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By Heidi Murkoff
with Sharon Mazel

Foreword by Mark D. Widome, M.D., M.P.H., Professor of Pediatrics, The Penn State Children's Hospital, Hershey, Pennsylvania

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Note: All children are unique, and this book is not intended to substitute for the advice of your pediatrician or other physician who should be consulted on infant matters, especially when a baby shows any sign of illness or unusual behavior.

Dedication

To Erik, my everything

To Emma, Wyatt, and Russell, my greatest expectations

To Lennox, beautiful baby of the beautiful baby who started it all (my sweet full circle!)

To Arlene, with so much love always and forever

To my What to Expect family—moms, dads, and babies everywhere

Even More Thanks (and Hugs)

So, you'd think that by now—after all these years of writing and rewriting What to Expect books—I'd be able to do it by myself, in my sleep, and (hey, why not?) with two hands tied behind my back. Well, the sleep part—I've probably done at least once or twice on deadlines, but I've always needed two hands (it's a typing thing) and I've always needed lots of help. I couldn't do what I do by myself—and I wouldn't want to try.

I owe so much to so many, but let's start with thanks to:

Erik, not only the man who planted the seed for What to Expect (literally, since he's the father of Emma, the baby who started it all), but the man who's helped me grow, nurture, nourish, and protect it—really, co-parent it. You know how they say that the more things change, the more they stay the same? Plenty has changed about my life and my life's work since the day I delivered Emma and a proposal for *What to Expect When You're Expecting* within just hours of each other, but there is one thing that, lucky me, stays the same (only consistently better): the man I work with, live with, and love with. And the babies we made together, Emma and Wyatt, who long ago passed me in height and shoe size—and, I like to joke, in age—but who will always be my bundles of joy (and adding to the joy, son-in-law Russell). And of course, to Lennox, for making me a grandmother, and the happiest imaginable one at that—but also for his contributions to *First Year* (chief among them, being in his first year while I was writing it). And for being the cutest cover baby ever, and that's not just the grandma talking.

Always, Arlene Eisenberg, my first partner in What to Expect and always my most valued. Your legacy of caring and compassion continues to shape, inform, inspire, and, of course, live on through the next generation of What to Expect and beyond. You will always

be loved and never be forgotten. All my family, epecially Sandee Hathaway, Howard Eisenberg, Abby and Norman Murkoff, and Victor Shargai.

Sharon Mazel, for taking up the What to Expect mission without hesitation, joining me on the third edition of *What to Expect When You're Expecting* . . . and, thankfully, never leaving me, even as the hours (and the indexes) got longer. Great minds may think alike, but few have probably thought alike as much as we have—and that always makes me smile, and always makes me grateful. Thanks to you, and to Jay, Daniella, Arianne, Kira, and Sophia, for sharing the amazing woman who is your wife and mom.

Suzanne Rafer, friend and editor, one of the very few who've been with me since conception—at least of What to Expect. I don't know if that makes you a glutton for punishment, but I do know it makes you an exceptionally important person in my life. I've lost count of editions and passes, but not of the contributions you've made to our babies.

Peter Workman—a publishing giant who outgrew many office spaces since the day I first met him, but never outgrew his small publishing roots and values. And everyone else at Workman who has helped so much along the way: Suzie Bolotin, Lisa Hollander, Beth Levy, Barbara Peragine, Jenny Mandel, and Emily Krasner, and all the many in sales and marketing busy selling what I'm writing.

Matt Beard, our favorite photographer (and one of our favorite people ever), for perfectly capturing that Lennox essence for our cover. Lynn Parmentier, for her quilting genius and Karen Kuchar, for babies so beautiful you could practically scratch and sniff their sweetness.

Dr. Mark Widome, professor, pediatrician, and fellow grandparent—not only for knowing it all, but for being able to dispense that knowledge with equal doses of common sense, care, compassion, wisdom, and good humor. I'm more grateful than I can say for vetting our latest baby—my only beef being that you practice too far away to be Lennox's pediatrician. Happily, that role is filled by LA's finest, Dr. Lauren Crosby, who has helped Lennox (and his parents) through feeding struggles, sepsis, slow growth, reflux, and more with endless energy and empathy.

The AAP and pediatricians, pediatric nurses, nurse practicioners, and physician assistants everywhere, for caring so much about the health and well-being of our little ones. The passionate doctors, scientists, and public health advocates at the CDC—for absolutely everything you do, and do with such passion and tireless dedication. The greater good is so much better off because of you. And 1,000 Days—for our shared vision (together, we'll make it happen!): healthy moms, healthy babies, and a healthy future that begins before the beginning.

All of my passionate, purple-wearing friends at WhatToExpect.com, (especially Michael Rose and Diane Otter, Ben Wolin and Scott Wolf, the awesome edit and product team) for making my online and mobile home feel, well, like home. I love working with you, because it never feels like work. My beautiful, sweet, nurturing publicist and friend, Heidi Schaeffer. And the other men in my life: my agent, Alan Nevins, and my attorney, Marc Chamlin.

The amazing USO, for partnering with the What to Expect Foundation to

create Special Delivery—and give me the opportunity to hug so many military mamas and babies.

And most of all, to the mamas and daddies who sacrifice sleep, showers, and sit-down meals to nurture the babies we all get to love on. You inspire me every moment of every day. So much love, especially, to my WhatToExpect.com family of families, as well as my Twitter and Facebook families (keep those baby fixes coming!).

Big hugs,


heidi

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A New Baby Bible

The first year of life is like no other—and it's arguably the year that most impacts all the years that follow: how healthy they are, how happy they are, even how many of them there are. Clearly, the first is a very big year for those so little.

Take growth, with a typical doubling of birth weight in the first 20 weeks and a tripling of birth weight by the first birthday. Length (or height, by the time your child is standing at a year) has increased by perhaps 50 percent, and brain growth (as roughly measured by head circumference) has increased by 30 percent.

One-year-olds are already 40 percent of their adult height, and their brains are nearly 80 percent of adult size. Who else but an infant grows 10 inches in a year? But physical growth is not the most remarkable change. Within minutes and hours of birth, a baby's physiology remarkably transforms from one that is suited only for intrauterine life to one that can survive *unattached*. Before birth, oxygen comes not from the air but from the mother's blood circulating to the placenta. Unborn babies get nutrition by that same route, bypassing their unused digestive tracts. Likewise, for eliminating most of the products of metabolism. But, as the umbilical cord is cut, blood flow dramatically shifts from placenta to lungs, and breathing is established to exchange oxygen and carbon dioxide. Not long after, as the newborn baby is put to breast or bottle, the digestive tract is also recruited to do its new job.

Fortunately, parents do not need to do much to make all this happen. The transitions at birth mostly occur automatically, flawlessly, and on schedule. Without minimizing the challenges of pregnancy, labor, and delivery, mothers (and fathers, too) soon realize that greater challenges lie ahead. Namely, nurturing a newborn's development.

* * *

Most of the behavioral repertoire of newborns is—to use a popular, but imperfect term—*hardwired*. A newborn's brain and nervous system are preprogrammed to do what babies need to do to survive and to thrive—at least initially. Babies are programmed to cry, to suck. They are programmed to startle and to be soothed. Without thinking, they provide eye contact to their parents. And, gratefully, they are programmed to smile. Babies do not need to be taught to enjoy their parents' voices and songs, and they have built-in

clocks to eventually accommodate their parents' daily rhythms of wake and sleep—though this accommodation may not happen right away, as many of you will soon learn.

But, returning to the machine metaphor of a baby's brain being "wired," for development over the early months, it is important to know that there is an early and ongoing process of *rewiring*. This is because the neural pathways in babies' brains are highly plastic. Rewiring (think: fine-tuning) of the brains of infants and toddlers has been an important and central insight of modern neuroscience research. Learning language and motor skills, developing social skills, being able to process new information by exploring the world with all of the senses, and particularly listening to the human voice, all help rewire the infant's brain. Listening to stories being read and playing with parents on the living room floor are examples of neuroscience in action. Parenthood is largely about reshaping and fine-tuning these neural pathways. For brain development, the first 3 years are most important, but the first 12 months are critical. Parents have tremendous influence over how well this happens—by providing for their infant's physical and emotional needs, by keeping their child safe and healthy, and by facilitating early learning.

This all sounds like a huge responsibility—not only like a job for a grown-up, but a job for a professional. And, if this is your first baby, you will not be alone in feeling, at times, underprepared for the job . . . and overwhelmed by it. And yet how could it be that the responsibility for overseeing this most important year in a child's life is given to the parents with the least experience—new parents?

But, fortunately, just as newborns are endowed with some essential survival tools, so are parents. Parental instinct may not kick in as swiftly and automatically as a newborn's—but that's okay. Between the nurturing parents received themselves as newborns and the nurturing (and support, and advice) they'll turn to friends, family, online communities, and professionals for, it's remarkable how quickly that gap is filled. And it clicks.

The more you know about the job ahead, the faster it clicks. Twenty-five years ago, when the first edition of *What to Expect the First Year* was introduced, it quickly became the "bible" of baby care—much as my 2,500-page pediatric textbook served as my pediatrics "bible." And today, even with access to information about all things parenting at the fingertips of anyone with a smartphone, I'm confident that this brand new third edition will step in to hold the hands of a new generation of new parents in a way no other resource can.

Not every parent has the time—or inclination—to read a book like this cover-to-cover, and happily, you don't have to. You can glean what you need to know, when you need to know it through a uniquely intuitive format that allows parents to take that first year one step (and month) at a time. Each age-relevant chapter begins with an "At a Glance" section reviewing sleep, eating, and playing: three areas intended to provide a mental scaffold for *what you might expect*. Parents can then read for a more detailed discussion of "Feeding Your Baby," "What You May Be Wondering About" (the familiar equivalent of FAQ). And throughout, there is discussion relevant to the lives and needs of *parents*—how they fit into this necessarily baby-focused year. This

latter section helpfully covers topics such as postpartum depression, carving out couple time, deciding whether to go back to work, and helping siblings cope. While this volume includes lots of practical detail, particularly around breast- and bottle-feeding, treatment on injuries and first aid, choosing a doctor, and sleep patterns and problems, it is a book that implicitly recognizes that parents will use multiple sources of information as they raise their children in the second decade of the 21st century. Parents will, of course, supplement their learning with electronic resources such as websites, chat rooms, medical portals, and social media—and they should. But a particular word comes to mind in this electronic era that is, I believe, descriptive of what Heidi has skillfully accomplished in this book. That word is *curate*. Heidi has become the curator of a vast amount of information on parenting and child health, not all of which is of equal quality and validity. She has picked, chosen, and organized the best of it (what is most relevant, useful, and interesting) into something you can hold in your lap, keep on your shelf, or leave open on the kitchen table. It is reliable for concise information, guidance, and often reassurance. Every chapter informs, instructs, or explains. What do I need to keep in the medicine cabinet? (See Chapter 2.) Tell me about storing breast milk. (See Chapter 6.) What do I look for in shoes for the non-walker and for the walker? (See Chapters 11 and 16, respectively.) Should I learn/teach signing? (See Chapter 13.) Why is my baby biting me? (See Chapter 15.) I'm worried about the safety of vaccines. (See Chapter 19, where reassurance awaits.)

Parents will benefit from the considerable experience Heidi brings to this book. She is at once an expert on parenting, a parent, a grandparent, and a practiced communicator in tune with the needs of today's moms and dads and how they prefer to read. The user-friendly format relies heavily on boxes that highlight especially important content, as well as the friendly, familiar question-and-answer format. The strong index makes finding whatever you're looking for as quick and efficient as any search engine could (with far more uniformly reliable results). Importantly, this book is written to complement, rather than replace, advice and information from other sources: relatives, friends, physicians, and—for better or worse—the vast, *uncurated* Internet.

It is remarkable to consider what Heidi has accomplished—not only with this book, but when considered together with its companion volumes between which it is sandwiched: *What to Expect When You're Expecting* and *What to Expect the Second Year*. (As a new grandparent, I have come to appreciate the virtues of reliability and continuity.) *First Year* owes much of its success to its reliability over time—but as much or more to its ability to adapt and evolve over time. Parents' trust has been fully earned, and re-earned. Whether you are new to parenting or a seasoned veteran, you will find this updated volume to be a companion you can always count on.

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A Very Different First Year

You know all that stuff they say about becoming a grandmother? How amazing it is . . . how much you'll love it . . . how it's all the best parts of being a parent—without the sleep deprivation?

Well, they don't tell you the half it. Becoming a grandmother, as I did on February 12, 2013, when Lennox entered the world, and minutes later, my welcoming arms, was life-changing, mind-blowing, heart-swelling . . . thrilling to the core. The heavens opened up. The earth moved. The love that washed over me as I held that sweet bundle for the first time was instantaneous, it was intense, it was unabashed . . . it hit me like a ton of bricks, and practically knocked me off my feet. I was smitten.

And I knew just how to hold him.

Rewind 29 years earlier, and the picture was a little different. Babies, as they say, don't come with instructions (and P.S. . . . I hadn't written the instructions yet either, so I couldn't very well follow them). Clueless? That would be giving me far too much crib cred. I was hopelessly clueless. Didn't know how to hold Emma. Didn't know how to feed her. To diaper her. To rock her or burp her or calm her or even talk to her. I knew that I loved her, but I was pretty sure this squalling red stranger sniffing at my breast didn't feel the same about me. And who could blame her? Yes, I'd carried her and nurtured her before delivery with ease—even the delivery had been pretty much a piece of cake (if you didn't count those 3½ hours of pushing). But now what? I fumbled as I tried to support her wobbly head, jam floppy arms through the sleeves of her t-shirt, guide my nipple into her unwilling mouth. Maternal instincts, I prayed, don't fail me now(they did).

My crumbling of confidence followed me home. Stop me if you've heard this one: Two new parents walk into an apartment with a crying baby . . . and suddenly realize that not only is this crying baby theirs—but that she's their full-time responsibility. Cue . . . my crying. Fortunately, Erik's instincts kicked in quicker than mine did, and between his cool head and uncanny natural ability and my frantic flipping through my

mother's tattered copy of Dr. Spock, we managed to find our way, one diaper blowout, one botched bath, one sleepless night, one colicky afternoon at a time.

So what did I do next? I did what any young, naive and clueless mom would do—motherhood being the mother of invention, I decided to write a book. A book that would help other parents steer through that first year with more confidence, more knowledge, more joy, less stress: *What to Expect the First Year* (though first, of course, I wrote a book on pregnancy, *What to Expect When You're Expecting,* that did the same for parents-to-be). I didn't write about my experience—which, let's be real, wasn't anything to write home about, never mind publish—but I wrote with experience. I'd been there, I'd done that, and I'd lived to write about it—that is, after I learned, through research and more research, everything that there was to know about it. And when it came to the first year the second time around (in the form of a baby boy named Wyatt), I had a book to turn to, and also—some mom cred to fall back on. Knowledge and know-how—a powerful parenting punch.

The moral of the story? While today's parents definitely have the information edge when it comes to what to expect the first year of their baby's life (there's not only a book now, but a website and an app for that, and Emma was lucky to have access to all three), tiny babies still bring huge challenges, especially for newbie moms and dads. And even with an ever-expanding array of resources, new parents still do much of their learning on the job, in the trenches . . . much as Erik and I did three decades ago.

Still, the more you know, well, the less you have to learn. Which is where this third edition of *What to Expect the First Year* comes in—a brand new baby-care guide for a brand new generation of new parents.

What's new in the new *First Year*? It's easier to use, making flipping to need-to-know info (yes, even frantic flipping) faster than ever. It's just as empathetic and reassuring as ever (because we all need a hand to hold, a shoulder to cry on, a parental pep talk when the going gets tough), but even more fun to read (because we all need a good laugh, too). It covers both the timeless baby basics (diaper changing 101) and the baby trends (all-in-one cloth diapers). There's much more on making breastfeeding work (including how to take it back to work), baby classes and technology (iBaby?), and buying for baby (so you can navigate that dizzying selection of nursery products vying for your consideration . . . and your credit card). There's a whole new developmental timeline to keep track of baby's milestones, practical new tips for new parents (including stay-at-home dads), and an expanded chapter for parents of preemies (with a glossary of medical terms and acronyms you'll hear tossed around the NICU). A monthly at-a-glance look at feeding, sleeping, and playing. New strategies for feeding your baby well and getting your baby to sleep, as well as boosting baby's brain power (without ever cracking a curriculum). And of course, the most up-to-date information available on your baby's health (from the latest on vaccines and vitamins to the lowdown on baby CAM therapies, probiotics, and homeopathics) and safety (choosing and using the safest products, first aid for every emergency).

I wrote the first edition of *What to Expect the First Year* with Emma's first year just barely finished—the experience still so fresh I could easily summon up that sweet new-baby smell (not to mention a whole lot of other new-baby smells, not so sweet). I wrote the third edition during Lennox's first year—with his sweet smell just five minutes away, inspiring me, refreshing my memories, and providing not only a mountain of new material (from feeding struggles to GERD to an umbilical site infection that landed him in the hospital) but a plethora of new perspectives.

All that, and a new cover, too, thanks to Lennox, our new cover baby. He's the baby of the baby who started it all—and one of my proudest joys yet.

And, I know just how to hold him.

WHAT TO EXPECT®
THE FIRST YEAR

CHAPTER 1

Get Ready, Get Set

You've watched (the ultrasound screen) and waited for 9 months, counting kicks and punches, playing Name That Bump, and dreaming of your baby-to-be. And now there's finally a light at the end of the tunnel . . . maybe even effacement and dilation at the end of the cervix. But with just weeks to go before D-day, have you come to terms with your baby coming to term? Will you be ready when that big moment—and that little bundle—arrives?

Though being 100 percent prepared for your baby's arrival probably isn't possible (there are bound to be surprises, especially if you're a first-time parent), there are steps you can take and decisions you can make now—before baby makes three (or more)—to help make the transition a smoother one. From selecting the right baby name to selecting the right doctor. Deciding between breast and bottle—or opting to go combo. Choosing to circumcise (or not) or hire a postpartum doula or baby nurse (or not).

Feeling a little overwhelmed by the flurry of prepping? First, think of it as good training for what you're prepping for: your hectic new life with a new baby. Second, read on to get ready, get set, and get going.

Choosing Breast or Formula, or Both

There's no question you'll be feeding your baby (a lot), but maybe you're still questioning how. Will it be all breast, all the time? A breast start to the first year, and a formula finish? Formula from day one? Or a creative combo that lets you give your baby the breast . . . and yourself some flexibility? Still questioning those questions and more? Not to worry. The best way to

bring that fuzzy baby-feeding picture into focus is to explore the facts and factor in your feelings.

First, the facts:

Breastfeeding

What's the best food—and food delivery system—for babies? There's no question about that: Breast is best by far. Here are just some of the reasons why:

- It's custom-made. Tailored to the needs of human infants, breast milk contains at least 100 ingredients that aren't found in cow's milk and that can't be synthesized in the laboratory. And unlike formula, the composition of breast milk changes constantly to meet a baby's ever-changing needs: It's different in the morning than it is in the late afternoon, different at the beginning of a feeding than at the end, different the first month than the seventh, different for a preemie than for a full-term newborn. It even tastes different, depending on what you've been snacking on (just like your amniotic fluid does when you're pregnant). A one-of-a-kind food for your one-of-a-kind baby.
- It goes down easily. Breast milk is designed for a new baby's brand new digestive system. The protein and fat in breast milk are easier to digest than those in cow's milk formula, and its important micronutrients are more easily absorbed. The bottom line for newborn nursers: better nourishment.
- It's a tummy soother. Breast milk is not only easier going down, it's easier staying down . . . and easier going out. Breastfed babies are less likely to have tummy troubles (including excessive gas or spitting up) and almost never become constipated (formula can sometimes clog up the works). And although their poops are normally quite soft, nursers rarely have diarrhea. In fact, breast milk appears to reduce the risk of digestive upset both by keeping harmful microorganisms in check and by encouraging the growth of beneficial ones. You know the much-touted pre- and probiotics that are added to some formulas? They're naturally occurring in breast milk.
- It's naturally safe. You can be sure that the milk served up from your breasts is always perfectly prepared—and never spoiled, contaminated, expired, or recalled.
- It's virtually allergy-proof. Babies are almost never truly allergic to breast milk (though occasionally an infant may be sensitive to something mom has eaten). The formula flip side? About 2 to 3 percent of babies turn out to have an allergy to cow's milk formula. And there's more good news on the allergy front: evidence that breastfed babies may be less likely to develop asthma and eczema than babies fed formula.
- It doesn't make a stink. Breastfed babies fill their diapers with sweeter-smelling stool—at least until solids are spooned up.
- It's a diaper rash eradicator. That sweeter-smelling poop is also less likely to trigger diaper rash—for a sweeter (and softer) bottom line.
- It's an infection fighter. With each and every feeding, nursers get a healthy dose of antibodies to boost their immunity to bugs of all varieties (some pediatricians like to refer to breastfeeding as a baby's first immunization). In general, breastfed babies will come down with fewer

When You Can't or Shouldn't Breastfeed

For some moms, the benefits of breastfeeding are beside the point. These moms don't have the option of nursing their new babies, either because of their own health (kidney disease, for instance, or a disease that requires medication harmful during lactation), their baby's health (a metabolic disorder, such as PKU or severe lactose intolerance, that makes even human milk impossible for baby to digest, or a cleft lip and/or cleft palate that interferes with suckling), or because of inadequate glandular tissue in the breasts (which, by the way, has nothing to do with breast size), damage to the nerve supply to the nipple (as from injury or surgery), or a hormonal imbalance.

Sometimes there are ways around a full-on ban on breastfeeding. For instance, a baby with a malformed lip or palate can be fitted with a special mouth appliance and/or can be fed pumped milk. Medications mom has to take can be adjusted. A mom who isn't able to produce all of her baby's milk because of a hormonal imbalance or because of past breast surgery (a breast reduction is more likely than breast augmentation to cause supply problems) may be able to produce enough to make breastfeeding worthwhile, even if supplementary formula is needed. But if you can't or shouldn't breastfeed (or don't want to), not to worry, not to feel guilty, not to stress, not to regret. The right formula can nourish your baby well—as will the love you offer with that bottle.

Another option: supplementing with breast milk from a milk bank. See page 93 for more.

colds, ear infections, lower respiratory tract infections, urinary tract infections, and other illnesses than bottle-fed infants, and when they do get sick, they'll usually recover more quickly and with fewer complications. Breastfeeding may improve the immune response to immunizations for some diseases. Plus, it may offer some protection against Sudden Infant Death Syndrome (SIDS).

- It's a fat flattener. Breastfed infants are less likely to be too chubby. That is, in part, because breastfeeding lets baby's appetite call the shots—and the ounces. A breastfed baby is likely to stop feeding when full, while a bottle-fed infant may be urged to keep feeding until the bottle's emptied. What's more, breast milk is actually ingeniously calorie controlled. The lower-calorie foremilk (served up at the start of a feed) is designed as a thirst quencher. The higher calorie hindmilk (served up at the end of a feed) is a filler-upper, signaling to a nurser that it's quitting time. And research suggests that the fat-defeating benefits of breastfeeding follow a baby out of the nursery—and into high school. Studies show that former breastfeeders are less likely to battle weight as teens—and the longer they were breastfed, the lower their risk of becoming overweight. Another potential health plus for nursers once they've graduated to adulthood: Breastfeeding is linked to lower cholesterol levels and lower blood pressure later in life.
- It's a brain booster. Breastfeeding appears to slightly increase a child's IQ, at least through age 15, and possibly beyond. This may be related not only to the brain-building fatty acids

(DHA) in breast milk, but also to the closeness and mother–baby interaction that is built into breastfeeding, which is believed to nurture a newborn's intellectual development. (Bottle-feeding parents can tap into this benefit, too, by keeping close during feeds, even doing skin-to-skin feeds).

- It's made for suckers. It takes longer to drain a breast than a bottle, giving newborns more of the comforting sucking satisfaction they crave. Plus, a breastfed baby can continue to comfort-suck on a nearly empty breast—something an empty bottle doesn't allow.

- It builds stronger mouths. Mama's nipples and baby's mouth are made for each other—a naturally perfect pair. Even the most scientifically designed bottle nipple can't match a breast nipple, which gives a baby's jaws, gums, and palate a good workout—a workout that ensures optimum oral development and some perks for baby's future teeth. Babies who are breastfed may also be less likely to get cavities later on in childhood.

There are also breastfeeding benefits for mom (and dad):

- Convenience. Breast milk is the ultimate convenience food—always in stock, ready to serve, and consistently dispensed at the perfect temperature. It's fast food, too: no formula to run out of, shop for, or lug around, no bottles to clean or refill, no powders to mix, no meals to warm (say, when you're on a conference call and baby's wailing in the background). Wherever you are—in bed, on the road, at the mall, on the beach—all the nourishment your baby needs is always on tap, no muss (or mess), no fuss.

- Free feedings, free delivery. The best things in life are free, and that includes breast milk and breast milk delivery. On the other hand, bottle-feeding (once you factor in formula, bottles, nipples, and cleaning supplies) can be a pretty pricey proposition. There's no waste with breastfeeding, either—what baby doesn't end up drinking at one feed will stay fresh for the next.

- Speedier postpartum recovery. It's only natural that breastfeeding is best for newly delivered moms, too—after all, it's the natural conclusion to pregnancy and childbirth. It'll help your uterus shrink back to prepregnancy size more quickly, which in turn will

The Breast Team

It takes two to breastfeed, but it can take more to make breastfeeding a success. A lactation consultant (LC) can be an indispensable member of your breastfeeding team and will be especially helpful if you encounter some bumps on the breastfeeding road. Consider getting a head start on enlisting one by calling the hospital you'll be delivering in to find out if it has LCs on staff and whether you'll automatically be hooked up with one at birth. Also tell your prenatal practitioner and the pediatrician that you'd like good lactation support as soon after delivery as is practical, and ask whether they have any LC recommendations. Check, too, with friends and online resources for recommended lactation consultants. Having a doula attend the birth? She will likely be able to help you get off to a successful breastfeeding start, too. For more on lactation consultants, see page 62.

Breastfeeding Myths

Myth: You can't breastfeed if you have small breasts or flat nipples.

Reality: Breasts and nipples of all shapes, sizes, and configurations can satisfy a hungry baby.

Myth: Breastfeeding is a lot of trouble.

Reality: Once you get the hang of it, this is as easy as feeding a child gets, and will ever get. Breasts, unlike bottles and formula, are ready when baby is. You don't have to remember to take them with you when you're planning a day at the beach, lug them in a diaper bag, or worry about the milk inside them spoiling in the hot sun. Open shirt, pull out breast, feed baby, repeat as needed.

Myth: Breastfeeding ties you down.

Reality: It's true that nursing a baby requires that the two of you be in the same place at the same time. But it's also true that pumping milk for bottle-feeds or supplementing with formula can free you up as needed or wanted—whether you need to work or go to school, or you want time off for a movie with friends or a dinner date with your partner. And when it comes to stepping out with baby, breastfeeding puts you in the driver's seat (or on the hiking trail, or on an airplane) without a thought of where that next feed is going to come from.

Myth: Breastfeeding will ruin your breasts.

Reality: Afraid breastfeeding will leave you . . . deflated? It's actually not nursing that ultimately changes the shape or size of your breasts or the color or size of your areolas, but pregnancy itself. During pregnancy, your breasts prep for lactation, even if you don't end up breastfeeding—and these changes are sometimes permanent. Extra weight gain during pregnancy, hereditary factors (thanks again, Mom), age, or lack of support (going braless) can also take your breasts down, at least somewhat, during pregnancy and beyond. Breastfeeding doesn't get the blame.

Myth: Breastfeeding didn't work the first time, so it won't work again.

Reality: Even if you had trouble navigating nursing with your first newborn, research shows that you'll likely produce more milk and have an easier time breastfeeding the second time around. In other words, if at first you didn't succeed, try, try breastfeeding again. Just make sure you enlist all the help and support you need this time around to get the breastfeeding ball rolling.

Myth: Dad won't bond with baby because he can't breastfeed.

Reality: Breastfeeding isn't open to dads, but every single other area of newborn care is. From bathing and diapering, to holding, baby-wearing, rocking, and playing, to bottle-feeding expressed milk or supplemental formula and eventually spooning up those solids, there will be plenty of opportunities for dad to get in on the baby-bonding action.

Myth: I have to toughen up my nipples so breastfeeding won't hurt.

Reality: Female nipples are designed for nursing. And, with very few exceptions, they come to the job fully qualified, without the need for any (yes, any) preparation.

reduce your flow of lochia (the postpartum discharge), decreasing blood loss. And by burning upward of 500 extra calories a day, breastfeeding your little one can help you shed those leftover pregnancy pounds faster. Some of those pounds were laid down as fat reserves earmarked specifically for milk production—now's your chance to use them.

- *Some* protection against pregnancy. It's not a sure bet, but since ovulation is often suppressed in nursing moms for several months or more, exclusively breastfeeding your baby may offer some family planning perks, as well as a reprieve from periods. Is this a bet you should take without a birth control backup? Definitely not, unless back-to-back pregnancies are your objective. Since ovulation can quietly precede your first postpartum period, you won't necessarily know when the contraceptive protection offered by breastfeeding will stop—leaving you unprotected against pregnancy.
- Health benefits. Plenty of perks here: Women who breastfeed have a slightly lower risk of developing uterine cancer, ovarian cancer, and premenopausal breast cancer. They're also less likely to develop rheumatoid arthritis than women who don't breastfeed. Plus, women who nurse have a lower risk of developing osteoporosis later in life than women who have never breastfed.
- Rest stops. A nursing newborn spends a whole lot of time feeding—which means a nursing mom spends a whole lot of time sitting or lying down. The upshot? You'll have frequent breaks during those exhausting early weeks, when you'll be forced to get off your feet and take a rest, whether you feel you have time to or not.
- Nighttime feeds that are a (relative) breeze. Have a hungry baby at 2 a.m.? You will. And when you do, you'll appreciate how fast you'll be able to fill that baby's tummy if you're breastfeeding. No stumbling to the kitchen to prepare a bottle in the dark. Just pop a warm breast into that warm little mouth.
- Eventually, easy multitasking. Sure, nursing your newborn will take two arms and a lot of focus. But once you and baby become nursing pros, you'll be able to do just about anything else at the same time—from eating dinner to playing with your toddler.
- Built-in bonding. The benefit of breastfeeding you're likely to appreciate most is the bond it nurtures between you and your little one. There's skin-to-skin and eye-to-eye contact, and the opportunity to cuddle, baby-babble, and coo built right into every feed. True, bottle-feeding mamas (and daddies) can get just as close to their babies—but it takes a more conscious effort.

Formula Feeding

While the facts heavily favor breastfeeding, there are also a few practical perks for those who opt for formula, at least some of the time:

- Less frequent feeds. Infant formula made from cow's milk is digested more slowly than breast milk, and the larger curds it forms stay in the tummy longer, helping a baby feel fuller longer—and extending the time between feeds to three or four hours even early on. Such long feed-free stretches are but a pipe dream for breastfeeding moms, who can count on feeding far more frequently (breast milk is digested faster and more easily,

leaving baby hungry sooner). These frequent feeds serve a practical purpose—they stimulate the production of milk and improve mom's supply—but they can definitely be time-consuming and exhausting, especially when those feeds come at the expense of z's.

- Easy-to-track intake. Bottles come with calibrations to measure baby's intake, breasts do not. A formula-feeding parent can tell at a glance how many ounces have been consumed, a breastfeeding parent can gauge a baby's intake only from output (counting dirty and wet diapers) and weight gain. The upside of easy-to-track intake: less stress over whether a baby's taking too little or too much at feeds. The potential downside: Parents may push those last ounces in the bottle, even after baby's had enough.
- More freedom. To breastfeed, mom and baby must be in the same place at the same time—not so when feeds come from a bottle. A formula-feeding mom can work for the day, meet friends in the afternoon, take a business trip, or grab a weekend getaway without worrying about where baby's next meal will come from. Of course, the same holds true for a breastfeeding mom who chooses to pump or opts to supplement with formula.
- More rest for the weary. New moms are tired moms . . . make that, exhausted moms. While bottle-feeding mamas can buy themselves a nap or a good night's sleep by handing off some feeds to daddy or another secure set of warm arms, breastfeeding moms can't. And although breastfeeding is far more convenient than formula feeding, especially at 3 a.m., it's also more physically draining.
- More daddy time. Dads of nursing newborns clearly don't have what it takes to feed their little ones—that is, unless they're giving supplementary bottles of formula or breast milk. Bottle-fed babies, on the other hand, will happily let their fathers do the feeding.
- No fashion don'ts. Breastfeeding moms learn early to put function (easy, discreet access to breasts) over form (read: no one-piece dresses that don't button down the front). When you're bottle-feeding, anything in your closet that fits is fair game.
- More contraception options. For formula-feeders, most types of hormonal birth control are usable—not so for breastfeeders. Still open to breastfeeders: the progestin-only "mini-pill."
- More menu options. Eating well while breastfeeding definitely comes with fewer restrictions than eating well during pregnancy (the sushi bar is open once again, and hamburgers no longer have to be served up gray), but a formula-feeder still has more freedom of eats (and drinks). She can say yes to that second round or that third coffee, eat garlic with abandon (some, though definitely not all, breastfed babies object to certain pungent flavors in mom's milk), and never worry about whether the meds she takes will be shared with her baby. She can also fast-track her weight loss—within the scope of what's sensible for a tired new mom—while a breastfeeding mom should take it somewhat slower (but may end up losing weight more easily, since milk production burns so many calories).
- Fewer awkward moments for modest mamas. While public breastfeeding is protected by law in more and

more states, it isn't always protected by public opinion—which means, unfortunately, that a mom nursing her baby still can attract some uncomfortable stares or even glares, especially when she chooses not to feed under cover (as is increasingly her right). Bottle-feeders, on the other hand, can be buttoned up about feeding—literally. No unfastening, untucking, or redressing required—and no worries about baby kicking off that napkin midmeal. Of course, hang-ups about public breastfeeding usually get hung up pretty quickly—as they should be. After all, there's never anything inappropriate about feeding a hungry baby . . . ever. And nursing cover-ups have come a long way, baby.

- Potentially, more fun in bed. Breastfeeding hormones can keep your vagina dry and sore, making postpartum sex a pain (plenty of foreplay and even more Astroglide can ease reentry). Bottle-feeding may speed a return to lovemaking as usual—that is, if you can rise above the spit-up stained sheets and crying-baby-interruptus.

Your Feelings

Maybe you're convinced by the facts, but nagging doubts are still keeping you on the breastfeeding fence. Here's how to work through a few common negative feelings about breastfeeding:

The feeling that it's impractical. So you'd like to give breastfeeding a shot, but you're afraid it won't fit a demanding work schedule? As many moms have discovered, even an early return to work doesn't rule out breastfeeding. So consider giving it a try. Whether you end up fitting nursing into your work schedule for just a few weeks or for a year or more, offer breast milk exclusively or in combination with formula—any amount of breastfeeding is beneficial for you and baby. And with a little extra dedication and planning (okay, maybe a lot of extra dedication and planning), you may find that mixing business with breastfeeding is a lot easier than you thought (see page 262).

The feeling that you won't enjoy it. Having a hard time picturing yourself with a baby at your breast—or maybe you're just not that into the idea of breastfeeding? Before you write off breastfeeding entirely, here's a suggestion: Try it, you may like it. You might even love it. And if you're still not feeling the breastfeeding love after 3 to 6 weeks of best breast efforts (that's about how long it takes for moms and babies to sync up into a good nursing rhythm), you can quit, knowing you've given your baby a head start on a healthy life. No harm done, lots of benefits gained, especially in the form of antibodies that will boost your little one's immune system, and particularly if you've given breastfeeding a full 6 weeks. Every feed counts, no matter how many or how few baby ends up racking up.

The feeling that your partner's not on board. Studies show that when dads are supportive of breastfeeding, moms are far more likely to stick with it. So what do you do if your partner's not on board with breastfeeding—either because he's turned off by it, unsettled by it, or feels threatened at the thought of sharing you in such a physical way? Try to win him over with the facts—after all, they're pretty compelling stuff. Talking to other dads whose partners have breastfed their babies will also help him feel more comfortable, and hopefully more amenable. Or suggest

a trial of breastfeeding—chances are you'll be able to turn his feelings around quickly, and if not, you'll still be giving your baby and yourself the best health benefits possible, something he's bound to appreciate.

If you choose to give breastfeeding a try—no matter what facts, feelings, or circumstances bring you to that decision, and no matter how long you end up staying with it—chances are you'll find it a rewarding experience. Emotional and health benefits aside, you're also likely to find it the easiest and most convenient way to feed your baby, hands down (and eventually, hands free) . . . at least, once you've worked out early kinks.

But if you choose not to breastfeed, or you can't breastfeed, or you can or choose to breastfeed only for the briefest of times, there's no need for second-guessing, regret, or guilt. Almost nothing you do for your baby is right if it doesn't end up feeling right for you—and that includes breastfeeding. You can offer your baby as much nurturing and share as much intimacy during bottle-feeds as you could with breastfeeding—and in fact, a bottle offered lovingly is better for your little one than a breast offered with reservations, or a side of stress.

Choosing to Circumcise or Not

Circumcision is probably the oldest medical procedure still performed. Though the most widely known record of the practice is in the Old Testament, when Abraham was said to have circumcised Isaac, its origins probably date back before the use of metal tools. Practiced by Muslims and Jews throughout most of history as a sign of their covenant with God, circumcision became widespread in the United States in the late 19th century, when it was theorized that removing the foreskin would make the penis less sensitive (it definitely doesn't), thus making masturbation a less tempting pursuit (it definitely didn't). In the years that followed, many other medical indications for routine circumcision have been proposed—including preventing or curing epilepsy, syphilis, asthma, lunacy, and tuberculosis. None of them have panned out.

So are there any proven medical benefits to circumcision? It does reduce the risk of infection of the penis (but cleaning under the foreskin once it is retractable—usually around the second birthday—does just as well). It also eliminates the risk of phimosis, a condition in which the foreskin remains tight as a child grows and can't be retracted as it normally can in older boys (between 5 and 10 percent of uncircumcised males have to undergo circumcision sometime after infancy because of infection, phimosis, or other problems). And studies show that the risk of developing a urinary tract infection (UTI) in the first year of life is higher for baby boys who are uncircumcised (though the actual risk of an uncircumcised boy developing a UTI is very low—about 1 percent). The rates of penile cancer and STDs, including HIV, may also be slightly lower for circumcised males.

Wondering where the experts come down on circumcision? Actually, most don't—and that includes the American Academy of Pediatrics (AAP), which maintains that while the health benefits

Diaper Decisions

Cloth or disposable? While you don't have to decide which type of diaper you'll use for your baby's bottom until there's a bottom that needs covering (and you can always change your mind once you start changing diapers), thinking about your options now makes sense. For a heads-up on all the bottom-covering options and features out there, see page 34.

of circumcision outweigh the risks of the procedure, it's still a decision best left to the parents. They recommend that parents be advised of the risks and benefits of circumcision and then make the unpressured choice that's right for their baby and their family—factoring in what matters most to them (whether that's having their son match up with dad, following a religious or cultural tradition, or just the belief that baby boys should be left intact).

Just over half of all boys in the United States are circumcised—the rate having dropped considerably in recent years. The most common reasons parents give for opting for circumcision, in addition to just "feeling it should be done," include:

- Religious observance. The religious laws of both Islam and Judaism require that newborn boys be circumcised.
- Cleanliness. Since it's easier to keep a circumcised penis clean, cleanliness is next to godliness as a reason for circumcision in the United States.
- The locker-room syndrome. Parents who don't want their sons to feel different from their friends or from their father or brothers often choose circumcision. Of course, as the percentage of circumcised babies steadily declines, this becomes less of a consideration.
- Appearance. Some maintain that a foreskin-free penis is more attractive.
- Health. Some parents just don't want to take even the slightest added risk when it comes to their newborn's health.

The reasons why parents decide against circumcision include:

- The lack of medical necessity. Many question the sense of removing a part of an infant's body without a really good reason.
- Fear of bleeding, infection, and worse. Though complications are rare when the procedure is performed by an experienced physician or medically trained ritual circumciser, they do happen—and that's enough reason for some parents to be understandably apprehensive about circumcising their newborn.
- Concern about pain. Evidence shows that newborns circumcised without pain relief experience pain and stress measured by changes in heart rate, blood pressure, and cortisol levels. The AAP recommends that circumcision be done with effective pain relief (such as topical EMLA cream, dorsal penile nerve block, or the subcutaneous ring block).
- The locker-room syndrome. Some parents choose not to circumcise a newborn so he will look like his uncircumcised dad or like other boys in a community where circumcision isn't widely practiced.
- A belief in a newborn's rights. Some parents prefer to leave this important life decision up to their son—when he becomes old enough to make it.

- Less risk of diaper irritation. It's been suggested that the intact foreskin may protect against diaper rash on the penis.

If you remain undecided about circumcision as delivery day approaches, read about circumcision care on page 222 and discuss the issue with the doctor you have chosen for your baby—and possibly with relatives, friends, or social media buddies who have gone either route (keeping in mind that the debate between pro and con camps can get pretty heated).

Choosing a Name

So, maybe you've been settled on your munchkin's moniker since you were a munchkin yourself. Maybe you devoted notebooks to baby names in high school—or later, cocktail napkins. Maybe your baby's name became as clear as a 4-D ultrasound the first moment you learned "it's a boy" or "it's a girl." Or maybe, if you're like a lot of other parents approaching delivery day, you're still playing the name game . . . late in the game.

Whether you're looking for something classic, something meaningful, something quirky, something trendy, or something completely different, whether you're sure you'll know the right name when you hear it or wondering if you'll ever know it, deciding what to name your baby can be a pretty daunting challenge. After all, a name is not just a name—it's an integral part of your child's identity. And, it tends to stick for life—from the cradle to the playground to the homeroom to the workplace and beyond. Add to that awesome responsibility the drama and debate, which can get pretty heated between some couples (and among other opinionated family members): The name your spouse is set on may be the name you're set against. Your cousin delivered first and took your favorite name with her. Both grandmas are lobbying for different family names. A coworker burst out laughing when you told him the name you had in mind. And the name you love best is the one you're afraid no teacher will ever be able to pronounce. Or spell.

So get ready to run through the alphabet (and your share of baby-name apps, websites, and books) at least a few dozen times. Try before you buy—toss around as many possibilities as you can before your baby's due—and don't be too quick to reject new entries (you never know which names might grow on you). It also pays to start paying attention to what parents in your orbit are calling their little ones. You may be inspired or discover that a name you were considering doesn't have that ring after all—especially after you say it out loud a few dozen times.

Here are some more tips on choosing a name for your baby:

Make it meaningful. Have an all-time favorite actor or character from a book or film? A beloved family member or ancestor? A sports or music legend you'd love to honor? Or maybe you'd prefer to find your inspiration from the Bible or another spiritual source. Or from the location of your little one's conception. A meaningful name can mean more than a random one—and

attaches a special background story and historical context to a brand new life.

Consider the less common. It's never easy to be one of many same-named in the class, so if you're looking to make your little one stand out in a crowd, opt for a baby name that didn't make last year's top-ten list.

But maybe not the unheard-of. Thinking of making a name up, celebrity-style? One-of-a-kind names can make a child feel unique—or like the odd kid out (especially if your little one won't be running in a celebrity crowd). Remember, a name is forever (or at least until your baby's old enough to legally change it)—and what sounds cute now may not look so cute on a college or job application. Think twice, too, before you go with an extremely creative spelling of a more common name (can you spell annoying?).

Avoid the trendy. Considering naming your little darling after the film, TV, or music industry's latest darling? Before you hitch your baby to any star, consider that they often fade quickly—or can end up making entertainment news for all the wrong reasons.

Mean what you name, and name what you mean. Learning the meaning of a name can definitely influence your decision. You might be ambivalent about Annabella until you find out it means "grace and beauty" or iffy about Ian until you see that it translates to "God is gracious." On the other hand, Cameron may be a contender until you discover that you're naming your baby "bent nose"—or you may decide the meaning has no meaning to you after all.

Go back to your roots. Trace your ancestry or ethnicity and you may just come across the name you've been searching for. Shake the family tree, scout the homeland, revisit your religious roots if you're so inclined—you're bound to discover a baby-name bounty.

Consider gender generalizing. Yes, you know that your Morgan's all boy and your Jordan's all girl—but will others be clued in, or thrown off, by the name you choose? Does it cross (or blur) gender lines—and if so, does that matter to you? Many parents decide that it doesn't.

Sound it out. When choosing a baby name (middle included) consider the cadence (Michaela Mackenzie Morton-Mills is quite a mouthful) and be careful about combinations that could turn your child's name into a joke (Justin Case, Paige Turner . . . and worse). As a general rule, a short last name goes well with a long first name (Isabella Bloom) and vice versa (Drew Huntington), while two-syllable first names usually complement two-syllable last names (Aiden Carter).

Don't forget to initial. Considering naming your little girl Abigail Sasha Smith? You want to think through those initials before you make an Abigail Sasha Smith out of her and yourself.

For Parents: Preparing an Older Child

Wondering how to tell your still very young firstborn that a new baby is on the way? Or how to ease the transition from only child to big brother or sister? Check out *What to Expect the Second Year* for the tips you'll need to help prepare your older little one for that big new role.

Keep it under wraps. Share your chosen name with others only if you dare to open it up to debate. If, on the other hand, you'd rather spare yourself a lot of unsolicited advice and comments (or hopeful hints from Great Uncle Horace), keep the name under wraps until it's wrapped around your little bundle.

Stay flexible. Before you engrave that chosen name in stone—or stencil it over your baby's crib—make sure it fits. Once you meet your sweet Samantha, you may be surprised to find out she's really more of a Miranda . . . or maybe (it's happened) more of a Sam.

Choosing Help

Newborn babies are helpless . . . newly delivered parents definitely shouldn't be. In fact, you'll need all the help you can get after you've brought baby home, not just to do all the things babies can't do for themselves (changing diapers, giving baths, comforting, feeding, burping), but to do all the things you won't have time to do or will be too exhausted to do yourself (say, shopping, cooking, cleaning, and those piles of laundry).

Help wanted? First, you'll need to figure out what kind of help you want, what help will be available to you, and, if you're thinking of paying for help (at least part-time), what kind of help you can afford—and feel comfortable with. Which set of hands (or sets of hands) do you envision giving you a hand in those challenging first weeks and months? Will it be a grandma (or two)? A friend? A baby nurse? A doula? Or someone to care for the house while you're busy caring for yourself and your baby?

Baby Nurse

The care (and, if baby's not nursing, the feeding) of newborns is their specialty—though some baby nurses will also tackle light housework and cooking. If you've determined there's enough money in your budget for a baby nurse (they don't come cheap), you'll probably want to consider several other factors before deciding whether or not to hire one. Here are some reasons why you might opt for professional help from a baby nurse:

- To get some hands-on training in baby care. A good baby nurse will be able to show you the ropes when it comes to the basics—bathing, burping, diapering, and maybe even breastfeeding. If this is your reason for hiring a nurse, however, be sure that the one you hire is as interested in teaching as you are in learning. Taking charge is one thing—taking over is another. Letting you get some rest is great—not letting you get near your baby isn't. Ditto constant critiquing of your baby-care techniques, which can wear on your nerves, and your confidence.
- To avoid getting up in the middle of the night for feedings. If you're formula feeding and would rather sleep through the night, at least in the early weeks of postpartum fatigue, a baby nurse or doula, on duty 24 hours a day or hired just for nights, can take over or share baby feeding duty with you and your spouse. Or, if you're breastfeeding, bring baby to you for nursings as needed.

Help Wanted

Looking to hire a baby nurse or postpartum doula, but not sure where to find the right one? As always, your best resource will be recommendations from other parents—so put the word out to friends, colleagues, and neighbors who've used (and been happy with) a baby nurse or doula. Agencies are another good place to start—even better if you've been referred by a satisfied parent customer and/or if objective online reviews seem promising. Just keep in mind that agencies can charge a hefty fee—sometimes a yearly or monthly membership, sometimes a surcharge on each service, sometimes both.

Consider the job description before you begin considering candidates. Are you looking for baby care only—or a side of housework, errand running (with or without a car of her own), and cooking? Full- or part-time? Live in or out? For night duty or day, or some of each? For a week or two postpartum, or a month or two—or longer? Will you hope to learn some baby-care basics from the care provider, or just cash in on the extra rest? And if price is an object, how much will you be able to budget for?

There's no substitute for a face-to-face interview, since you can't judge personality or your comfort level on paper (or on the phone, or via an email exchange). Check out references fully, too, and if you're hiring through an agency, make sure the candidates you're culling from are licensed and bonded. Any care provider should also be up-to-date on immunizations (including a Tdap booster and a yearly flu vaccine) and screened for TB. She should also be trained (and recertified within the last 3 to 5 years) in CPR and first aid and safety, as well as up-to-date on baby-care practices (back-to-sleep and other safe sleep recommendations, for instance).

- To spend more time with an older child. Want to squeeze in some extra time with the newly big sib (or sibs)? A baby nurse can be hired to work just a few hours a day so you can lavish baby-free attention on an older little one.

- To give yourself a chance to recuperate after a cesarean or difficult vaginal birth. If you're scheduled for a C-section, it may be smart to schedule that extra postpartum help, too, if you can. But even if you're not sure how easy—or difficult—your baby's birth (and your recovery from it) will be, it's not a bad idea to do some scouting around in advance for nurses, just in case. That way, you'll be able to call up that much-needed reserve help before you've even arrived back home from the hospital.

A baby nurse may not be the best postpartum medicine if:

- You're breastfeeding. Since a nurse can't nurse your baby, she may not prove to be all that helpful initially. In that case, household help—someone to cook, clean, and do laundry—is probably a better investment, unless you can find a nurse who's willing to pitch in around the house, too.

- You'd prefer to go nuclear (family). Unless you have a separate space for a nurse to stay in, live-in means live with—and that may feel intrusive. If sharing your kitchen, your bathroom, your sofa with a stranger (even a really sweet and accommodating one) sounds more like a crowd than a convenience, you might be better off with part-time help.

For Parents: Prepping the Family Pet

Already have a baby in the house—the kind with four legs and a tail? Then you're probably wondering how your dog or cat will react when you bring home a baby of a different kind (the human kind)—a tiny, noisy, and intrusive intruder who will soon be sharing a place in your heart and on your lap, and possibly taking your pet's place in your bed or bedroom. Though some initial moping—and even some regression in the house-training department—may be inevitable, you'll want to prevent all the fur sibling rivalry you can, especially unexpectedly aggressive reactions. Here's how to prepare your pet:

- Consider basic training. Is your home your pet's castle—and amusement park? It's time for rules to rule your roost, even when it comes to your furry friend (and even if life has so far been a fun-filled free-for-all for Spot or Mittens). Living with consistent expectations will help your pet feel more secure and act more predictably, especially around your predictably unpredictable baby. Even a pet who's always been more frisky than ferocious, who's never threatened or felt threatened by a human, may become uncharacteristically aggressive and dangerously territorial when your home is invaded by a human newborn. Consider enrolling your pet in an obedience training program (yes, cats can be trained, too)—and remember, for your pet to be trained, you have to be, too. Attend classes with your pet, take homework seriously (practice, practice, practice what's learned in class), and continue to be consistent about rules and rewards (key to the success of pet training) even after graduation.
- Schedule a checkup. Visit the veterinarian for an exam, and make sure that all shots are up-to-date. Discuss any concerning behavior issues (like marking) and possible solutions with the veterinarian, too, and evaluate flea and heartworm prevention for safety around your expected human bundle. Just before baby is due to arrive, have your pet's nails trimmed. Consider spaying or neutering, which can make pets calmer and less aggressive.
- Bring in the babes. Try to get your dog or cat acclimated to babies by arranging carefully supervised encounters (with a baby at the park, with your friend's newborn). Invite friends with babies over to your house so your pet can become familiar with human baby smells and their moves. Do some baby holding around your pet, too.
- Play pretend. Using a baby-size doll as a prop will help get your pet used to having a baby around the house (pretend rock, feed, change, play with the doll, strap it into the car seat and stroller). Play audio of a newborn crying, cooing, and making other baby sounds, too—and (if you've already stocked the house with baby paraphernalia) turn on the infant swing, to accustom your pet to the sound and action (with that doll strapped in). And as you close in on the delivery day, start getting your pet used to scents of baby products you'll be using on baby's skin by applying it to yours (baby wipes, baby wash), and allow sniffing of clean diapers. During these desensitizing sessions, reward your pet with treats and cuddles.

- Don't give your pet any ideas. While it might seem smart to let your pet snuggle in your expected baby's bassinet or car seat or play with those piles of new stuffed animals, it isn't. That approach can lead your fur baby to believe that those items are his or hers—and set up territorial disputes (potentially risky ones).
- Taper off on time with your pet. It sounds a little mean, but getting your dog or cat used to less mommy and daddy attention now may prevent sibling rivalry later. If mama is your pet's favorite, start weaning onto more time with daddy.
- Do some belly bonding. Many dogs and cats seem to have an uncanny baby sixth sense, so if yours is clamoring to cuddle up with your bare bump, let the bonding between baby and pet begin. By the way, even a large dog can't harm your well-protected baby by nestling against your belly.
- Get on board with room and board changes. If sleeping arrangements will change (and they probably should if you've been co-sleeping with your pet), change them well before delivery. If your baby will have a separate room, train your pet to stay out of it while you're not there. A gate to block the doorway will help discourage unsolicited visits. Also, train your pet not to go near the baby's crib, no matter what room the crib is in. Another must-do: Move your pet's feeding station somewhere a curious crawler can't get to, since even a mellow mutt or kitty can attack when food is threatened. Two more reasons why babies and pet food don't mix: Kibble and treats are a choking hazard (and a tempting one), and both food and bowls (including water bowls) can become contaminated with dangerous bacteria, like salmonella. Cat litter should also be kept in a baby-free zone, and if that will require a change of place, make the move now. In general, cats and dogs should have a "safe" space (which could be a room or a crate) where they can retreat for a respite from baby.
- Sniff out jealousy. After delivery, but before you introduce your new baby to your fur baby, bring in an unwashed piece of clothing your newborn has worn (baby's nursery beanie, for instance) and encourage sniffing. Bring on the hugs and treats so that the scent becomes a happy association. When you bring baby home, greet your pet first—and then let the meet-and-greet (including sniffing of your well-swaddled, well-protected newborn) begin. Reward that first sniff with praise, a treat, and a pat for your pet. Try to stay calm and avoid scolding.
- Include the furry new big sib. Scratch your cat while you nurse. Take your dog on especially long walks with baby in tow. Reward gentle behavior around the baby with treats.
- Be protective, but not overprotective. Allow supervised visits of baby spaces and supervised sniffing of baby and baby's things—protecting your baby from suddenly snappish behavior but without setting off jealous stress signals that could trigger aggression.
- Don't take any chances. If your pet seems hostile toward the new arrival, keep the two safely separated until those feelings have been worked out.

For more tips on prepping your pet, go to whattoexpect.com/pet-intro.

- You'd rather do it yourselves. If you and your partner want to be the ones giving the first bath, catching sight of the first smile (even if they say it's only gas), and soothing baby through the first bout of crying (even if it's at 2 a.m.), there may not be much left for a baby nurse to do—especially if dad's around full-time while he's enjoying paternity leave. Consider springing for household help (or food delivery or laundry service) instead—or saving your money for that high-end stroller you've been eyeing.

Postpartum Doula

Thought doulas were just for delivery? Though birth doulas specialize in caring for expectant moms and their families during late pregnancy and childbirth, a postpartum doula can offer the support that keeps on giving, all the way through those challenging early weeks with a new baby and beyond. Unlike a baby nurse, whose focus is on newborn care, a postpartum doula cares for the entire newly delivered family, pitching in to help with just about anything you'll need help with—from household chores and cooking to setting up the nursery and caring for older children. The right postpartum doula will be a reassuring resource (on baby care, postpartum care, and breastfeeding), a shoulder to lean on (and even cry on), and your biggest booster—picking up the slack, but also building up your confidence as parents. Think of a doula as a professional nurturer—someone to mother the new mom (or dad) in you.

Another perk of postpartum doulas is flexibility—some will work a few hours a day or night, others will pull the overnight shift, still others will do a full 9 to 5. You can hire a postpartum doula for just a few days or as long as a few months. Of course, since most are paid by the hour instead of the week, costs can rack up fast. For more information on doulas or to locate one in your area, contact Doulas of North America at dona.org or the Childbirth and Postpartum Professional Association at cappa.net.

Grandparents

They're experienced (they raised you, didn't they?), they're enthusiastic, they'll happily work for cuddles—and though some may come with generational baggage (and perhaps old-school baby care strategies), grandparents have at least 101 uses. They can rock a crying baby, cook a real dinner, do the grocery shopping, wash and fold laundry, and best of all, let you get some of the rest you need—all at no cost. Should you take your parents or in-laws up on their volunteer baby care and household help in the first weeks, that is if they're able, willing, and available? That depends on whether you can handle a little (or a lot) of well-meant, (mostly) good-natured interference—and how you would respond if "helping out" morphs into a full-on takeover (it happens in the best of families).

You feel the more generations the merrier? By all means, extend the invite. Suspect that two generations would be cozy company but that three could be a stressful crowd? Don't hesitate to let the soon-to-be-grandparents know that you'd rather spend those early weeks bonding your brand new family unit and becoming comfortable in your brand new roles as parents. Promise a visit once everyone's adjusted—with the reminder that baby will be more responsive, more interesting, more awake, and more fun by then.

For Parents: Running Grandparent Interference

Have a set (or two) of parents who haven't quite accepted that you're about to become the parents now? That's not surprising—after all, you probably haven't fully grasped that reality yet, either. But it can be a red flag of grandparental interference to come . . . or that's already arrived.

One of your first responsibilities as parents? Letting your parents know it while helping them ease into their brand new (supporting, not starring) role as grandparents.

Say it early (and as often as necessary), say it firmly, and most of all, say it lovingly. Explain to any well-meaning but meddling grandparents that they did a wonderful job of raising you and your spouse, but that it's your turn to wear the parent pants. There will be times when you'll welcome their know-how (especially if grandma has cataloged somewhere in her vast reserves of experience a surefire trick for calming a crying newborn) but other times when you'll want to learn from your pediatrician, books, websites, apps, parent peers, and your mistakes—much as they probably did. Explain, too, that not only is it important for you to set the rules (as they did when they first became parents), but that many of the rules have changed since they were in the parenting game (babies are no longer put to sleep on their tummies or fed on a schedule), which is why their way of doing things may no longer be recommended. And don't forget to say it with humor. Point out that chances are the changing tables will turn once again when your child becomes a parent—and rejects your parenting strategies as old school.

That said, try to keep two things in mind—especially when you find yourself butting heads with butting-in grandparents. First, they may come across as know-it-alls, but they probably know more than you'd like to give them credit for—and there's always something to learn from their experience, even if it's only what not to do. And second, if parenthood is a responsibility (and it is), grandparenthood is the reward (and it should be).

Choosing a Baby Doctor

Feel like you've practically been living at your ob's office (or on the phone with the ob's office) over the 9 months of pregnancy? Well, that's nothing, baby—at least, nothing compared with the time you'll spend with your baby's doctor (or on the phone or email with your baby's doctor) over the next year. Even the healthiest baby needs a lot of health care—from well-baby checkups to regular immunizations. Factor in those inevitable first sniffles and tummy aches, and you'll see why your baby's doctor will play such an important role in your little one's first year—and in your first year as a parent.

And beyond . . . potentially, way beyond. After all, the doctor you choose could be seeing baby—and you—through some 18 years of runny noses,

Health Insurance for a Healthy Family

Think health insurance is complicated and expensive? Get ready for about eight more pounds of complications and expense. If you're already covered under a family plan, adding your new bundle is as easy as making a phone call once baby is born (just don't forget to make that call, since coverage for baby doesn't kick in automatically). If you're covered by a plan but only as an individual, you'll need to do a little more legwork to figure out how switching to a family plan might impact your bottom line—switching from an HMO (Health Maintenance Organization) to a POS (Point of Service plan) or PPO (Preferred Provider Organization), for instance, will likely increase your costs—and which type of coverage will best suit your growing family's needs.

Speak to someone in human resources where you work, call your insurance company directly, or check out your state's health insurance exchange/marketplace (as mandated by the Affordable Care Act), where you'll be able to find, compare, and purchase the coverage you'll need. Ask what services the plan covers (routine checkups, immunizations, sick visits, speech, hearing, and vision tests, lab and x-ray services, prescription meds, speech and physical therapy), if there are any limits on the number of well-baby or sick-baby visits, and what out-of-pocket expenses you'll have to pay (copayments or deductibles, for instance). To find out more about the Health Insurance Marketplace in your state, visit healthcare.gov or call 800-318-2596.

Worried that you won't be able to afford insurance? Under the Affordable Care Act, you may be eligible for subsidies or tax breaks. There are other options for you, too: Medicaid programs cover those with low incomes, and the Children's Health Insurance Program (CHIP) provides low-cost health insurance for children in families who earn too much income to qualify for Medicaid, don't have employer health insurance available, and can't afford private health insurance. Find out more from insurekidsnow.gov or by calling 877-KIDS-NOW. There are also local community health centers that provide care at low or no cost, depending on your income. To find one, go to findahealthcenter.hrsa.gov.

earaches, sore throats, upset stomachs, bumps and bruises, and more. You won't be living with your baby's doctor during those years (though there will be times, particularly nights and weekends, when you'll wish you were), but you'll still want him or her to be someone you feel comfortable and compatible with—someone you'd feel at ease asking questions that aren't easy, someone who's equally patient with both tiny patients and their nervous parents.

Still looking for Baby Doctor Right? Start your search here.

Pediatrician or Family Practitioner?

The first step on your search for Baby Doctor Right? Deciding what type of practitioner is right for you. Your choices:

The pediatrician. Babies, children, and sometimes adolescents are their business—their only business. And, they're trained well for it. In addition to 4 years of medical school, pediatricians have had 3 years of specialty training

in pediatrics. If they are board certified (they should be), they have also passed a tough qualifying exam. The major advantage of selecting a pediatrician for your baby is obvious—since they see only children, and lots of them, they know their stuff when it comes to little ones (including when not to sweat the small stuff). They're more familiar with childhood illnesses, and more experienced in treating them. And they're more likely to have ready answers to the questions parents (like you) ask most—from "Why doesn't she sleep?" to "Why does he cry so much?"—because they've heard them all, many times before.

A good pediatrician will also be tuned in to the whole family picture—and will realize when a change at home (say, a dad's deployment or a mom's return to work) may be the root of a change in a child's behavior, sleeping or eating habits, or even health.

The only downside to choosing a pediatrician? If the entire family comes down with something (strep all around), you may need to call on more than one doctor.

The family practitioner. Like the pediatrician, the family practitioner usually has had 3 years of specialty training following medical school. But an FP residency program is much broader, covering internal medicine, psychiatry, and obstetrics and gynecology, in addition to pediatrics. The advantage of choosing a family practitioner is that it can mean one-stop doctoring—you can use the same doctor for prenatal care, the delivery of your baby, and to care for the whole family. Already using a family practitioner? Adding your new baby to the patient roll means you won't have to transition to a brand new doctor, doctor's office, or doctor protocol—and that you'll (hopefully) already have a comfortable doctor-patient rapport on day one with baby. One potential disadvantage: Because family physicians have had less training and experience in pediatrics than their pediatrician colleagues, they may be less practiced in fielding common new parent questions, and less proficient at spotting (or treating) uncommon problems. This might mean more referrals to other doctors. However, the more babies an FP sees, the more pediatric know-how he or she is likely to have built up, minimizing this potential downside.

What Kind of Practice Is Perfect?

Decisions, decisions—and here's another one on your list: What type of practice will best fit your needs, and your baby's?

The solo practitioner. Like the idea of one doctor, all the time? Then a solo practitioner might be right up your alley. The most obvious perk of a solo practitioner: You and your little one will have the chance to develop a close relationship with one doctor (which can mean fewer tears and fears at checkup time). The flip side of this perk: Solo practitioners aren't likely to be on call around the clock and around the calendar. They'll be around for scheduled appointments (unless called to an emergency), and on call most of the time, but even the most dedicated among them will take vacations and occasional nights and weekends off, leaving a covering physician in charge (a doctor you and your little one may not know, or at least probably won't know very well). The way to cash in on the upside of a solo practitioner while minimizing the downside? Find out who covers for the doctor you're considering and whether

your little one's records will be accessible even when the doctor is not.

The partnership. Often, two doctors are better than one. If one isn't on call, the other almost always is. If you see them in rotation, you and your baby will be able to build a relationship and a comfort level with both. The potential downside, which can also be a potential upside? Though partners will probably agree on most major issues and will likely share similar philosophies of practice, they may sometimes offer different opinions—and advice. Having two points of view (say, on a sleep problem or a feeding issue) can be confusing, but it can also be enlightening. One doc's tips didn't cut the colic? Maybe the other's will.

Before you settle on a partnership practice, ask whether or not scheduling checkups with your doctor of choice will be an option. If not, and if you discover you (or your baby) prefer one to the other, you may spend half of the visits with Baby Doctor Not-So-Right. Of course, even if you get your choice for checkups, sick kids are usually seen based on doctor availability.

The group practice. If two are good, will three or more be better? In some ways probably yes—in others, possibly no. A group is more likely to be able to provide 24-hour coverage by doctors in the practice, but less likely to ensure close doctor-patient relationships—again, unless you can schedule the same doctor or two for regular checkups (most practices offer this option). The more physicians a child will be exposed to on well-child and sick-call visits, the longer it may take to feel comfortable with each one, though this will be much less of a problem if all the doctors score high on warmth, caring, and baby charm. Also a factor here: The more doctors, the more opinions and advice—sometimes a perk, sometimes a potential problem.

A combined practice. Any of the above types of practices may include one or more highly trained and skilled pediatric practitioners who aren't pediatricians. Pediatric nurse practitioners (PNP) are the equivalent of the nurse-midwife in the obstetrician's office—they hold a BSN or RN with additional training (generally at the master's degree level) in pediatrics. Pediatric physician's assistants (PA), who work under the supervision of a physician, spend 2 years training at an accredited program after completing college. A PNP or PA usually handles well-baby checkups and often the treatment of minor illnesses as well, consulting with physician colleagues as needed. Problems beyond the scope of a PNP or a PA are referred to one of the doctors in the office. Like a midwife, a PNP or PA will frequently spend more time on each visit—which means more time for questions and answers (something you'll really appreciate as a new parent). Having them on your baby's health care team will also help keep costs and wait times down. Concerned that you'll have less confidence in the care your baby receives from a PNP or PA? You probably don't have to be. Studies have shown that nurse practitioners and physician's assistants are, on average, at least as successful as, and sometimes more successful than, physicians at diagnosing and treating minor illnesses. Another welcome addition to any pediatric practice if you'll be breastfeeding: a certified lactation consultant on staff.

Finding Dr. Right

Once you've narrowed your field to the right type of practice, it's time to get serious in your search for Baby Doctor Right—and the right doctor

Topics to Discuss

Found Doctor Right? You may not have delivered yet, but you probably have plenty of baby-centric questions swirling around in your head. While you can certainly save a few questions for your first visit with your little bundle (keeping in mind that the bundle may be screaming through that entire first visit), some docs are more than happy to go through a Q&A session before delivery. This can be especially helpful because some of the issues you'll probably want to discuss may come up at or soon after delivery. Here are some topics to consider discussing:

Your obstetrical history and family health history. What impact will these have on your new baby's health?

Hospital procedures. Ask: Any thoughts on cord blood banking and delayed cord clamping? Which tests and immunizations are routine after birth? How will jaundice be handled? How long is the recommended hospital stay? What procedures need to be taken care of if you plan to deliver at home?

Circumcision. What are the pros and cons? Who should perform the procedure and when, if you do opt for it? Will pain relief be given to baby?

Breastfeeding. If, after the first visit's breastfeeding assessment, you're still having difficulty nursing (or just want a reassessment of your technique and progress), can an extra office visit at one or two weeks postpartum be arranged? Is there an LC in office, or one you can be referred to?

Bottle-feeding. Whether you will be formula feeding, supplementing with formula, or expressing milk for bottles, you might want to ask what type of bottles, nipples, and formula the doctor recommends.

Baby supplies and equipment. Get recommendations on health supplies such as acetaminophen, thermometers, and diaper rash ointment, and equipment such as car seats.

usually comes with the right recommendations. Here's where to look for those referrals:

Your obstetrician or midwife. Happy with the prenatal care you're getting? Then you'll likely be just as happy with a pediatric practitioner suggested by your ob or midwife. After all, doctors usually refer patients to other doctors with similar styles and philosophies. Not a fan of your prenatal provider? Look elsewhere for a recommendation.

An obstetric or pediatric nurse, a doula, or a lactation consultant. These professionals get an insider's perspective on doctors, so tap into any you know who work with pediatricians, in either an office or a hospital setting. You're likely to get a pretty accurate—and honest—assessment of the care they provide.

Parents. No one can tell you more about a doctor's bedside (or exam table–side) manner than satisfied (or dissatisfied) patients—or, in this case, parents of patients. So ask parents you know—especially those you know who are like-minded when it comes to hot button topics that matter a lot to you, such as breastfeeding, nutrition, alternative therapies, or attachment parenting.

Online medical directories. The American Medical Association website's DoctorFinder.com provides basic professional information, such as credentials, specialty, location, and training, on the majority of licensed physicians in the United States. Medical websites often offer searchable doctor directories, as do most professional associations for medical specialties, such as the American Academy of Pediatrics (healthychildren.org). Just remember that these directories give you only names, not ratings or information on a doctor's quality of care.

Referral services. Some hospitals, medical groups, and entrepreneurs have set up referral services to supply the names of doctors in specific specialties. You probably won't get a good read on personality, practice style, or philosophies on parenting practices from these kinds of services, but they will provide information on where doctors you're considering have hospital privileges, as well as on specialties, training, and board certification. Such services will also be able to tell you whether the doctor you have in mind has been sued for malpractice.

There are also plenty of online lists, referral sites, and user generated ratings for local doctors. Just type your city's name and "pediatrician" in a search engine and you'll get plenty of hits. Or, check out reviewing websites. One caveat when reading reviews on rating websites: You don't know the reviewers (or any potential beef they might have with a particular provider), so it's hard to get a true sense of who the doctor is and what his or her expertise, quality of care, and personality is really like. Plus, many of these sites contain inaccuracies (from where the doctor trained to what types of insurance the office accepts)—so be prepared to confirm details through your own research, too.

La Leche League. If breastfeeding is a priority, your local La Leche chapter (lllusa.org) can supply you with names of pediatricians who can offer you the support and know-how you'll need. Some pediatricians have certified lactation consultants on staff.

Health insurance provider. Your HMO or health insurance provider will likely give you a list of physicians available to you under your insurance plan—which may narrow down the field quite a bit if you're not prepared to go out of network.

Making Sure Baby Dr. Right Is Right for You

So you have a list of names—and now you're ready for the next steps: narrowing it down to an even shorter short list, and scheduling consultation appointments with the finalists, if possible. Some doctors charge for these visits, others don't. Either way, a late-pregnancy meet-and-greet will help you feel confident that you've found that special someone (or group of someones)—the doctor (or doctors) who's right for you and your baby-to-be.

Here are some key factors to consider:

Hospital affiliation. It's a definite plus if the doctor you choose is affiliated with a nearby hospital that has a good reputation for pediatric care. That way, he or she can provide or coordinate care if your little one ever has to be hospitalized or receive emergency treatment. Also a perk: If that doctor has privileges at the hospital where you are planning to deliver, he or she can check your baby out before discharge. But affiliation should definitely not be a deal breaker for an otherwise top-notch

candidate. A staff pediatrician can perform the hospital exam and arrange for discharge, and you can take your baby to see the chosen doctor after you've checked out.

Credentials. A must-have for any doctor you're considering for your baby's care: a residency in pediatrics or family medicine and board certification by either the American Board of Pediatrics (ABP) or the American Board of Family Practice (ABFP).

Office location. Lugging a size-42 belly with you everywhere you go may seem like heavy lifting now, but it's traveling light compared with what you'll be toting after delivery. Going the distance will require more planning than just hopping behind the wheel of your car or onto a bus or subway. And the farther you have to go, especially in nasty weather, the more complicated every outing will become, including those trips to the doctor. Factor in an illness or injury, and a nearby office isn't just convenient—it can mean faster care for your little bundle. Your favorite candidate by far isn't the closest one? Baby Doctor Right may be worth the trip.

Office hours. Working 9 to 5? Then you'll probably prefer a doctor who offers some early morning, evening, or weekend hours.

Office atmosphere. You'll get your first impression of a doctor's office before you've even stepped inside. When you called for an appointment, were you treated to a voice that was eager to help or one that can't be bothered? Remember, you'll be on that line often as a new parent—phone friendliness matters, and compassion counts. You'll gain more insight when you step up to the front desk of the doctor's office. Is the front desk staff warm and welcoming, or frosty and brusque? Are little patients (and their parents) treated patiently? Or with equal parts annoyance and exasperation? Read between those lines—and you'll learn volumes.

Office decor. A baby doctor needs more than a couple of magazines on the table and a few tasteful prints on the wall to make the right design statement in the waiting room. On your consult visit, look for features that will make long waits less painful for both you and your expected: a fish tank, a comfortable play area, a selection of clean, well-maintained toys and books appropriate for a range of ages, low chairs or other sitting space designed for little bodies. Walls painted in bold colors and child-friendly patterns (orange kangaroos and yellow tigers rather than understated earth tones) and bright pictures also score comfort points with the smaller set. A welcome addition in the family doctor's office: separate waiting areas for adults only and adults with children, as well as separate entrances for well visits and sick visits.

Waiting time. A 45-minute wait when you're pacing with a fussy infant or trying to distract a restless toddler with yet another picture book can be a trying experience for everyone. If you're running on a tight schedule yourself, an inconveniently long wait may also be a logistical nightmare. Keep in mind, though, that squirmy babies and sick kids are (and should be) given priority over consults with expectant parents—so don't judge the average waiting time by how long you're kept waiting. Instead poll the parents in the waiting room (and ask how much of the waiting generally goes on in the exam room, too—since that wait can be the hardest of all).

A long average wait can be a sign of an inefficiently run office, of overbooking, or of a doctor's having more patients than he or she can handle.

But it can also mean that the doctor or doctors in the office spend more time with their patients (or answering parent questions) than allotted—something you're likely to appreciate more during the exam than during the wait. It can also mean that it's office policy to squeeze in sick kids (or phone calls with worried parents) even when there's no room in the schedule—something you're sure to value when your child is the one who's sick or you're the parent who's worried.

House calls. Yes, a few pediatricians and family practitioners still make them, though often at a premium cost. Most of the time, however, house calls aren't only unnecessary, they aren't best for baby. At the office, a doctor can use equipment and perform tests that can't be stashed in a little black bag. Still, situations may come up when a house call may be just what the doctor ordered—say, when your preschooler is home from preschool with a bad stomach bug, baby's down with a high fever and a chesty cough, and you're on duty at home alone . . . in a snowstorm.

Call-ins. There will be times (probably more than you'll want to count in that first year) when questions and concerns come up, and you just don't feel comfortable waiting for an answer or some reassurance until baby's next scheduled visit. Enter the phone call—or in more and more practices, email or text. Different offices handle parent calls differently, so be sure to ask about this very important protocol. One approach is the call-in hour: A particular time is set aside each day for the doctor to field calls and/or texts or emails—which means you're pretty much assured of getting the advice you need, if you call at the designated time. Other offices use a call-back system—the doctor (or PA or PNP) will call back to answer questions when there's a free moment between patients or at the very end of the day (questions are usually screened and prioritized by the staff). This approach may work better than a call-in hour if you suspect you'll be the type of parent who can't confine concerns to between 7 and 8 in the morning or 11 and noon, or can't contemplate waiting until tomorrow's call hour for relief from today's worries. Still other pediatric offices use on-call nurses to answer common questions and dispense advice, passing only urgent or complicated medical issues to the doctor. Nurses can also "triage" the situation, helping a parent decide whether the baby should be brought in for an office visit and how soon. This system usually yields a prompter response (and faster relief for parental stress).

Protocol for emergencies. Emergencies happen—and as a soon-to-be parent you'll want to know how they're handled by a doctor you're considering. Some instruct parents to head to the ER for care in case of an emergency (though your insurance plan may require that you call the doctor first). Others ask you to call their office first and, depending on the nature of the illness or injury, will see your baby in the office or meet you at the ER. Some physicians are available (unless they're out of town) days, nights, and weekends for emergencies. Others use colleagues or partners to cover for them during off-hours, and some may refer you to Urgent Care as appropriate.

Financial matters. Some offices ask that you make any necessary payments or co-payments at the time of a visit, others will issue a bill. Some will bill insurance for you or submit paperwork, others won't. Some offer an optional package deal for first-year care that covers any number of visits. Though the package

costs more than the sum of fees for the year's scheduled number of checkups, it's usually a good bet: Two or three sick visits, and you'll likely come out even or ahead (plus you'll stress less about the cost of extra appointments). Insurance reimbursements for sick visits, package deal or no, will be handled according to the terms of your coverage.

Payment schedules are also available in some offices, either routinely or under special circumstances, such as financial hardship. If you think you might need such an arrangement, discuss this with whoever is in charge of billing.

You might also want to ask whether routine lab work is done in the office, which can save time and money.

Practice style—and personality. When you're in the market for a doctor, as when you're shopping for baby furniture, the style that's right will depend on your style. Do you prefer a doctor who's laid-back and casual (maybe even a hugger)? Or one who's buttoned up (and in a dress shirt, at that)? One who's a kidder (even with parents) or one who's all business? A doctor who likes to call all the shots or one who treats you as a full-fledged partner in your little one's care?

No matter what your style in doctor styles, chances are you'll want to pick a pediatrician or family physician who's a good listener and a clear communicator, who's open to all questions and who's nonjudgmental, who's patient with little patients and their parents, and most of all, seems to really love caring for children . . . which, of course, most baby doctors do.

Philosophy. You won't agree with your baby's doctor on every topic, but it's best to find out up front (and before you make a commitment) whether you're mainly on the same page with major issues. To make sure your baby care philosophies mesh comfortably with those of the doctor who may be caring for your baby, ask about his or her positions on parenting topics or trends you might be interested in, from breastfeeding to circumcision, attachment parenting to co-sleeping, complementary and alternative medicine to immunizations.

CHAPTER 2

Buying for Baby

You've probably been itching to belly up to the nearest baby superstore or online baby registry for months now—maybe even before you had a belly. After all, those too-cute onesies (is that a matching hat and socks?), cuddly stuffed animals, and magical mobiles are hard to resist. But between the slings, swings, and strollers, the cribs and car seats, the burping cloths and blankies, the bibs and booties, buying for baby can get a little overwhelming (make that head-spinning), not to mention credit-card-maxing. So before you start sliding that card (or clicking "register now"), be sure to read up on baby gear must-haves, nice-to-haves, and probably-don't-needs, so you can stock your little one's nursery without cluttering it up—and without cleaning out your bank account.

Buying the Baby Basics

With so many products to buy and register for, you may be tempted just to grab a virtual shopping cart and get started. But before you proceed to checkout, check out these baby buying guidelines:

- Do your homework before you bring products home. Babies tend to bring out the impulse buyer in everyone—but especially in starry-eyed first-time expectant parents (and particularly in hormone-hazy moms-to-be). To avoid buyer's remorse (when you realize that a newborn's bottom is warm enough without prewarmed wipes or that 41 newborn onesies were probably 31 too many or that you didn't really need Hollywood's favorite jogging stroller when you don't ever plan on jogging in Hollywood—or anywhere), think and link before you buy. Read online reviews, do comparison shopping, and tap into your most in-the-know network, other parents—including those on WhatToExpect.com. They'll tell you like it is, and isn't, when it comes to much-hyped and high-priced products and product features.

- Shop for the right registry (or registries). Before you narrow down your layette list, narrow down the list of stores where you'll be buying or registering for most of those goodies. Consider return policies (because you may end up with too much of a good thing—or find that some good things aren't so good after all), restocking charges, whether purchases and exchanges can be made both online and in stores, and convenience (is there a brick-and-mortar store close to you and most of your friends and family?). But also ask around—your message board and Facebook buddies who've shopped this way before will be your best registry resources (or even have lists of their own must-haves they've shared—check out the "Love-it Lists" at whattoexpect.com/loveit. Though you may not be able to find one-stop shopping for all your baby needs, try to keep your registries down to a reasonable two or three by looking for sites or stores that carry most of what you're signing up for.
- Shop for baby in baby steps. Start with newborn needs (that will be plenty). Hold off buying gear you won't need until later in your baby's first year, when you'll better know your needs and your little one's. (Though, consider registering for big ticket items anyway, even if you won't need them right away—especially if you're hoping friends and family will step up to the plate . . . and the high chair.) Decided to play the baby gender guessing game? Some stores will allow you to order your layette and not pick it up or have it delivered until after the baby is born—at which time you can specify the colors and patterns to make a more gender-specific statement, if you're not a fan of neutral shades. But also remember, there's no layette law that says girls can't wear blue overalls and boys pink polos—or that a girl's nursery can't reach for the stars (and planets) and a boy's can't feature bunnies.
- Be a baby-stuff borrower. You're bringing home your own baby, of course, but that doesn't mean you can't bring home some of your friend's baby stuff. Or your cousin's. Or your sister's. Since babies need so much stuff (or really, parents need so much stuff to care for their babies), it makes sense—and saves dollars—to borrow what you can. All of the gear that really gets used will soon have a lived-in (or grown-out) look anyway, whether you borrow or buy new (that's definitely true of clothes). Just keep in mind that safety regulations change and that you should check out any product for recalls or features that don't meet current standards. A car seat is one item that's definitely safest bought brand new.

A Buyer's Guide

Ready to lay out a bundle for your little bundle's layette and nursery? It's true that your tiny baby—who will arrive in the world equipped with nothing but a birthday suit—will be a whole lot more high-maintenance in the next 12 months than he or she was in the past 9. But before you get overwhelmed by the lists of clothes, supplies, gear, and furniture that follow, remember they're

Wardrobe Wise

The best thing about shopping for baby clothes: They're so cute. The worst thing about shopping for baby clothes: They're so cute. Before you know it, you've bought out the store (and then another store, and another store), and the nursery closet is jam-packed and the dresser drawers won't close. And your baby has outgrown half of those oh-so-precious purchases before you even had a chance to unfold them for the first time. To avoid buy, buy, buying too much for baby, keep these practical pointers in mind as you finalize your layette list and head to the store or enter that portal:

- Babies don't mind wearing hand-me-downs. Fast-forward 7 or 8 years, and hand-me-down clothes may be a much tougher sell—but fashion ignorance is bliss for babies. Even if you're a stickler for style, you'll appreciate having even less-than-styling onesies and rompers standing by for those days when spit-up reigns, diapers leak . . . and the washer's on the blink. Those hand-me-downs are a little worse for wear? That's okay—the same will be true of the new clothes you're shelling out those big bucks for by the second time baby wears them. So before you shoot down all those offers you may be lucky enough to get, consider just saying yes instead. And don't forget to check off items borrowed or handed down before finalizing your list.
- Laundry has a way of piling up. When calculating your needs, consider how many times a week you'll be doing laundry. If you'll be doing loads just about every day, you can buy the smallest suggested number of items on the list—and that goes for cloth diapers, too. If you'll have to lug loads down to the local Suds 'n Spin and can do laundry only weekly, then buy the largest number.
- Convenience and comfort come first, cuteness second (really). Tiny buttons may be way too precious for words, but the struggle to fasten them when baby's squirming up a storm won't be. An organdy party dress may look festive on the hanger, but the party may be over if it rubs baby's delicate skin the wrong way. An imported sailor suit may look dashing—that is, until you try to change your little matey and find there's no access to the poop deck. And baby skinny jeans? Well, enough said.

just meant to guide you. Don't feel compelled to buy (or borrow) everything on these lists, or everything on any registry or layette list—certainly not all at once. Your baby's needs (and yours) will be unique and ever evolving (just like you and your baby).

Baby Clothes

By far the most fun you'll have preparing for baby will be shopping for those itty-bitty, crazy-cute clothes. In fact, it may take considerable reserves of willpower to keep yourself from overfilling your baby's closet with too many adorable outfits. Just keep in mind—less is usually more than enough, especially when it comes to small sizes, since newborns grow fast.

Undershirts, onesies (aka creepers, bodysuits). For your newborn, your best bets are undershirts (short or long sleeved, depending on the weather)

So, resist the irresistible (and impractical, unwashable, and unwearable) and remember that babies are happiest when they're comfiest, and parents are happiest when dressing baby is a dream, not a drag. With this in mind, look for outfits made of soft, easy-care fabrics, with snaps instead of buttons (inconvenient, and should baby manage to chew or pry one off, unsafe), head openings that are roomy (or have snaps at the neck), and bottoms that open conveniently for diaper changing. Feel underneath to make sure seams are smooth, too. Room for growth is another important feature: Adjustable shoulder straps, stretch fabrics, and elasticized waistlines will come in handy. Shop for safety, also—no strings or ribbons longer than 6 inches.

- Shopping up is smart. Since newborns don't stay newborn size very long (some babies have grown out of newborn sizes before they're born), don't stock up on small sizes unless your baby is predicted petite. It's always more practical to roll up sleeves and pants legs for a few weeks while your little one grows into a size 6 months. In general, shop at least one size ahead (most 6-month-old babies wear 9- or 12-month sizes, and some even fill out 18-month sizes), but eyeball before buying, because some styles (particularly imported ones) can run much larger or smaller than average. When in doubt, buy big, keeping this in mind: Children grow and (cotton) clothes shrink.
- Seasons change. If baby is expected on the cusp of a season, buy just a few tiny items for the immediate weather and larger ones for the weather expected in the months ahead. Continue to consider the seasons as baby grows—and do the season math when buying ahead. That adorable August-perfect tank top at half price may seem like a total deal—until you realize that your fall baby will have outgrown it long before spring's thaw.
- No tags, and you're (keeping) it. Of course, you're eager to unpack all that new baby booty into your baby's new dresser. But try to resist. It's actually best to keep most of your newborn's clothes tagged or in their original packages (with all receipts). That way, if baby checks in much larger or much tinier than expected (it happens)—or even a different gender than anticipated (ditto)—you can exchange for bigger or smaller sizes or a different color or pattern.

that open in the front, with snaps on the sides. These are easier to get on that floppy frame in the first few weeks, and until your baby's umbilical stump falls off, it's better not to have tight clothes rubbing against it. Another option: a onesie with a specially designed opening at the navel to expose the stump to air and prevent rubbing. Once the stump does fall off, you can switch to the pullover onesie style, which is smoother and more comfortable for baby. These one-piece bodysuits (also called creepers) have snap openings on the bottom for easy diaper access and don't ride up, keeping tummies covered in cool weather. Look for a wide opening at the neck for easy on, easy off. Once style starts to matter more, you can graduate to bodysuits that look more like shirts (long or short sleeved), made to be worn under pants, skirts, or leggings. For now, consider buying 5 to 10 undershirts (newborn size) and 7 to 10 onesies.

Stretchies with feet. Footed outfits keep tootsies toasty without socks, making them especially practical (as you'll soon find out, socks and booties—cute as they are—rarely stay put for long). Make sure they have snaps or zippers at the crotch for easy access to baby's bottom, which you'll be visiting quite often. Otherwise, you'll be undressing and redressing at every diaper change. You may find that zippers have the edge, since they'll save you the frustration of trying to line up all those little snaps when you're sleep-deprived or in a rush, or baby's crying for a feed. Consider buying around 7 footed stretchies.

Rompers. These are one-piece, short- or long-sleeved outfits with or without legs that typically snap at the crotch and down the legs. Consider buying 3 to 6.

Two-piece outfits. These are smart-looking but not as sensible as one-piece (two pieces are twice as tricky to put on and take off), so try to limit yourself—it will be hard!—to 1 or 2 of them. Look for two-piecers that snap together at the waist so the pants don't slide down and the shirt doesn't ride up.

Nightgowns with elastic bottoms. While stretchies can also stand in as sleepwear, some parents prefer nightgowns for their babies, especially in the early weeks, when the easy-open bottoms make those middle-of-the-night diaper changes a snap (without the snaps). Consider buying 3 to 6 nightgowns—and avoid gowns that close at the bottom with drawstrings (strings over 6 inches are a safety hazard). Sleepwear for children must meet federal standards for flame resistance—a label will tell you whether or not a particular outfit is designated as safe-for-sleep or not.

Blanket sleepers or sleep sacks. These sleepers keep baby cuddly warm without a comforter or blanket (which should be avoided because of the risk of suffocation or SIDS; see page 270). These wearable blankets provide plenty of kicking and arm-waving room and can keep a baby cozy during those nights when a stretchy or nightgown doesn't provide enough warmth. They come in lightweight cotton (for summer nights when the AC is on) and fleece (for winter sleeping—though to avoid overheating be sure not to dress your baby too warmly underneath the sleep sack). Consider buying 2 to 3 seasonally appropriate ones.

Sweaters. One lightweight sweater will do the trick for a warm-weather baby, 1 to 2 heavier ones will be needed if baby's arriving in winter. Look for sweaters (or sweatshirts or hoodies, but without strings) that are washable and dryable as well as easy on, easy off.

Hats. Summer babies need at least 1 lightweight hat with a brim (for sun protection). Winter babies need 1 or more heavier-weight hats to stay warm (a lot of the body's heat escapes through the head, and since a baby's head is disproportionately large, there's a lot of potential for heat loss). Hats should be shaped to cover the ears snugly but not too tightly. Another outdoor accessory to consider for an older baby: good-quality sunglasses (see page 456 for more).

Bunting bag or snowsuit with attached mitts, for a late fall or winter baby living in a four-season climate. A bunting bag is easier on, easier off than a snowsuit (no trying to negotiate feet into leg holes), but it may have to be retired once baby is more active. Some buntings convert into snowsuits. Any bunting you use should have a slot on the bottom for a car seat strap, to make buckling up easier and more secure.

Booties or socks. As you'll soon find out, these are often kicked off within moments after they're put on (something you probably won't notice until you're halfway down the street or on the other side of the mall), so look for styles that promise to stay put. You'll need just 5 to 6 pairs for starters—add more as baby grows.

Bibs. Even before you introduce your sweetie to sweet potatoes, you'll need bibs to protect clothes from spit-up and drool. Consider buying a minimum of 3 bibs—you'll always have at least one in the laundry basket.

Baby's Linens

Soft against baby's skin is a given, but here are some other practical hints for choosing the right linens. You'll notice that bumpers and crib blankets and comforters don't make this list at all—that's because none of them are recommended for use in a baby's crib or other sleeping area.

Fitted sheets for crib, portable crib, bassinet, and/or carriage. Whatever colors and patterns you choose, when it comes to sheets, size matters. For safety's sake, sheets should fit very snugly, so they can't get loose in the crib. You'll need around 3 to 4 of each size—especially if your baby spits up a lot and you're changing the sheets often. You might also consider half sheets that tie or snap on to the crib bars and go on top of the fitted sheet. It's easier to change just the half sheet than to take up the hard-to-remove fitted sheet. Be sure the half sheets are securely attached. Also for safety's sake, don't use any top sheets or other loose bedding.

Waterproof pads. How many pads you'll need will depend on how many surfaces in your home will need protecting: think crib (put the pad under the mattress cover), carriage, furniture, laps. At a minimum you'll want 1 to 2.

Quilted mattress pads for crib. Again, the fit should be very snug. And skip the kinds that have plush tops. Two pads should be enough (one to use when the other's in the wash).

Blankets for carriage or stroller. Blankets are fine to use over a baby who's buckled into a car seat or stroller (or a baby who's otherwise being supervised). But don't use any blankets on your baby during sleep (except for that swaddler or sack), since loose bedding of any kind is a SIDS risk factor. It's much safer to rely on sleep sacks or other toasty sleepwear to keep your little one comfortably warm. Buy 1 to 2 blankets and you're covered.

Towels and washcloths. Hooded towels are best, since they keep baby's head warm after a bath (and weren't you eyeing that one with the puppy ears anyway?), and wash mitts are easier to use than standard cloths (plus they're often cuter). Look for soft towels and washcloths, and consider buying 2 or 3 towels and 3 to 5 washcloth mitts.

Burp cloths, for protecting your shoulders when burping baby, for emergency bibs, and much more. A dozen burping cloths are a good start. If you find you're going through many more because your little one has proven to be a big-time spitter, you can always add to your collection.

Receiving/swaddling blankets, swaddlers with velcro, or zip-up pods. Most newborns like being swaddled right from the start, especially during sleep, which is one reason hospitals routinely bundle them in receiving (or swaddling) blankets. See page 169 for tips on how to swaddle your baby safely—and keep

in mind there are many easier alternatives to do-it-yourself swaddles, from velcro wraps (some secure baby's arms with swaddle "wings" within the swaddler) to snug zip-up pods (two-way zippers allow you to access the diaper region without unswaddling baby) to hybrid swaddle sacks (swaddle on top, sack on the bottom). Since you may have to do some switching around to see what type works best for you and your baby, don't overbuy. Also remember to check the weight minimums and maximums for a swaddler (a very small baby needs to grow into certain kinds—and a very large baby may outgrow them all in no time). You probably won't need more than 4 swaddlers, total.

Diapers

So, it's a given your baby will need diapers and lots of them—but the question is, which kind? From several subgroups of cloth to a bewildering range of disposables, there are evermore entries in the diaper derby, but no conclusive winners. How will you choose the diaper that best fits your baby's bottom (and your bottom line)? First, check out the options:

Disposable diapers. They're the first choice of parents by far, and there are plenty of reasons why. Among the perks: Disposables are convenient to reach for and a cinch to change (even for brand new parents), plus they're easy on the go (you can dump dirty diapers in the trash instead of carting them back home for laundry or pickup). What's more, since they're ultra-absorbent and have an inner liner that keeps wetness away from baby's tender skin, they don't have to be changed as often as cloth diapers (a change for the better, some would say). The extra absorbency and snugger fit also makes them less prone to leaks.

Of course, there's a flip side to these favored features. For one thing, a super-absorbent diaper can lead to too-infrequent changes, which can lead to rashes. For another, when fluid is soaked up so efficiently, it's harder to gauge how much your little one is peeing—making it tougher to judge whether he or she is getting enough to eat. (Much) later on, the ultra-absorbency in disposables can make potty training trickier: Because toddlers are less likely to feel wet and uncomfortable, they may not be as quick to say bye-bye to diapers. Having to shop for and lug the diapers home is also a potential disadvantage, but this drawback can be avoided if you order online.

Another con is price. While cloth diapers come with a greater initial investment, they're way cheaper over the long haul than disposables. (And heads up: It will definitely be a long haul before your tot is out of diapers.) Something else to add to the con list: If you pull too hard, the tabs on some disposables can easily rip (and inevitably it'll happen when you're on the run and you're down to the last diaper). Also on the minus side: Disposable diapers definitely aren't the greenest way to manage your baby's BM—disposables account for 3.4 million tons of landfill waste per year and don't decompose. (There are some disposable insert liners that are flushable and biodegradable. You use them with nondisposable covers, so they're like a hybrid diaper.)

Wondering about going green when it comes to disposable diapers? While there are no conclusive studies to show that any of the chemicals (such as dioxin), chlorine, dyes, and gels that lurk in traditional disposables are harmful, a few babies can have allergic reactions to some of that stuff. Choosing from the (small) array of truly greener disposable varieties can potentially

help avoid such allergies and help you feel better about doing your part for the environment. But there are many shades of green, so you'll have to do your homework before settling on one brand. Some diapers that claim to be environmentally friendly actually contain chemical gels, chlorine, or plastic. Others contain corn or wheat, which can be allergenic for some babies. And still others are either not biodegradable at all or are only 60 percent compostable. Better than zero percent, certainly, but important to factor in. You'll also want to try out a few brands until you find one that works for you and your little one's bottom, since some green disposables aren't top notch when it comes to poop control. One last consideration: These "eco-friendly" disposables are typically not wallet-friendly.

Cloth diapers. Available in cotton, terry cloth, or flannel, cloth baby diapers can come either as prefolded pieces of cloth liners or as all-in-ones (diapers and covers that look similar to a disposable diaper). Unless you're using a diaper service (which rents out cloth diapers, washes them, and delivers clean ones to your door), cloth diapers will save you some money compared to disposable diapers for the same amount of time. If you're worried about the dyes and gels used in some disposables, or want to diaper "green," cloth diapers are the way to go. Another consideration: Since cloth diapers are less absorbent than disposables, you'll need to change diapers more often (a con if you consider diaper changing a chore, a pro if you find more frequent changes results in fewer rashes). Another plus: Potty training (when the time comes) may be easier to accomplish, since cloth-bottomed tots are likely to notice wetness sooner—a possible incentive for graduating to underpants.

The downside to cloth diapers, however, is that they can be messy, although some come with disposable liners that make them easier to clean, and they're more cumbersome to change, unless you use the all-in-ones (which are more expensive and take a lot longer to dry). You'll be doing more laundry, too—probably 2 to 3 extra loads per week—and that means higher utility bills. If you use diaper companies to launder the cloths, remember they'll be using plenty of chlorine to disinfect them, so they're not the completely chemical-free option, either. And, unless you're using disposables when you're out, you'll probably have to carry a few poopy (and smelly) diapers back home with you. Something else to keep in mind: Many cloth diapers aren't that absorbent initially, thanks to their natural materials, so it'll take a number of washings in hot water (at least 5 or 6) before they reach optimal absorbency.

Have a fear of diaper commitment? Some parents decide to use cloth diapers for the first few months—a time when a baby usually spends more time at home than on the go—and then graduate to disposables as the logistics of toting cloth become too much like hard work. Others do the diaper combo right from the start—cloth when they're convenient, disposables when they're not (or at bedtime, when greater absorbency can spell a better night's sleep).

Also, prepare to . . . yes . . . go with the flow when it comes to your diaper selection. Some babies end up with a sensitivity or even an allergy to a certain type of disposable diaper, other babies may just be the kind of heavy wetter or messy pooper that's just not easily contained by cloth. It's always possible you'll be ready for a change of diapers after you've logged in a couple of months of diaper changes.

The Bottom Line on Cloth Diapers

Trying to get to the bottom of which cloth diapers will best fit your baby's bottom—and your needs? Here's a little Cloth Diaper 101:

Flats and prefolds. These plain pieces of cotton fabric (similar to the cloth diapers your great-grandparents used on your grandparents) may look simple to use (and they're certainly the cheapest cloth diapers around), but they require some skill: You need to fold the square or rectangular cloth just so to fit your baby's bottom, fasten it with separate snaps or pins (not so easy when you've got a wee wiggler on your hands) or lay baby in a wrap-style cover, then cover it with a waterproof diaper cover (if you're using pins or snaps) to avoid leaks.

Contoured. No folding required with these diapers that have an hourglass shape meant to fit your baby's bum better. Like flats and prefolds, you'll have to fasten them with separate snaps or pins or a wraparound cover and add a waterproof cover to protect against leaks.

Fitted. Fitted cloth diapers look similar to the disposable kind and have built-in snaps, hooks, or velcro to fasten them around your baby's tush. And thanks to the elastic around the waist and legs, these diapers fit more securely than prefolds or contoured cloth diapers—which could mean fewer leaks. You still have to use a separate waterproof cover, though.

All-in-ones. All-in-ones (aka AIOs) have elastic around the waist and legs, have built-in snaps, hooks, or velcro to fasten them, and come in cute colors and designs. Plus, there's no need for a separate cover, because the waterproof material is sewn right over the absorbent cloth lining (that's why they're called all-in-ones). They're a relative breeze to use—no diapers to fold or separate covers to add—and are great at keeping the mess inside (instead of trickling down baby's leg), but convenience comes at a price. Washing and drying them can also be more time-consuming (and expensive) because of their multiple layers.

Pocket diapers. Like all-in-ones, pocket diapers have an inner cloth lining and a waterproof outer lining (so no need for a separate cover), but there's a separate piece of fabric that you insert into the pocket of the diaper's inner lining. The benefit: It's much easier to adjust to your baby's wetting needs (you can add extra liners to increase absorbency).

All-in-twos. These diapers are similar to pocket diapers, except the diaper insert goes directly against your baby's skin (you either snap or lay it in). That way, you can simply change out the insert instead of changing the entire diaper, making diapering a cinch. Another plus: Separating that layer from the rest of the diaper makes for less time in the dryer—and lower energy costs.

Doublers and liners. Cloth doublers are fabric inserts that provide extra protection, no matter which type of cloth diaper you're using (even pocket diapers). Doublers are great overnight and during long naps, but they add bulk and restrict mobility, so you probably won't want to use them when your baby's awake and wriggling. Liners are biodegradable, flushable sheets of fabric or paper that fit any type of cloth diaper. While liners don't provide extra protection, they do make cleanup easier, especially once your baby's eating solids and his or her poop becomes stickier and harder to scrape off the diaper.

If you're using disposable diapers, buy one or two packages of the newborn size and then wait until after baby is born (so you'll know how big your baby is) before stocking up on more. Baby's born smaller than expected? You can quickly order or pick up a stash of preemie size. If you're using cloth diapers and plan to wash them yourself every three or so days, purchase 2 to 3 dozen (more if you'll be doing laundry less often), plus 2 dozen disposable diapers (once you know baby's size) so you can use them for outings and emergencies. If you're planning to use a diaper service, sign up in your eighth month and they will be ready to deliver as soon as you do.

Baby's Grooming Supplies

Babies smell pretty terrific naturally, they stay pretty clean (at least, initially), and as far as their grooming, they're pretty low maintenance. When you look for baby toiletries, less is more in number of products—you need far fewer than manufacturers and retailers would have you believe—and in number of product ingredients:

Baby bath wash, liquid or foam. To freshen up your baby at bath time, look for a gentle-formulation baby bath wash. Some do convenient double duty as shampoo and body wash.

No-tears baby shampoo. For young infants, no-tears baby shampoo is best. The foam kind may be easier to control because it stays put.

Baby oil. This can come in handy if you need to gently clean a sticky poop off a sore bottom. It's also often prescribed for cradle cap. But no need to use it routinely or to cover your baby in the stuff—remember, oiled-up babies are slippery babies.

Ointment or cream for diaper rash. Most diaper rash creams or ointments are the barrier kind—meaning they act as a barrier between baby's tender tush and the harsh ingredients in pee and poop. Ointments go on clear, while creams (especially those that contain zinc oxide) usually smear on white. The creams, which are thicker than the ointments, tend to provide better protection against—or even act to prevent—diaper rash. Some brands also contain other soothing ingredients such as aloe or lanolin.

It's always best to try a brand out before you start stocking up—some work better for some babies than others.

Petroleum jelly, such as Vaseline. You can use this to lubricate some rectal thermometers (others require a water-based lubricant, such as K-Y Jelly or Astroglide). It can also be used as a diaper rash preventer, though not as a treatment for rash.

Diaper wipes, for diaper changes, hand washing on the go, cleanups after spit-ups and leaky diaper incidents, and dozens of other uses. There are also reusable cloth diaper wipes if you'd rather go green, or if your baby turns out to be allergic to certain brands. Thinking of buying a diaper-wipe warmer to go with? Though some parents swear by a warm wipe (especially on chilly nights), the bottom line is they're not a must-have. Bottoms are plenty warm without prewarmed wipes. Plus, some warmers dry the wipes out quickly. Another consideration if you're thinking about a warmer: Warm wipes are an easy habit for babies to buy into, and once they do, they may be reluctant to switch to straight-from-the-package.

Cotton balls, for washing baby's eyes and for cleaning that sweet bottom in the first few weeks. Skip the cotton swabs, since they aren't safe to use on a baby.

The Green Scene

Forget pink or blue. The hot color these days is green—at least when it comes to baby-care products. From organic shampoo to all-natural lotion, store shelves (and online shopping portals) are stocked with all things green for your little one. That's because many parents are understandably concerned about lathering up or rubbing their baby's soft and sweet-smelling skin with chemical additives and fragrances. But will you really need to shell out the big bucks for green products for your new bundle?

The good news is that it's easier and increasingly less expensive to keep your baby green or nearly so—especially as increased demand from parents is bringing supply and selection of green baby products up, and costs down. One example of this greening of baby care products: Many manufacturers have removed phthalates (chemicals that have been linked to problems in the endocrine and reproductive systems of infants) from shampoos and lotions. Other manufacturers have removed formaldehyde and 1.4 dioxane—two more ingredients that have come under scrutiny by environmental groups and concerned parents—as well as other possibly harmful chemicals, including parabens, from baby-care products.

Reading labels helps you be more selective about the products that touch your baby's brand new skin, whether you're screening for green or just concerned about ingredients that might be irritating. Choose ones that are alcohol-free (alcohol is drying to a baby's skin) and contain no (or the fewest possible) artificial colors or fragrances, preservatives, and other chemical additives (truly green ones will already have these boxes clearly checked off). And do your research, too, by checking out the Environmental Working Group's database at ewg.org/skindeep, which will tell you about the ingredients in the products you're thinking of using on your little one.

Another thing to keep in mind: It's not just chemicals that you may want to screen for when stocking up on baby-care products. If your baby has a skin condition or is allergic to nuts (perhaps there's a family history of nut allergy or your breastfed baby has had a reaction when you eat nuts), ask the doctor whether it's necessary to go nuts avoiding products that contain nuts (almond oil, for instance). Also be wary of any product that contains essential oils that may not be baby safe—again, the pediatrician will be your best resource in screening for those.

Baby nail scissors or clippers. Sharp adult nail scissors are too risky to wield on a squirmy baby—and those tiny nails grow faster than you'd think. Some clippers come with a built-in magnifier so it's easier to see what you're doing.

Baby brush and comb. Far from all babies have hair to brush or comb, so you may or may not end up needing these items in the first few months.

Baby tub. New babies are slippery when wet—not to mention squirmy. All of which can serve to unnerve even the most confident parents when it comes time for that first bath. To make sure it's fun and safe to rub-a-dub-dub when your infant's in the tub, invest in or borrow a baby tub—most are designed to follow a newborn's contours and offer support while preventing him or her from sliding under the water. They

come in myriad styles: plastic, foam cushions, mesh sling, and so on. Some "grow" with your baby and can be used all the way through the toddler years (when placed in a regular bathtub).

When buying a baby tub, look for one that has a nonskid bottom (inside and out) and a smooth rounded edge that will retain its shape when filled with water (and baby), is easy to wash, has quick drainage, a roomy size (large enough for your baby at 4 or 5 months, as well as now), support for baby's head and shoulders, portability, and has a mildew-resistant foam pad (if applicable). Another option to the baby tub, at least initially, is a thick sponge specially designed to cushion the baby in a sink or a tub.

Baby's Medicine Cabinet

Here's one area where less isn't more—and less may actually not be enough. Because you never know when you might need one of the following items (and when you don't have it is when you're most likely to need it, Murphy's Law and all), err on the side of excess. Most important, store all of these items safely out of reach of infants and children:

Acetaminophen, such as Infant Tylenol, which can be used after age 2 months. You can use ibuprofen (Infant Advil, Infant Motrin) once your baby is older than 6 months.

Antibiotic ointment or cream, such as bacitracin or neomycin, for minor cuts and scrapes, if recommended by baby's doctor.

Hydrogen peroxide, for cleaning cuts. A nonstinging, nonaerosol spray that numbs or relieves pain as it cleans can make the job even easier.

Calamine lotion or hydrocortisone cream (0.5 percent), for mosquito bites and itchy rashes.

Electrolyte fluid (such as Pedialyte), for fluid replacement in the case of diarrhea. Use it only if your baby's doctor has specifically advised it—he or she will let you know what the right dose is, depending on the age of your little one.

Sunscreen, recommended for babies of all ages (but don't rely on sunscreen to protect your newborn's extra tender skin—keep him or her out of direct sunlight, especially during seasonal peak hours).

Rubbing alcohol, for cleaning thermometers.

Calibrated spoon, dropper, medicine pacifier, and/or oral syringe, for administering medications (but always use the one that comes with a medication, when provided).

Bandages and gauze pads, in a variety of sizes and shapes.

Adhesive tape, for securing gauze pads.

Tweezers, for pulling out splinters.

Nasal aspirator. You'll definitely get to know and love this indispensable product, fondly known in baby-care circles as "the snot sucker." The traditional bulb syringe is inexpensive and works well for clearing a stuffy nose, so you probably won't need to spring for the battery-operated type. There are other kinds of nasal aspirators on the market, including one that gets its suction from you (through a tube you suck on).

Cool mist humidifier. If you choose to buy a humidifier, cool mist is the best (warm mist or steam humidifiers can lead to burns), but keep in mind that they must be cleaned thoroughly and regularly according to the

manufacturer's directions to avoid the growth of mold and bacteria.

Thermometer. See page 543 for choosing and using a thermometer.

Heating pad and/or warm-water bottle, for soothing a colicky tummy or other ache—but be careful not to use one that gets hot and always wrap it in a cover or cloth diaper.

Baby Feeding Supplies

If you'll be breastfeeding exclusively, you're already equipped with your two most important supplies. Otherwise, you'll need to stock up on some or all of the following:

Bottles. BPA-free baby bottles and their nipples (all bottles and nipples are required by the Food and Drug Administration to be BPA-free; see page 341) come in a dizzying variety of shapes—from angle-necked bottles to ones with disposable liners, wide bottles to natural flow ones, orthodontic-shaped nipples to breast-shaped nipples, as well as a nipple that rolls as baby's head moves. Choosing the right bottle and nipple for your baby will be based on a combination of trial and error, recommendations from friends (and online reviewers), and your personal preference. Don't worry if the bottle you originally choose for how it looks and feels ends up being the wrong fit for your little one—just switch styles until the right one sticks (a good case for trying before you stock up). Choose from the following bottle styles:

- Standard bottles come with straight or curvy sides and can be made from BPA-free plastic, glass, or even stainless steel. Some bottles come with bottom valves that are supposed to minimize air intake during feeding—theoretically minimizing gas in your little cutie's tummy.
- Wide-neck bottles, which are shorter and fatter than standard bottles, are meant to be used with wider nipples so that they feel more like the breast to babies. There are also some wide-necked bottles that come with nipples that are shaped more like those on a breast. These bottles could be your go-to choice if you're doing the combo (breast and bottle).
- Angle-neck bottles are bent at the neck, making it easier for you to hold but potentially a little more difficult for your little one to hold once he or she starts grabbing at the bottle. The angle allows the breast milk or formula to collect at the nipple, making your baby less likely to swallow air. And though these bottles make it easier to feed your little one in a semi-upright position—especially important if he or she is prone to spitting up, gassiness, or ear infections—they can be more difficult to fill (you'll have to turn them sideways or use a funnel when pouring in liquid).
- Disposable-liner bottles have a rigid outer holder into which you slip disposable plastic liners (or pouches). As your baby drinks from the bottle, the liner collapses, leaving no space for air that might eventually find its way into your little one's tummy. After feeds, just toss the empty liner.
- Natural flow bottles have a straw-like vent in the center of the bottle aimed at eliminating air bubbles that could increase gassiness. The downside is that there is more to clean after feeds—not only do you have to wash the bottle but also the straw mechanism—and that could be a pain (though perhaps not as much pain as you'll be sparing baby's tummy).

Feeding Chairs: As Your Baby Grows

Breast or bottle will deliver all the nutritional goods to your baby for about the first 6 months, which means your bundle will be doing all of his or her eating in your arms at first. But while feeding seats won't be on your must-have list right away (and don't you already have enough on your must-have list?), it'll help to have a peek into your baby's feeding future—and maybe even to register for those future needs now.

High chair. You won't need a high chair until your baby starts opening wide for solids, usually at about 6 months. Even then, those first bites can be spooned up with baby in an infant seat. Still, next to the crib and the car seat, the high chair will probably get more use (and possibly abuse) than any other furnishing you buy for baby. You'll find a staggering number of models to choose from, with a variety of features. Some have adjustable height, others recline (which makes them perfect for feeding babies under 6 months), while still others fold up for storage. Some are made out of plastic or metal, others are made from wood. Some models have storage baskets underneath, others morph into toddler booster seats, and still others have dishwasher safe trays (a feature that you'll find priceless). Many have wheels for easy transport from kitchen to dining room to deck and back.

When choosing a high chair, look for a sturdy, nontip base, a tray that can be easily removed or locked in place with one hand, a seat back high enough to support baby's head, comfortable padding, safety straps that secure your little one across the hips and between the legs (it'll make it nearly impossible for your escape artist to break free), wheels that lock, a secure locking device if the chair folds, and no sharp edges.

Booster seat. Booster seats are a nice-to-have for older babies and toddlers. They come as plastic chairs that strap onto a regular chair at the table (or stand alone on the floor) and hook-on styles that lock directly onto the table. Some can be used for babies as young as 6 months (or younger), others are a better fit for older babies and toddlers (boosters can become especially indispensible when an active little one starts resisting confinement in a high chair or begins coveting a seat at the big people's table). A booster (especially a clip-on type) can also be invaluable when you're visiting friends or family or dining at restaurants that don't provide seating that's appropriate or safe for your baby's size or stage of development. For ultimate portability, choose a clip-on chair that's lightweight and comes with a travel bag. Many boosters have adjustable seat levels and some have attachable trays. If your high chair is a multitasking one, it could transform into a booster seat that can be adjusted for different ages, sizes, stages, and table heights.

Stock up with four 4-ounce bottles and ten to twelve 8-ounce bottles. If you're combining bottle-feeding with breastfeeding, four to six 8-ounce bottles should be plenty. If you're nursing exclusively, one 8-ounce bottle is enough as a just-in-case.

Utensils for formula preparation. Exactly which items you'll need will depend on the type of formula you plan to use, but the shopping list will usually include bottle and nipple brushes, large measuring pitcher and measuring cup if you're using powdered formula,

possibly a can opener (one that's easy to clean), long-handled mixing spoon, and a dishwasher basket to keep nipples and rings (collars) from being tossed around the dishwasher.

A bottle and nipple rack. Even if you're doing most of your bottle washing in the dishwasher, you'll get plenty of use out of a drying rack specifically designed to hold and organize bottles and nipples.

Pumping supplies, if you're breastfeeding but will be expressing milk. This includes a breast pump (see page 173 for information and advice on choosing one of the types of breast pumps available and information on insurance coverage), storage container bags made specifically for storing and freezing breast milk (they are sterile, thicker than regular plastic bags or bottle liners, and lined with nylon to prevent the fat from adhering to the sides) or bottles (plastic or glass) to collect and freeze breast milk, a thermal insulated bag to keep pumped milk fresh during transport, and possibly hot/cold packs for relieving engorgement and encouraging let-down.

A pacifier. It's not technically a feeding supply, but it will satisfy your baby's between-feed sucking needs. Plus, pacifiers are suggested for use during sleep, since they have been shown to reduce the risk of SIDS. There are plenty of styles and sizes to choose from—different babies show a preference for different pacis, so be prepared to switch around to find your little one's favorite.

There are the standard-shaped pacifiers with a straight, elongated nipple, the orthodontic pacifiers, which have a rounded top and a flat bottom, and the "cherry" nipples, which have a trunk that becomes ball shaped toward the end. The nipples themselves can be made of silicone or latex. Some reasons to opt for silicone: It's sturdier, longer-lasting, doesn't retain odors, and is top-rack dishwasher safe. Latex, while softer and more flexible, deteriorates faster, wears out sooner, can be chomped through by baby teeth, and isn't dishwasher safe. Babies (like adults) can also be sensitive to or allergic to latex.

There are some one-piece pacifiers entirely made out of latex, but most pacifiers have plastic shields, usually with ventilation holes on them. The shields can be different colors (or transparent) and differently shaped (butterfly, oval, round, and so on). Some shields curve toward the mouth and others are flat. Some pacifiers have rings on the back, while others have "buttons." Ring handles make the paci easier to retrieve, but button handles may make it easier for your baby to grasp the pacifier. There are pacifiers with handles that glow in the dark so they're easier to find at night.

Some pacifiers have a built-in cover that automatically snaps closed if the pacifier is dropped, others have snap-on caps to help the paci stay clean (though a cap is another thing to keep track of—and you'll need to keep it away from baby because it's a choking hazard). And talking about hazards, remember: No matter how tempting it is to attach the paci to your baby's clothes—especially after the twelfth time it's slipped out of his or her mouth and onto the floor—never attach a cord or ribbon that's more than 6 inches long to a pacifier. Clips and shorter tethers designed for pacis are fine.

Baby's Nursery

A newborn's needs are basic: a pair of loving arms to be cuddled and rocked in, a set of breasts (or a bottle) to feed from, and a safe place to sleep. In fact, many of the products, furnishings, and accessories marketed as nursery must-haves are really un-neccessaries. Still, you'll be doing plenty of buying when it comes to baby's new room—or,

Crib Notes on Crib Safety

Fortunately, when it comes to crib safety, the government's got your back—and your baby's. The U.S. Consumer Product Safety Commission (CPSC) has made crib safety a top priority by setting strict standards for both manufacturers and retailers. These requirements include stronger mattress supports and crib slats, extremely durable crib hardware, and rigorous safety testing. Though you'll still want to take any crib you're considering through the checklist below, the CPSC standards should make crib safety assessment a lot simpler.

Here's how to make sure you're buying (or borrowing) a safe crib:

- The slats and corner posts of a crib should be no more than 2⅜ inches apart (smaller than the diameter of a regular soda can). Wider slats pose an entrapment danger for little heads.
- Corner posts should be flush with the end panels (or no more than 1/16 inch higher).
- Hardware—bolts, screws, brackets—should be firmly secured, with no sharp edges or rough areas and no spots that can pinch or otherwise injure your baby. The crib's wood should be free of cracks or splits, and there shouldn't be any peeling paint.
- Standard-size mattresses for a full-size crib should be firm and at least 27¼ inches by 51⅝ inches and no more than 6 inches thick. Oval- or round-shaped cribs need a mattress specially designed to fit snugly.
- Make sure the mattress fits snugly against the inside of the crib. If you can fit more than two fingers between the mattress and the crib, the mattress isn't a good fit. (The harder it is for you to make the bed, the safer for your baby.)
- Never put plush toys or soft or loose bedding in the crib with your baby (even the adorable pillow and comforter that may come with the crib bedding set) because they can pose a suffocation hazard. The AAP also strongly advises against using bumper pads (even thin, breathable mesh ones or padded slat covers), since they may increase the risk of SIDS, suffocation, and entrapment.
- Don't use antiques or cribs more than 10 years old. It may be hard to pass up a passed-along, passed-down, or thrift store crib, but do. Older cribs (especially those made before 1973, but also some made from the 1980s through the early 2000s) may be chic, charming, or of great sentimental value (and value, too, if they're inexpensive or free), but they don't meet current safety standards. They might have slats that are too far apart, may have lead paint or cracked or splintered wood, may have been recalled (particularly drop-side cribs), or may pose other risks you might not even notice, such as unsafe corner posts.

if you'll be sharing, baby's corner of your room. Of course you'll want to fill your baby's nursery with an eye toward cuteness (even though the room's chief resident won't care much about whether the wallpaper matches the curtains), but you'll also want to keep both eyes on safety. Which means, among other things, a crib that meets current safety standards (many hand-me-down

Bye-Bye, Bumpers

Nothing makes a crib look cuter and comfier than a plush comforter and coordinated bumpers. But according to guidelines from the AAP (and a ban on sales in Maryland and in Chicago, with bans in other locations being considered), it's time to remake the traditional baby bedding set to include nothing but the fitted sheet. The only place that's safe for a baby under the age of one to sleep, say experts, is a firm surface free of blankets, comforters, pillows, stuffed animals, and yes, those bumpers. That's because bumpers and other bedding increases the risk for sleep-related deaths, including suffocation, entrapment, and SIDS. A young infant's head can all too easily become trapped between a fluffy bumper and a crib slat. Or a baby might roll over onto a blanket or stuffed animal or against a bumper and suffocate. Resourceful older babies and toddlers can also use a bumper as a leg up when trying to scale their crib walls.

Wondering about your little one's risk for injury without that bumper? No worries. A little bump on the head or trapped arm or foot is considered minor when stacked against the potentially life-threatening risks of using a bumper (even mesh "breathable" ones or those that attach individually to crib slats). So bump the bumpers from your baby's crib, along with the comforters and pillows. If they've come in a bedding set, you can use them to cleverly decorate your baby's room (bumpers can be strung along the wall, used as a window valance, or used to trim a hamper or changing table or to pad a sharp-edged table). Your baby will be safer for it.

cribs, cradles, and bassinets don't), a changing table that won't take a tumble, and lead-free paint on everything.

Be sure to follow the manufacturer's directions for assembly, use, and maintenance of all items. Also, always send in your product registration card or register online so that you can be notified in case of a recall.

Crib. Style matters, of course, but not as much as safety (see the box on page 43), comfort, practicality, and durability, especially if you're hoping to reuse it for any future siblings—assuming safety standards haven't changed again by then.

There are two basic types of cribs—standard and convertible: Standard cribs can come with a hinged side to make it easier to lift baby out (don't confuse these with drop-side cribs, which were banned by the Consumer Product Safety Commission in 2010) and sometimes will have a drawer on the bottom for storage. A convertible crib, if it's built to last, can take your tiny newborn all the way to strapping teen, converting from a crib (sometimes even a mini-crib) to a toddler bed and then to a daybed or full-size bed. That's a lot of sweet dreams.

You should look for a crib that has a metal mattress support (which will withstand a jumping toddler better than wood will), adjustable mattress height so the mattress can be lowered as your baby grows, and casters (with a wheel lock) for mobility.

While most cribs are classic rectangles, some are oval or round shaped, offering a cocoonlike environment for your little one. Just keep in mind that you will need to buy a mattress, mattress

covers, and sheets made to fit—standard sizes won't.

Crib mattress. Because your baby will be sleeping on it a lot (hopefully), you'll want to make sure the crib mattress you select is not only safe and comfortable, but made to go the distance. There are two types of crib mattresses, innerspring and foam:

- An innerspring is the heavier of the two types of mattress, which means it will usually last longer, keep its shape better, and offer superior support. It's also more expensive than foam. A good (though not an absolute) rule of thumb when choosing an innerspring mattress is to look for one with a high number of coils. The higher the count (usually 150 or more), the firmer (and better quality, and safer) the mattress.
- A foam mattress is made of polyester or polyether, weighs less than an innerspring mattress (which means you'll have an easier time lifting it to change those sheets), and is generally less expensive (though it may not last as long). If you're buying foam, look for a mattress with high foam density, which will mean more support and safety for your baby.

The most important criteria in selecting a crib mattress? Safety. Make sure that the mattress is firm and fits snugly in the crib, with no more than two adult-finger widths between mattress and frame.

Bassinet or cradle. You can definitely skip these cozy crib alternatives and start using a crib from day one, but they can come in handy early on. For one thing, they're portable—making it easy to bring your snoozing sweetie with you no matter what room of the house you're in. Some can hit the road, too, folding neatly for travel and then setting up easily for safe sleeping and napping at grandma's or in a hotel room. For another, the snugger sleep space it provides may be more comforting to a newborn than the wide open spaces of a crib. Still another perk of the bassinet or cradle: Its height is usually fairly close to that of your bed, allowing you to reach over and comfort (or lift out) your baby in the middle of the night, without even getting out of your bed. Planning to have your infant room in with you in the early months (as recommended by the AAP for safer sleep; see page 271)? A bassinet or cradle will save space in your bedroom, compared with a crib.

If you're springing for a cradle or bassinet, look for a sturdy model with a wide and stable base. Also, make sure the sides of the bassinet or cradle—from the mattress (which should be firm and fit the interior securely) to the top—are at least 8 inches high. Wheels make it much easier to move from room to room, but they should come with locks—the legs should lock securely, too, if it's a folding model. If there's a hood, it should fold back so you'll be able to transfer your sleeping baby easily from your arms into those cozy confines. And precious though they may be, steer clear of handcrafted or antique bassinets or cradles—they're just not safe. Any model you use should meet current safety standards.

Play yard/portable crib. Play yards (also known as portable or travel cribs) are usually rectangular in shape, with a floor, mesh sides, and rails that lock and unlock for easy (but safe) collapsibility and folding. Most fold into a long rectangle and come with a carrying case for easy transport. Some have wheels, others have removable padded changing stations that fit on top, built-in bassinets for newborns, side storage areas, and even a canopy for shade (useful

Safe Bedside Sleeping

Bedside sleepers have a high padded rim on three sides and one open side that fits flush against your bed mattress at the same height as an adult bed. A bedside sleeper allows for easy access to baby (it's just a reach in the middle of the night for a reassuring pat). But be aware: Many models have been recalled for safety concerns—babies have become trapped between the bedside sleeper and the adult bed. If you're thinking about using a bedside sleeper, be sure it meets the stringent Consumer Product Safety Commission standards that went into effect in July 2014.

if you bring the play yard outdoors). Play yards can also be used as portable cribs when traveling or even as baby's primary digs in the first few months (or beyond) if you opted not to spring for a bassinet (or if you're not planning to get a crib). Do keep in mind that once you stop using the bassinet insert, shorter moms and dads may find it a stretch to lay baby down on the bottom of the play yard. When choosing a play yard, look for one with fine-mesh netting that won't catch fingers or buttons, tough pads that won't tear easily, padded metal hinges, a baby-proof collapse mechanism, quick setup, easy folding, and portability. It should also take removable fitted sheets for easy cleanup.

Changing space. By the time your baby has reached his or her first birthday, chances are you'll have changed nearly 2,500 diapers (and sometimes, it will seem as though you've changed nearly that many in a single day). With such staggering numbers in mind, you'll want to set up a comfortable place to change those diapers—one that is also convenient, safe, and easy to clean.

The obvious choice is a changing table—and if you choose one, you'll have two options: a stand-alone changing table or a combination dresser/changing table, which has an oversize top or a flip-open top with a pad. With either option, look for one that is sturdy and has solid legs, safety straps, washable padding, diaper storage within your reach, and supply storage out of baby's reach. Also test it out to make sure the height and maneuverability are comfortable for you. There are intuitively designed changing tables that allow you to position baby vertically instead of horizontally, making it easier to access the business end. If using the flip-open type of changing table, do not place baby's weight on the outer edge: That can cause the entire chest to topple. One clear advantage of a combo changing table is the space-saving storage it provides.

While a designated changing table is definitely nice to have, it isn't necessary if you're short on space or money. You can actually turn an ordinary dresser or table into a changing space. If you go that route, you'll need to shop for a thick pad with a safety strap to place on the dresser to keep it protected and to keep baby secure and comfortable. Make sure, too, that the dresser height is comfortable for you (and whoever else will be doing diaper duty) and that the pad doesn't slide off the dresser top when you're diapering a squirmy baby.

Diaper pail. Your baby's bottom is sure to be sweet and adorable. But what comes out of it probably won't be. Luckily, diapers are there to catch it all. But to catch all those dirty diapers,

you'll want a diaper pail designed to whisk away and store the evidence (and odor). If you're using disposable diapers, you can choose a fancy diaper pail that tightly seals (or even coils) diapers in an odor-preventing plastic liner. Or look for one that uses ordinary garbage bags (because the special liner refills can get expensive). Whichever type you use, remember to empty the pail often (but hold your nose when you do, because the stench of stored diapers can knock you off your feet). Deodorized pails make sense for obvious reasons.

If you are using cloth diapers, choose a pail that is easy to wash and has a tight-fitting top that a baby or toddler can't pry open. If you're using a diaper service, the service will usually provide you with a deodorized diaper pail and cart away the stinky contents weekly.

Glider. Most parents are off their rockers these days, choosing a glider for the nursery instead. Gliders beat out rockers in comfort and safety, since they don't tip over as easily and they're free of runners, which children (and pets) can get caught under. While a glider isn't technically a nursery necessity, you're bound to get a lot of use out of one—not only for rocking your baby, but for feeding, snuggling, and years of cuddly story times (which you'll want to start from birth; see page 425). Secondhand gliders usually still have lots of life left in them, so if someone you know is looking to unload theirs, you may want to snag it. If you're buying new, let comfort guide you. Test before you buy, preferably using a doll as a prop—the arms of the chair should support your arms well in a feeding position, and the height should be at a level that allows you to get up smoothly while holding baby, without any stumbles that could startle your sleeping bundle. Many gliders come with matching gliding ottomans so you can kick up your tired dogs as you glide with your little puppy.

Double Up on Diaper Stations

Say baby's room (and changing table) is upstairs, but your baby spends most of the day downstairs. Because there are bound to be diaper blowups downstairs, too, it'll be especially convenient to have a second diaper changing station close by—and it doesn't have to cost big bucks. All you'll need is an extra diaper caddy filled with diaper supplies (diapers, wipes, and cream) and an extra changing pad that can be easily stashed.

Baby monitor. A baby monitor allows parents to keep tabs on a sleeping infant without standing watch over the crib (though, realistically, you'll be doing plenty of that in the first few weeks, too). It's especially useful when your baby isn't sharing a room with you, or if you're in another part of the house when he or she is sleeping during the night or naps. Even if baby's not within earshot of you, the monitor will alert you when he or she wakes.

There are a few types of monitors. The basic audio monitors transmit sound only. The transmitter is left in your baby's room, and the receiver either goes where you go or stays in the room you'll be in. Some monitors have two receivers so both parents can listen in (or you can keep one receiver in your bedroom and the other in the kitchen, for example). An added feature to the audio monitor is the "sound-and-light" feature. Such a monitor has a special

LED display that enables you to "see" the sound level of your baby. An audio-video model allows you to see and hear your baby on a TV screen using a small camera placed near the baby's crib. Some models have infrared technology so you can see your baby even if it's dark in the nursery, and apps that allow you to peek in on baby's sleep when you're out and the sitter's on duty. There are also movement sensor monitors—a sensor pad is placed under the mattress to detect baby movement. If the baby stops moving suddenly, an alarm sounds. Just keep in mind that research doesn't show any SIDS prevention benefits from using these monitors.

Prefer to keep tabs on baby the old-fashioned way (by listening for crying)? Skip the monitor—after all, it's hard not to hear a crying baby, even down the hall.

Nightlight. As you stumble out of bed for yet another middle-of-the-night feeding, you'll be thankful for a nightlight (or a lamp with a dimmer). Not only will it keep you from tripping over that stuffed giraffe you left in the middle of the floor, but it will also keep you from having to turn on a bright light—guaranteed to disturb the sleepy darkness and make a return to dreamland more elusive. Look for a plug-in model that can safely be left on, and remember to put it in an outlet that baby can't reach. Want a nightlight that does double duty as a soother for baby? Consider a light projector that displays a bright yet soothing, slowly rotating scene on the ceiling—stars, an underwater scene, a rain forest. Some play music—lullabies or peaceful ocean or white noise sounds—and most have a soft nightlight when the projection shuts off so you can find your way when you go in for diaper changes. Just make sure you don't shine a bright light on baby's room during sleep, since that can mess with natural sleep rhythms. And to protect baby's delicate ears, keep any kind of light projector that plays musical sounds on a low-volume setting and don't place it right next to the crib.

Gear for Outings

Thinking of leaving the house? You'll want to, you'll need to, and you'll have to be prepared to—with, at minimum, a car seat and a stroller. As with other baby stuff you'll be buying, there will be endless styles, colors, finishes, and features to choose from when picking gear for outings—and you'll have to make your choices with safety, comfort, and your budget in mind. Lifestyle should be factored in, as well as ease of use and convenience (a plush stroller may look great on the sidewalk, but not as you're struggling to fold it with one arm while holding a squirming baby in the other).

In general, look for items that meet federal safety standards and have adequate safety straps at the crotch and waist, where appropriate. You should avoid choosing any items that have rough edges, sharp points, small parts that might break loose, exposed hinges or springs, or attached strings, cords, or ribbons. Be sure to follow the manufacturer's directions for use and maintenance of all items. Also, always send in your product registration card or register online so that you can be notified promptly in case of a recall.

Stroller. The right stroller (or strollers) can make your daily life with baby—from that walk in the park to that hike through the mall—much more manageable and much less exhausting. But wading through the dozens of choices (and price tags) in the store can be overwhelming. Because there are so many different types of strollers, carriages,

travel systems, joggers, and stroller/carriage combinations available, you'll need to consider your lifestyle in order to find the one (or ones) right for you. Will you be taking long, leisurely strolls with your baby on quiet suburban streets (or in that park)? Or will you be hitting the jogging trails with Junior? Do you spend a lot of time getting in and out of your car? Or more time climbing in and out of buses or subway stations? Will you be taking mostly short walks to the corner store, or will you also be taking long trips with your baby on airplanes or trains? Do you have a toddler at home who still likes to be in a stroller? Are you (or your spouse or caregiver) very tall or very short? Do you live in a small walk-up apartment, an elevator building, or a house with many steps at the front door? Once you've answered these questions, you're armed with enough information to make your choice. And, depending on your budget, you might consider buying more than one type for more flexibility in your mobility.

The basic strollers and carriages available include:

- Full-size carriage strollers. If you're looking to invest in one stroller that'll wheel your baby right through the toddler years—and even convert into a double stroller when your firstborn gets a travel companion (aka a new sibling), you might consider a full-size stroller. These full-service and high-end strollers come with accessories that not only make baby's ride a joy (toy attachments, bottle holders, plush, fully reclining seats, and in some cases, bassinets or other newborn/infant inserts), but also make your life easier (think large storage baskets and even iPod hookups). Most models fold flat easily, and while they're heavier and more cumbersome than lightweight strollers, they are also very durable and will last many years (and through many babies, if you're so inclined). And it's a good thing, too, since they're usually pretty pricey.

  The downside to the large strollers is just that—they're large, and sometimes difficult to navigate through crowds, doors, and aisles. Plus their extra weight (up to 35 pounds for some models) makes it a pain to be carried up and down stairs (especially when you add in the weight of your baby).

- Travel system stroller. You already know you'll need both a car seat and a stroller, so why not get an all-in-one stroller that combines both in one convenient package? Travel system strollers are perfect for parents (and babies) on the go, combining a full-size, stand-alone stroller with an infant car seat that clips into the stroller when you're on foot. The beauty is that since most babies drift off on even short car rides, an infant stroller travel system allows you to switch your sleeping beauty from car to stroller without disturbing those sweet dreams. Once your baby outgrows the infant car seat, the stand-alone stroller goes solo for the long haul. Of course, while a travel system

Seal of Approval

Before buying any baby gear, be sure it is JPMA approved. The Juvenile Products Manufacturers Association puts its seal of approval only on products that meet their rigorous safety standards—something you'll be thankful for when it comes to the safety of your little one.