 1st trimester results
- Order level 2 ultrasound
- Heart tones/uterine measurement
- Discuss prenatal classes
- Answer patient questions

Next visit at 22 weeks (Primary OB)

- Review 2nd trimester labs
- Review level 2 ultrasound
- Give order for 1 hour glucose
- Class/Hospital tour
- Heart tones/uterine measurement
- Answer patient questions
- Begin scheduling rotation visits

Next visit at 28 weeks (non-primary OB)

- Review 1 hour glucose test
- Rhogam if needed
- Preterm Labor precautions
- Kick Counts- handout
- Heart tones/uterine measurement
- Answer patient questions

Next visit at 32 weeks (non-primary OB)

- Tdap vaccine
- Cord blood options
- Discuss disability
- Heart tones/uterine measurement
- Answer patient questions

Next visit at 34 weeks (non-primary OB)

- Heart tones/uterine measurement
- Postpartum contraception
- Discuss pediatrician/hospital tour
- Answer patient questions

Next visit at 36 weeks (non-primary OB)

- Confirm position of the baby
- Group B strep culture
- Possible cervical check
- Heart tones/uterine measurement
- Rotate back to primary OB
- Answer patient questions

Next visit at 37 weeks (Primary OB)

- Cervical check
- Review Group B strep culture
- Heart tones/uterine measurement
- Discuss labor signs and symptoms-handout
- Answer patient questions

Next visit at 38 (Primary OB)

- Cervical check
- Heart tones/uterine measurement
- Discuss induction of labor/ consider scheduling
- Answer patient questions

Next visit at 39 weeks (Primary OB)

- Cervical check
- Heart tones/uterine measurement
- Answer patient questions

Next visit at 40 weeks (Primary OB)

- Cervical check
- Heart tones/uterine measurement
- Answer patient questions
- Schedule NST/AFI if needed

****A Urine sample is required at every visit; please provide the sample prior to being called from waiting room.**

****Please call to schedule your six-week post-partum visit soon after delivery.**

Timing of Routine Prenatal Testing

PRENATAL LABS (NON- FASTING):

10 weeks – 12 weeks

GENETIC SCREENING, such as Counsyl (optional):

10 weeks – 14 weeks

NIPT or CVS (optional):

10 weeks – 12 weeks

1 SCREEN LABS (optional):

10 weeks – 12 weeks

NUCHAL TRANSLUCENCY ULTRASOUND (optional):

11 weeks 2 days – 13 weeks

2 SCREEN LABS (optional):

15 weeks to 20 weeks

AMNIOCENTESIS (optional):

16 weeks

ANATOMY ULTRASOUND:

16 weeks – 21 weeks

1 HOUR GLUCOSE/CBC (NON- FASTING):

24 weeks – 28 weeks

ANTIBODY SCREEN (for Rh negative patients only):

24 weeks -28 weeks

RHOGAM INJECTION (for Rh negative patients only):

28 weeks

Tdap Vaccine (Whooping Cough)

32 weeks

GROUP BETA STREP (GBS) CULTURE:

36 weeks

Advice for Nausea and Vomiting

Get up slowly in the morning, and sit on the side of the bed for a few minutes

Eat dry toast or crackers – try this before you get out of bed in the morning

Get plenty of fresh air, try opening windows and keeping the shower door open

Stay hydrated

Walk outside

Try cold drinks, in small quantities, that are bubbly or sweet

Eat small meals with 1-2 ounces of protein rich foods, rather than a few large ones. Try eating something every 2-3 hours. Protein rich foods include dairy, nuts, poultry, fish, red meat, and legumes.

Avoid smells that bother you

Eat foods that are low in fat and easy to digest.

Replace your prenatal vitamin with a chewable prenatal or just take 800 micrograms of folic acid

Try Emetrol (use as directed)

Ginger-containing foods or drinks may help

Get adequate sleep at night; try to avoid naps during the daytime

Try sucking on hard candy – sourballs or fireballs

Try wearing Seabands- acupressure bands that apply pressure at a point on the medial surface of the arm (available at most pharmacies)

Try carrying a fresh cut lemon to smell

Ask for help at home, especially in preparing meals

Hypnosis or acupuncture may help

Atypical foods have helped some women – potato chips, French fries, granny smith apples, popsicles, watermelon, ice chips, and dill pickles

Reduce stress as much as possible

Deep breathing may help

Meditation may help

If the above measures provide no relief, you may try the following:

Vitamin B6 (pyridoxine) 25 mg 1-2 times/day

Unisom 1-2 times/day combined with the B6

Please call the office if any of the following occur:

You can't keep anything down (solids and liquids) for greater than 24 hours

You feel very dehydrated

You have a small amount of urine and it is a dark color

You are dizzy or faint upon standing up

Medications in Pregnancy

We advise that all medications and herbal supplements (over the counter and prescribed) be avoided during the first 13 weeks of pregnancy unless prescribed or approved by one of the physicians in the practice. If you take medication for a medical condition and are newly pregnant, please notify our office, so that specific instructions can be given.

Below is a list of relatively safe medications available over the counter that may be taken after the first 13 weeks of pregnancy. No medication is 100% safe during pregnancy but the risks of taking these medications appear to be low after the baby's major development is completed. The medications are listed by the generic components and a brand name is suggested in parenthesis. **Avoid** combining medication with multiple ingredients, herbal products, mega-dose vitamins, and health food supplements. All others should be discussed with your physician.

Fever/Pain/Headache

Acetaminophen (Tylenol)

Nasal/Sinus Congestion

Diphenhydramine (Benadryl)

Loratadine (Claritin or Alavert)

Note: Do **NOT** use Tylenol Cold, Sudafed, or Mucinex

Upset Stomach/Heartburn

Calcium carbonate (Tums)

Calcium carbonate and magnesium hydroxide (Mylanta)

Vaginal Yeast Infection

Any topical vaginal product is allowed (Monistat 7 day, Gyne-Iotrimin, Mycelex)

Hemorrhoids

Tucks

Preparation H

Constipation

Docusate sodium/calcium (Colace, Surfak)

Psyllium (Metamucil, Konsyl)

Miralta

Nausea/Vomiting

Vitamin B6 and Unisom

Phosphorylated carbohydrate (Emetrol)

Acne

Any topical nonprescription product

Do not use Retin A products

Fetal Movement Counts

After 28 weeks you may help check on your baby by using fetal movement counts. Pick the time of day your baby is most active. Lie down on your left side, place your hands on your belly, and count each kick or roll that the baby makes. You can stop when you get 10 movements. If you do NOT count ten movements in ONE HOUR, drink some fluids and change your position. If your baby does not move 10 times within the SECOND HOUR, please go the Labor and Delivery unit at your delivery hospital. They will monitor the baby and call us with the results.

Labor Recognition after 37 weeks

You do not have to call or page us if you have signs and symptoms of labor. Please go directly to the hospital if you have any of the following symptoms:

1. Strong regular contractions that are occurring less than 5 minutes apart and have lasted greater than one hour
2. Amniotic fluid (water-like discharge) leakage
3. Vaginal bleeding
4. Decreased fetal movement (less than 10 movements in 2 hours) **after 28 weeks.**

If you plan to apply for disability for your pregnancy or maternity leave...

First speak with your HR department for any documentation needed. If your spouse plans to apply for leave, also ask for their required paperwork early in the pregnancy.
You will then need to see our front desk receptionists regarding pre-payment for processing of all disability paperwork.

- Please make checks in the amount of \$20 payable to Sacramento Women's Health with "Disability Paperwork" noted
- Please provide a fax number or address for sending the forms if you are not picking them up
- State disability may be applied for online at www.edd.ca.gov
- Please provide the receipt number if you file online

Medical Assistants and Doctors will not be able to take your paperwork until the payment is collected. Please be patient with this tedious process. Your disability paperwork is important to us, but the process of certifying your disability is time consuming. Our staff complete these forms along with all of their other patient care responsibilities.

Your understanding is greatly appreciated.

Sincerely,

Drs. Hiuga, Gregg, Finegan, Mikacich, and Rooney

Patient Name: _____ Date Of Birth: _____

Last day of work: _____ First day of Leave: _____

Physician: _____ Social Security: _____

Scheduled C-Section: _____

Signature: _____ Date: _____

Pediatricians

THE FOLLOWING PEDIATRICIANS ARE RECOMMENDED BY SACRAMENTO WOMEN'S HEALTH. PLEASE CHECK TO SEE IF THEY ARE THE ONES AVAILABLE TO YOU ON YOUR INSURANCE PLAN. IF YOUR PEDIATRICIAN DOES NOT COME TO SUTTER MEMORIAL OR MERCY GENERAL HOSPITAL, WE WILL ARRANGE FOR A DOCTOR TO SEE YOUR BABY IN THE HOSPITAL. THE INFANT CAN FOLLOW UP WITH YOUR PEDIATRICIAN WHEN YOU GO HOME.

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