

Preparing for Your Baby's Arrival

Breast or bottle?

During mid-pregnancy, you should begin to think about how you want to feed your baby. It is very important to us that you make an informed decision that you won't regret later.

Recent studies on infant feeding have shown breast milk to be far superior to formula, and unquestionably the best food for babies. As of December 1997, the American Academy of Pediatrics recommends "that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired," because "breastfeeding ensures the best possible health, as well as the best developmental and psychosocial outcomes for the infant." In addition to the nutritional advantages, we now know that breastfed babies have less frequent and fewer bouts of diarrhea, fewer ear infections, less hospitalizations, and less speech problems later on.

We feel that you should learn all you can about feeding your baby before making a final decision. Breastfeeding is still a good option even if you have to return to work (see "Breastfeeding While Working"). Talk with us, attend the *Breastfeeding Seminar*, read books and articles (see Recommended Reading list about breastfeeding on page 58), talk it over with your partner and pediatrician. Most of all, try not to be influenced by friends and family relating what worked for them. Each baby is different, and yours is the most precious one in the world. If you choose to breastfeed, know that you're giving your baby every advantage.

If you choose to bottle-feed, know that you've made an informed decision that's right for you. Talk with your nurse practitioner about measures to suppress milk production after your delivery. You might ask your pediatrician or pediatric nurse practitioner for advice about choosing a formula.

If you can't make up your mind, give breastfeeding a try. You can change to part-time nursing or completely wean to formula if you decide breastfeeding is not for you. It is not as easy to change from bottle to breast; however, it can usually be done even a week or so after delivery with patience and determination.

Good luck in making the right decision for you and your baby.

If you choose part-time nursing, approximately 2 weeks prior to returning to work, drop one breastfeeding that would occur during working hours every few days. Offer a bottle instead of the breast at these feedings. This eliminates the need to pump by decreasing milk supply during working hours. The wonderful part is still being able to come home, curl up, and nurse your baby after being separated.

If you have access to a good refrigerator or (preferably) a freezer at work, you can pump, and the milk can be saved and given to your baby in a bottle by your child care provider. Without good refrigeration, the milk may need to be discarded. One suggestion is to use the type of bottle-feeding system which utilizes plastic bags, rubber nipples, and a hollow cylindrical holder (Playtex and Gerber, among other companies, manufacture this type of system). You can pour the breast milk from the pump bottle into a sterile plastic bag, put a twist tie around it, and freeze it. Freeze milk in 2 and 4 oz. amounts so that a minimum is wasted. Your baby-sitter can drop the frozen bag into some warm water to heat it, attach the nipple, and feed it to your baby.

Note: *Never heat frozen breast milk in a microwave oven, since the nutritional value can be altered, the bag can explode, or the twist tie can catch fire.*



Frozen milk can be stored for 2 months in a refrigerator top freezer, for six months in a deep freeze; but milk that is simply refrigerated should be used in 48 hours. While thawing milk from frozen, it can be kept in refrigerator for 24 hours. A small styrofoam insulated container can be used to transport the milk from work to home.

Breastfeeding while working

Many new mothers have jobs or careers to return to at the end of their maternity leave. Breastfeeding while working is a wonderful choice for you and your baby since it will allow you special time with your baby when you're home. Another advantage is that illness is decreased in breastfed infants. This helps to offset the increase in exposure to illness in day care settings. Breastfeeding while working can be accomplished in two ways.

The best option is to continue to provide breast milk to your baby on a full-time basis. If you have a child care provider who can bring the baby to you or on-site child care facilities, you can continue to nurse. More often you will need to pump while you are away for the first few months, usually 2-3 times in an 8-10 hour separation from the baby. Ideally, you would be able to work part time and have shorter, less frequent separations from the baby. In this case, if you pumped daily (when you first get up in the morning) you would have a supply of breast milk in the freezer for your day care provider. See the section on breast pumps for more information on pumps.

The second option is to wean to part-time nursing. You are still providing your baby with many of the advantages of breastfeeding but eliminate the need to pump. This might be a good option for full-time working "superwomen" who feel they can't manage a new baby, home, job, and full-time nursing too.

Breastfeeding success checklist

You can tell that breastfeeding your newborn is going well if:

- he nurses 8 to 12 times in 24 hours
- he has 6 wet diapers in 24 hours by Day 3 to 5
- he has mustardy cottage-cheesy stools, up to 12/day
- you can hear him swallowing at the breast
- he seems satisfied after most feeds
- your nipples are not red or painful

If any of these things aren't happening, call the office or the Lactation Service at the Medical Center (577-2662) for help and advice.

Breast pumps

For those women who will be nursing for more than a few weeks, a breast pump is highly recommended. Although some women have good luck with hand expression, most women find they can express more effectively with a pump. Having breast milk in your freezer is like having a car in the driveway: you are free to leave the baby for a few hours if need be.

There are 3 types of pumps that we recommend. The least expensive are the Medela or Kaneson cylinder pumps. These hand-controlled pumps mechanically express milk from the breast. Please buy the brand names because the imitation pumps don't work as well. The Medela manual pump is available through Medela for about \$20.

The most frequently used pump is the battery-operated type with an electric outlet adapter. Many of the smaller ones do not exert sufficient pressure, and pull on the breast. Medela makes a mini-electric pump that exerts pressure which is similar to the level of suction your baby exerts (pressure equivalent to 220mm of mercury). The Medela mini-electric also cycles more rapidly than other battery-operated pumps, again, more closely mimicking the baby. Both of these factors make pumping more comfortable and effective. The Medela mini-electric is available locally for about \$70. They also make other portable pumps for use with a double set-up. Because manufacturers' product lines and specifications are always changing, contact us for the most recent information.

For long term pumping or to establish or maintain your milk supply for a hospitalized infant, we recommend a hospital-grade electric pump. This type of pump is particularly good for pumping at work since it is both quiet and efficient, and can

be set up to pump both breasts simultaneously. These can be rented through a Medela pump rental station, the Medical Center NICU, or the LaLeche League for about \$1-2 per day, after initial set up costs. You will receive instructions on how to set up, use, and clean the pump.

Pumping and having the milk available to your baby is extremely satisfying because you have chosen the healthiest option for your baby. Getting the best and most efficient equipment makes the process so much easier for the time-constrained new mother. And remember, you can't formula-feed a baby for \$45 a month!

Choosing a pediatric care provider

There are many factors to consider when choosing your baby's pediatric care provider.

- How accessible are they? What hospital do they generally admit to?
Choose a practice whose office is reasonably near your home.
- How large is the practice? How many are in the group?
- How receptive are they to questions about fears and routine care?
Or do they have a good nurse or nurse practitioner who will be available to answer questions and provide support for fears and questions about parenting?
- Do they support breastfeeding? Will they take your personal needs, desires and fears into account when recommending feeding changes?
- Do you feel comfortable with them?

Family practices can also provide pediatric care for healthy newborns. Ask more than one friend for recommendations; probe and question the pros and cons of each. Some practices have "open houses" for prospective new patients. If not, make an appointment to meet the providers during your pregnancy. We will be happy to discuss this important decision further with you.

Preparing for parenthood

In addition to preparing for labor and delivery, you should also begin to prepare for the changes that will inevitably occur with the arrival of your baby. By the end, most couples are beginning to long for things to get back to "normal" again. The truth of the matter is that this will never happen.

Babies have a way of changing your life-style, your relationship as a couple, your routines, your plans, and your outlook on life. We hope that the following suggestions will help you get ready for these changes, and in this way, make your adjustment to parenthood easier.

Being able to talk about problems, feelings, and needs really helps parents get used to their new roles. If you and your partner are not used to communicating with each other, start now. Discuss how you both feel about this pregnancy, what your expectations are for labor and delivery, and what changes you anticipate when the baby arrives. It is not too early to map out a tentative plan of action for coping with middle-of-the-night feedings, dirty diapers, returning to work, and less freedom to just take off somewhere together. Having already talked about these changes makes it a little easier to deal with them later on.

Get to know other couples who are going to have babies around the time that you are or who have young babies. Also, swapping baby-sitting time helps to cut expenses.

Get into the habit of napping or at least resting during the day. Don't feel guilty about unplugging the phone or putting a "Do Not Disturb" sign on the door.

Stock up on frozen foods that will help keep meals quick and easy. If you have



freezer space, double the recipe when making casseroles now, freeze half for after the baby comes.

Plan to cut down, but not stop entirely, social activities. Now is not the time to take on time-consuming jobs or responsibilities. Your getting-out-of-the-house activities should be relaxing and fun. Have everything ready beforehand. Wash the baby clothes, set up the bed, get a child safety seat and figure out how to use it, stock up on sanitary pads for the first weeks, get film for your camera, buy at least 2 nursing bras and a bra extender, pack your suitcase, etc.

If it is important for you to be on time with gifts and cards for birthdays, anniversaries, etc., check your calendar for upcoming events and buy things ahead of time. Shopping on the internet can save time and energy. Don't forget gift certificates. Most people will understand that you have limited energy for shopping late in pregnancy, or with a newborn. Many mothers address their birth announcements ahead of time too.

Accept the fact that it will probably take some time before you can comfortably fit into your non-pregnant clothes. Make sure your wardrobe includes some "adjustable" outfits. If you plan to breastfeed, 2-piece outfits or button-down-the-front tops will be most convenient.

Arrange to have as much help as possible for the first week or so (in case of a cesarean birth, you will need 2 full weeks of help). You should plan on taking care of only yourself and the baby. Let your partner, a close relative, or friend manage the dishes, meals, laundry, cleaning, care of older children, etc. The idea of having help is to give you a chance to rest, recuperate, and also build up your confidence as a new mother. This is not the time to have people around who expect to be entertained or who will not be supportive and really helpful. If family or friends are not available, investigate the possibility of having a teenager come and help with the chores each afternoon or a couple of times a week. (This is a good way to evaluate potential baby-sitters.) Make a list of things that she can do.

Find a baby-sitter you like and trust. This is especially important if you plan to return to work shortly after the baby is born.

If you have a choice, avoid a major change such as a move or new job during the early postpartum months.

Preparing siblings for the new baby

How you prepare your child will depend on what is comfortable for you and what common sense tells you is right for your child. Here are some suggestions to help you.

The right time to begin depends a lot on the child's age. A 5-year-old has a much better concept of time than a toddler does. Some parents wait until the child begins to ask questions about mommy's growing belly or until they begin to prepare the clothing and equipment for the new baby. It is important that older children be told about the baby if your pregnancy is becoming a topic of discussion with family and friends. Even very young children can pick up changes in your appearance and behavior and should be told beforehand that a baby will soon be joining the family.

There are several books available to help you answer your child's questions (see page 59 for a list). Honest, simple explanations are always best. Avoid telling a child that the new baby pops out of the belly button, will be delivered by the stork, or is picked up at the hospital.

Encourage your child to touch your belly and feel the baby move. Bring him with you to hear the heartbeat.

Don't promise that the baby will be the sex your child prefers. Let him know



that you have no control over what you get!

Consider your child's point of view. Realize that all children regardless of their age have mixed feelings about the arrival of a new baby. Don't overemphasize how wonderful it is going to be and how happy he should be. Ask how he feels about the baby. Let him know that it is okay to have good and bad feelings and that he can tell you about them.

Include him as you get the baby's things ready. Older children enjoy going along with you to shop for baby items.

Reassure him that although he will soon have to share his parents, your love for him will not change. A very effective way to reinforce this is to set aside some time each day for him. By giving him your undivided attention for a short time (even 15 minutes), you are letting him know he is special. When possible, let him know approximately when this time will be (after his nap, before his bath, etc.) and give him a choice of activities.

Try to continue this ritual after the baby's arrival. Picture books or photos of your child as a baby will help him to realize that the baby won't be an instant playmate. If possible, visit or baby-sit an infant so he can begin to realize that a baby will need a lot of attention.

Talk about how your household routine will be changed. Discuss the crying that the baby will do and the fact that the baby will take a lot of your time and that he may feel unhappy and left out at times.

As your due date approaches, let him know that you will be going to the hospital soon, that you will have to stay there for a few days, but that you will be coming home. Emphasize that he can come to visit you and see the new baby.

Take him to the prepared sibling class (Sibling Seminar) at the Medical Center in the month before you are due. This will help your child to understand what is happening, and give him an idea where you are when you are gone from home for the delivery.

During your hospital stay, try to keep his routine as unchanged as possible. Some mothers find it helpful to write out a schedule and leave a list of favorite foods, toys, etc. for dad or the babysitter.

Avoid other big changes in his life at this time (weaning, room change, crib to bed, potty training, etc.) and expect some regression to more "baby-like" behavior when the baby comes home.

It is very important that he knows and feels comfortable with the person who will be taking care of him while you are gone. Whenever possible, have this person come to your home so your child will be in familiar surroundings.

Make arrangements for him to visit you every day if possible, so he can see where you are and that you are all right. Keep in touch via phone calls. Removing the mystery of your sudden disappearance does a lot to relieve anxiety.

During his visits, try to pay more attention to him than to the baby, at least initially. Many mothers like to have a special gift to give to their older child when they come home with the baby. It can also work well to take the older child shopping for a present for the baby.

For more information, see the books on the Recommended Reading list.

Newborn circumcision

It is good to think about the issue of circumcision in advance so that you don't have to make a decision the morning after delivery, when you're exhausted and stressed. The most recent Policy Statement on circumcision issued by the American Academy of Pediatrics (March, 1999) states that "evidence demonstrates potential

medical benefits of newborn male circumcision, however, these data are not sufficient to recommend routine neonatal circumcision.” After recommending that parents “be given accurate and unbiased information” with which to make a decision, the Statement concludes: “If a decision for circumcision is made, procedural analgesia should be provided.”

The Policy Statement can be accessed from the AAP website (www.aap.org, then click on “AAP Policy Statements”). It is well-written and very complete, and we suggest that all prospective parents review it.

Non-religious circumcision is predominantly a phenomenon of the English-speaking world. In the United States the incidence was 64% in 1995 (about 81% in whites, 65% in African-Americans, and 51% in Hispanic-Americans). In Canada, it is about 50%. Non-religious newborn circumcision is uncommon elsewhere.

In our hospital, circumcision is performed by the pediatrician, usually on the first or second day after birth. It is frequently done on the day of discharge from the hospital. It consists of the removal of the piece of skin (the foreskin) which covers the head (glans) of the penis. In nearly all newborns, the foreskin is tightly stuck to the glans; it loosens and becomes retractable in 50% of boys by age one, 90% by age three, and 99% by the teenage years. Proper hygiene for uncircumcised boys or men consists of regularly retracting the foreskin to clean the area underneath. It is likely that the prevalence of non-religious circumcision in English-speaking countries had to do with Victorian views regarding masturbation and handling of the genitals: uncircumcised boys need to touch and manipulate their penises more than circumcised boys.

One definite “pro” of circumcision includes prevention of urinary tract infections in young infants. Although most of these infections are readily treatable, treatment may need to include hospitalization, and in a small percentage of cases, permanent scarring of the kidneys may result. Removal of the foreskin seems to decrease the number of harmful bacteria living near the urinary opening. This is a benefit only in infants because of the retractability of the foreskin which develops in older boys, thus allowing cleansing of the area. It is estimated that 1/100 uncircumcised and 1/1000 circumcised boys under age one will develop urinary tract infections; 1.88/1000 circumcised infants and 7.02/1000 uncircumcised infants will be hospitalized.

Circumcision also prevents phimosis, a condition in which the foreskin remains non-retractable and can become infected. The treatment for this condition is to perform circumcision, a more formidable procedure in an older boy or adult than in a newborn.

Another “pro” includes prevention of cancer of the penis: there are currently 200 deaths per year from penile cancer in the United States. The incidence of the disease is about 10 per year per million men, and the rate is three times higher in uncircumcised men—in other words, a very low incidence, but a high relative risk.

Circumcision is said to help prevent acquisition of certain sexually transmitted diseases. HIV, the virus which causes AIDS, can enter the body through tiny skin abrasions and scrapes which occur during sexual activity. The looseness of the foreskin is said to make it prone to develop microscopic tears during intercourse, especially in the area under the urinary opening. In one study, 2.5% of circumcised men and 16% of uncircumcised men become HIV-positive following one exposure to an HIV-positive woman. Another study found that gonorrhea and herpes were twice as common, and syphilis was 5 times as common in uncircumcised men. Some research suggests that the human papilloma virus (HPV), which can cause genital warts and which can lead to premalignant conditions in men and women,

thrives under the foreskin. However, behavioral factors are far more important than circumcision status with regards to acquiring sexually transmitted diseases.

“Cons” of circumcision include expense, surgical complications, and pain. Surgical complications are extremely rare and most are minor. Most common is bleeding (about 1/1000); others can include local infection (usually treated with topical medication), scarring of the base of the foreskin (which could require surgical correction) and scarring or narrowing of the urinary opening due to rubbing against diapers (perhaps requiring surgical dilatation). Complications are said to occur in 2 to 6/1000 cases, and death is said to have occurred in 1/500,000 circumcisions.

There is no doubt that circumcision is painful to the newborn. There is no convincing evidence that the pain causes long-term psychological problems, although a study published in 1997 indicated that infants who have been circumcised without anesthesia had a more significant response to routine vaccinations than uncircumcised infants or those who had been circumcised using a topical anesthesia. Oral acetaminophen (Tylenol) can be given. Injection of local anesthesia will decrease the pain of circumcision although it is not clear how much discomfort persists after the medication has worn off.

Accidental injections into blood vessels have been reported, and local anesthesia can potentially cause transient heart rhythm disturbances and transient decreased hearing. EMLA (a topical anesthesia cream) has been shown to decrease pain when applied to the penis an hour or two in advance and covered with an occlusive plastic dressing. As mentioned above, the AAP recommends that some type of analgesia be used.

Effects of circumcision on male or female sexual enjoyment are nearly impossible to determine.

The bottom line is that either decision is valid. The procedure is minor, complications are rare either way, and the decision may be reasonably made using non-medical factors such as parent preference and cultural/aesthetic feelings.

Decisions about circumcision should be made prior to the baby’s birth. Don’t leave such an important decision to be made during the turmoil and sleep deprivation of the first or second postpartum day.

Prenatal classes

A variety of prenatal classes are available to help prepare expectant mothers and their families for childbirth and parenthood. At the first prenatal visit, you will receive a brochure about the classes offered by Southern New Hampshire Medical Center. It is important to sign up early since these classes fill quickly.

The early pregnancy classes are designed to compliment your prepared childbirth (Lamaze) classes later. They include classes about pregnancy nutrition, child and infant CPR, and various exercise classes. The pregnancy yoga class is extremely popular. You can look on the web at www.snhmc.org, or call 1-800-628-8070 for more information.

The prepared childbirth classes offered through the Medical Center are designed to meet your particular circumstances and are offered in the 3rd trimester of pregnancy. The *Childbirth Education and Preparation* class is for first-time parents, and is offered in 3 formats: a single full-day, two half-day, or an evening a week over five weeks. Feedback from new parents suggests that those who took the five-week seminar felt best prepared for labor.

The 1-session *Childbirth Refresher* is for parents who have attended classes before. The *Cesarean Birth Seminar* is for those parents who are having a planned

cesarean section. The *Young Adult Childbirth Education and Preparation* class is designed to help young parents to prepare for labor in a comfortable environment.

The *Sibling Seminar* is divided into 3 age groups, ranging from 2-11, and is wonderful for focusing on big brothers and big sisters. Even if your child has attended the Sibling Seminar in the past, your child is developmentally different this time. He or she will gain additional benefits from their current perspective.

The *Breastfeeding Seminar* is important for all those planning to breastfeed for the first time, those who have had trouble breastfeeding in the past, and those needing to make an informed decision about breast versus bottle.

Lastly, we give a Birth Class/Meet the MDs session, which we strongly encourage our couples to attend. During it, we address our unique approach to labor and delivery, and answer any questions that may arise during your childbirth classes. It also gives you time to meet all of the physicians who also provide labor room coverage for our patients.

After delivery, the Medical Center offers progressive support groups for new mothers, as your baby grows. You can meet new mothers as well as gain support and knowledge of this dramatic time in your life. There's even a *New Dads Support Group*. Many postpartum exercise classes are also available. We encourage you to take advantage of all appropriate classes and sign up early.

Some things that you will need

Safety should be your primary consideration when buying baby equipment and furniture. Put off purchasing big items until you get to know your baby and until you have a chance to discover what you really need. When possible, borrow such things as an automatic swing, a carriage and a front carrier from friends to see if you and your baby like them before you buy.

Child safety seats

Your most important purchase for protecting your child is a child safety seat. There are many models available. Some are designed for infant use only, but can double as an infant seat outside the car. Other models can be used for both infants and toddlers, and others have additional attachments which convert them into high chairs and strollers. Investigate them carefully. Make sure the one you buy conforms to the current Federal Motor Vehicle Safety Standards (FMVSS) and is suitable for use in the make and model of your vehicle. The National Highway Traffic Safety Administration's web site provides a wealth of information to help you decide about child safety seats. We recommend you consult the web site at www.nhtsa.gov and click on Child Passenger Safety for details.

Give special attention to the directions for use. The best child safety seat will not protect your child if it not used properly. Infants must be placed in a rear-facing position, preferably in the middle of the back seat, next to an adult. Remember that all children under age 12 are prohibited from sitting in the front seat of passenger cars which have airbags. Be sure to use the recommended child safety seat anchor or tether, and use a locking clip when the seat belt has a continuous shoulder strap. If you still have questions about installation, child safety seat inspection stations are widely available. Call your local police department for the inspection station nearest you.

Although it is illegal to take your infant home from the hospital without a child safety seat, neither the hospital nor we can enforce the law. It may be tempting to hold your baby while riding, but it would impossible to adequately protect him if a crash or even a short stop occurred. The Medical Center has a few child



safety seats that can be borrowed for a 24-hour period, and a child safety seat rental plan. You can get information on child safety seat rental from the Medical Center.

Cradles, bassinets and cribs

A newborn can sleep anywhere, but often seems to feel more secure in a small confined area. Anything with sides and a firm, padded bottom will do. Being able to move it from room to room saves you a lot of unnecessary steps during the early weeks. When you purchase a crib, especially a used one, make sure that the slat distance conforms to safety standards and that the paint is lead-free.

Diapers

Buying several dozen cloth diapers and laundering them yourself is generally believed to be less expensive than contracting a diaper service or using disposable diapers. However, you should consider not only the cost of the diapers, but also the cost of washing them in hot water with 2 hot rinses, using soap and a dryer, as well as the work involved. If you do decide on this kind, prefolded diapers will save you time and will be less bulky for your baby. Buy the biggest size (they can be folded in half during the early weeks) and the best quality. Velcro diapers wraps are waterproof and allow more air to your baby than rubber pants.

Diapers from a commercial service come super-soft and sterilized and should be considered if your baby has frequent diaper rashes. Check the Yellow Pages for the company nearest you and call for an explanation of service and cost. Diapers are picked up and delivered weekly. The company supplies a deodorized container for storage of the “used” diapers. Most parents find seven dozen a week sufficient for newborns. A diaper service is a boon to parents who do not have their own laundry facilities.

Disposable diapers come in progressive sizes, designs and colors for boys and girls, and day and nighttime thickness. Disposable diapers cost about the same as diaper service or laundering your own (except in time). Some babies get diaper rash more frequently with disposable diapers. (Because the plastic layer holds in heat as well as moisture, bacteria are encouraged to grow, increasing the chance of a rash, especially if the diaper is not changed frequently.) There is much controversy over the fact that disposable diapers make up 2% of our landfill waste and whether that is worse than the energy, soap, and waste water needed to clean cloth diapers. Diaper manufacturers have worked to reduce the bulk in their diapers. Parents should make their own personal decision; you may end up using both.

Baby clothes

Remember that babies grow very rapidly during the first year so the period of usefulness for the tiny (and expensive) outfits is a short one. Rapid growth, the season of the year, laundry facilities, the size of your budget, and the probability of gifts all should be taken into consideration when buying a layette.

When you get right down to it, the only essentials are a good sized stack of diapers, cotton undershirts, nightgowns or stretch suits, and receiving blankets. Except for the diapers, start out with 3-4 of each and add according to the need and your preference. Adjust the warmth of the garments to the weather to avoid overdressing your baby. For example, on hot days, a shirt and a diaper or diaper alone is plenty.

Suggestions:

- Start with the 3-6 month size unless your baby is very tiny.

- Get only a few items in any one size.
- Select simple, loose, easy-to-put-on styles that can be easily laundered.
- Avoid outfits with constricting elastic bands or rough, scratchy seams.
- Since diapers must be changed frequently, make sure the outfit allows easy access (snap crotch styles are ideal).
- Zippers and snaps are generally easier to manipulate than tiny buttons.
- Wash all new clothing at least once before use. Follow the garment's washing instructions to preserve its flame-retardant qualities.
- Shoes are only necessary to protect a baby's feet after he begins to walk; they are often a nuisance beforehand.
- A bunting is a great-to-get-into wintertime "coat" for infants.
- Hoods stay on better than hats and protect the ears better.
- A hat is essential for summer outings, to protect from sunburn, since sunscreen is not recommended for babies under 6 months old.
- Dress your baby according to his level of development (overalls with extra padding over the knees are much easier to crawl in than dresses).
- Watch for sales, and plan ahead. Buy at least one size too large, especially if the material will shrink when washed.
- Sleeping bags or blanket sleepers insure that a wiggly baby will stay covered throughout the night. They are designed to be worn over pajamas (or just a shirt and diaper). The sleeping bag has a straight-across bottom. The blanket sleeper usually has legs and feet, often with a non-slip material on the soles (important when the baby starts to creep and stand). For convenience, make sure the zipper goes from the neck to the foot of one leg instead of stopping at the crotch.

Bottles

As with most baby equipment, there is a wide variety of bottles and nipples from which to choose. For most babies, the simple, conventional styles seem to work just as well as the fancier "nursers" which have sterilized disposable plastic liners. Since you will soon need them, buy the 8 ounce size. Most pediatricians do not feel that it is necessary to sterilize bottles and nipples, so don't buy a sterilizer. Instead, get a bottle and a nipple brush.

Some babies are quite selective about the kind of nipple they prefer and you will have to experiment with different kinds to see which works best. If the flow is too fast, causing the baby to choke or down the contents within a few minutes, try a shorter nipple, with a smaller hole.

A breast pump is helpful for nursing mothers to permit time away from the baby. Read the information about breast pumps on page 44. We feel it is preferable to use the Playtex nurser or when bottle-feeding a breastfed baby.

Vaporizer

The purpose of a vaporizer is to put moisture into the air and thus help relieve nasal congestion. A cold mist model is just as effective as the warm kind and eliminates the danger of burns. Read the directions carefully before using.

Things to take with you for labor...

- Warm, colorful socks (most women find that their feet are cold during labor).
- Pillows (at least 2) in bright, cheerful cases for comfort during labor and to make your bed seem more familiar and homelike afterward.
- Lip balm.
- Cornstarch or lightly scented powder for backrubs.
- Body lotion (not strongly scented).
- A snack for your labor partner.
- Time passers: cards, games, crossword puzzles, magazines, etc., if you're admitted for induction or scheduled c-section.

For your hospital stay...

- Slippers.
- Bathrobe.
- Nightgowns (2 or 3)—If you plan to breastfeed, get gowns that open down the front, have stretchy peasant-style neck lines or are designed with hidden slits in the front. When buying, try gowns on and make sure the openings are big enough to allow comfortable access to your breasts.
- Bras (at least 2); see page 13 for buying information.
- Breast shells, if you have them.
- Underpants.
- Toothpaste and brush, soap, comb, deodorant, shampoo, makeup, etc.
- Don't bring valuable jewelry, credit cards, or more than \$2-\$3 in cash.
- Most books suggest that you pack such things as birth announcements, books, and needlework. However, we find that most new mothers are kept busy enough just taking care of their babies and themselves!

And for going home

- A loose fitting comfortable outfit for you. Remember that your body probably won't regain its non-pregnant shape, especially in the waist and bust, for several weeks. Don't depress yourself by trying to squeeze into your old jeans.
- An outfit for your baby: undershirt, stretch suit or night gown, hat, receiving blanket. Add a sweater and heavy blanket or bunting for cold weather.
- A car seat for your baby (see page 50).