

## **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.

**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 may 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, 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.

For less serious issues, not related to pregnancy, an urgent care center or after-hours clinic should suffice.

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~~

**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
- No fetal movement despite encouragement such as with eating/drinking and touching baby
- Not meeting "Kick Counts" in the time allotted, as described on the handout in this booklet
- 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. If you follow a special diet or have food restrictions, please tell your doctor so they can make special recommendations. 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 handout)
- 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 or other special diet, be sure to keep up with protein and iron needs. Speak with your physician or a registered dietician with any concerns.
- Organic fruits and vegetables are best, if available

### **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 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.

# 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.



For an adult  
4 ounces



For children,  
ages 4 to 7  
2 ounces

## What is a serving?

To find out, use the palm of your hand!

## Best Choices

EAT 2 TO 3 SERVINGS A WEEK

Anchovy  
Atlantic croaker  
Atlantic mackerel  
Black sea bass  
Butterfish  
Catfish  
Clam  
Cod  
Crab  
Crawfish  
Flounder  
Haddock  
Hake  
Herring  
Lobster,  
American and spiny  
Mullet  
Oyster  
Pacific chub  
mackerel  
Perch, freshwater  
and ocean  
Pickerel  
Plaice  
Pollock  
Salmon  
Sardine

Scallop  
Shad  
Shrimp  
Skate  
Smelt  
Sole  
Squid  
Tilapia  
Trout, freshwater  
Tuna, canned light  
(includes skipjack)  
Whitefish  
Whiting

OR

## Good Choices

EAT 1 SERVING A WEEK

Bluefish  
Buffalofish  
Carp  
Chilean sea bass/  
Patagonian toothfish  
Grouper  
Halibut  
Mahi mahi/  
dolphinfish

Monkfish  
Rockfish  
Sablefish  
Sheepshead  
Snapper  
Spanish mackerel  
Striped bass  
(ocean)

Tilefish (Atlantic  
Ocean)  
Tuna, albacore/  
white tuna, canned  
and fresh/frozen  
Tuna, yellowfin  
Weakfish/seatrout  
White croaker/  
Pacific croaker

## Choices to Avoid

HIGHEST MERCURY LEVELS

King mackerel  
Marlin  
Orange roughy

Tilefish  
(Gulf of Mexico)  
Tuna, bigeye

Shark  
Swordfish

\*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](http://www.FDA.gov/fishadvice)

[www.EPA.gov/fishadvice](http://www.EPA.gov/fishadvice)





## Pregnant and Breastfeeding Women and Cannabis

Consuming cannabis (marijuana, weed, pot, etc.) can affect the health of your baby and is not recommended for women who are pregnant or breastfeeding, or who plan to become pregnant soon. Here are some important facts you should know.

### Cannabis Can Harm Your Baby

- Research shows that if you use cannabis while you are pregnant or breastfeeding:
  - Your baby may be born with a lower birth weight.<sup>1,2</sup>
  - A low birth weight baby is more likely to have health problems, especially in the first year of life.<sup>3</sup>
  - The growth and development of your baby's brain can be harmed.<sup>4,5</sup>

### How Cannabis Affects Your Baby

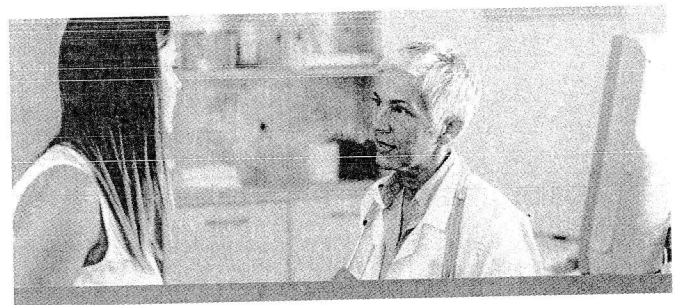
- No matter how you use cannabis (smoking, vaping, eating, or drinking), the active ingredient in cannabis, THC (tetrahydrocannabinol), will reach your baby in three ways:
  - Through your bloodstream and into the placenta (the organ that feeds your baby during pregnancy).<sup>6,7</sup>
  - Through your breast milk.<sup>8,9</sup>

“Pumping and Dumping” doesn't work. THC is stored in fat cells and is slowly released over several weeks, so it stays in your breast milk.<sup>10</sup>
  - Through secondhand smoke that enters your baby's lungs.<sup>11,12</sup>

### No Amount of Cannabis is Safe

- Leading doctors' organizations such as the American College of Obstetricians<sup>13</sup> and Gynecologists and the American Academy of Pediatrics<sup>14</sup> recommend that:

- If you are pregnant or thinking about becoming pregnant soon, discontinue use of cannabis.
- If you already use cannabis for medicinal purposes, discontinue use in favor of an alternative treatment which research shows is safer during pregnancy.
- Don't breathe cannabis smoke if you are pregnant. It is bad both for you and your baby because, like tobacco smoke, it lowers your oxygen levels, introduces toxins into your system and harms your lungs.<sup>15,16</sup>
- Talk to your doctor about any questions you have about cannabis.<sup>17</sup>



 **LET'S TALK CANNABIS**

 <http://bit.do/letstalkcannabis>  
 [letstalkcannabis@cdph.ca.gov](mailto:letstalkcannabis@cdph.ca.gov)

Under California law, adults 21 or older can use, carry, and grow cannabis (marijuana, weed, pot, etc.). Buying cannabis (without a valid physician's recommendation or a county-issued medical marijuana identification card) will become legal under California law for adults 21 or older on January 1, 2018. Use of medicinal cannabis is legal under California law if you have a valid physician's recommendation or a valid county-issued medical marijuana identification card. To buy medicinal cannabis, you must be 18 or older and have either a valid physician's recommendation, a valid county-issued medical marijuana identification card, or be a Primary Caregiver as defined in Health and Safety Code Section 11362.7(d) or 11362.5(e), with a valid physician's recommendation for the patient. In addition, consistent with the Compassionate Use Act, you may possess or cultivate any amount that is reasonably related to your current medical needs. The new California law, known as the Medicinal and Adult-Use Cannabis Regulation and Safety Act<sup>18</sup>, includes information about where you can use cannabis, how much you can possess, and the penalties for illegal use. For more information, visit: [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=2017201805B94](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=2017201805B94).



## Prenatal Visit Schedule

EDC: \_\_\_\_\_

### New OB visit (Primary OB)

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

### Next Visit at 12-14 weeks (Primary OB)

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

### Next visit at 16-18 weeks (Primary OB)

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

### Next visit at 22 weeks (Primary OB)

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

### Next visit at 26-28 weeks (non-primary OB)

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

### Next visit at 32 weeks (non-primary OB)

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

### Next visit at 34 weeks (non-primary OB)

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

### Next visit at 36 weeks (non-primary OB)

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

### Next visit at 37 weeks (Primary OB)

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

### Next visit at 38 (Primary OB)

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

### Next visit at 39 weeks (Primary OB)

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

### Next visit at 40 weeks (Primary OB)

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

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



## Timing of Routine Prenatal Testing

### Flu Shot

Anytime during flu season

### 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

### 1st trimester California State Screen (optional):

10 weeks – 12 weeks

### NUCHAL TRANSLUCENCY ULTRASOUND (optional):

11 weeks 2 days – 13 weeks

### 2nd trimester California State Screen (optional):

15 weeks – 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)

28 – 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)

(Note: **DO NOT** use Pepto Bismol)

### **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)

Miralax

### **Nausea/Vomiting**

Vitamin B6 and Unisom

Phosphorated 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**

**PEDIATRICIANS**

THE FOLLOWING PEDIATRICIANS ARE RECOMMENDED BY SACRAMENTO WOMEN'S HEALTH. PLEASE CHECK TO MAKE SURE THEY ACCEPT YOUR INSURANCE PLAN. IF YOUR PEDIATRICIAN DOES NOT COME TO SUTTER MEDICAL CENTER 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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**Hill Physicians**

**If you plan to apply for disability:**

First speak with you HR department for any documentation needed. If your spouse plans to apply for leave, also ask for their required paperwork.

You will then need to see our front desk receptionists regarding pre-payment for processing of all disability paperwork.

- Processing fee is \$20. You can pay by cash, credit card, or by check. If choose to pay by check, make check payable to Sacrament 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 [wwe.edd.ca.gov](http://wwe.edd.ca.gov)
- Please provide the receipt number if you file online.

**We will not be able to complete your paperwork until the \$20 processing fee has been 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 completes these forms along with their other patient care responsibilities.

Your understanding is greatly appreciated.

Sincerely,

Drs. Hiuga, Gregg, Mikacich, Rooney, Macnear, Coker and Chu



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last day of work: \_\_\_\_\_ First day of Leave: \_\_\_\_\_

Physician: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Scheduled C-Section: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_