



B3789-02

Preparing to Parent



M I D P R E G N A N C Y — W E E K S 2 0 T O 3 0

Becoming the parent you want to be

Nearly all parents-to-be wonder about what kind of parents they will be.

What do you want your baby to grow up to be like? As a parent, you can play a role in making your hopes for your child come true.

Most places have classes and programs to help you learn about children and parenting. It also helps to find friends who are good parents.

Good sources of parenting information

- Friends and family
- Doctor or nurse
- Tribal or public health department
- Hospital or clinic
- University extension county or area office
- Home visitor
- Family or parent resource center
- Parents Anonymous
- Therapist or counselor
- Spiritual advisor

- Respite center
- Books and DVDs
- Your local school
- Public library
- Websites

Special note: If you were abused or neglected as a child, or if you were poorly parented, you may have some unique concerns about parenting. Now is a good time to start talking with someone about these concerns. For help finding a local parent support group plus trusted parenting resources, visit **Prevent Child Abuse America** at www.preventchildabuse.org.



Contents

Becoming the parent you want to be	1
Q and A	2-3
A home visitor	3
Co-sleeping with baby	4
Choosing a crib	4
Getting to know your baby	5
Especially for fathers	5
Naming your baby	5
Take care of your teeth	6
Healthy eating, healthy baby	6
Mom and Dad: Preparing for childbirth	7
Depression during pregnancy	7
Choosing a doctor or nurse for your baby	8
Quality child care	9
Q and A	10
Money matters	11
Working parents	12
Moving?	13
Print resources	13
Wisconsin resources	14
Development at 20 to 30 weeks	14
Online resources	15

Q&A Why should I think about breastfeeding?

“I promised myself I would try breastfeeding for two weeks. I am so glad I kept that promise! The first few weeks were hard, but after that it got a lot easier. I ended up breastfeeding for a whole year.”

—Valentina, mother of Vanessa

“I am glad my girlfriend decided to breastfeed our son. It just seems more natural. I like knowing that it may help him stay healthy, even when he is older. I also like that it is so easy—we don’t have to deal with bottles, boiling water, or buying formula. That could get expensive!”

—Andrew, dad to Andre

There are many good reasons. Here are a few.

Breastfeeding . . .

- Improves baby’s health. Breastfed babies have fewer tummy upsets and ear infections.
- Helps baby’s brain grow.
- Gives you and your baby time together.
- Makes your baby less likely to become overweight.
- Can help you lose any excess weight you may gain during pregnancy.
- May reduce your risk of osteoporosis (brittle bones) and certain cancers later in life.
- Is easier and costs less than formula.
- Is something only you can do for your baby.
- Reduces the risk of Sudden Infant Death Syndrome (SIDS).

Starting to breastfeed is not always easy, and a little advice can really help. Learn more from your doctor, nurse, midwife, the WIC (Women, Infants, and Children) clinic, your tribal or public health office, your childbirth class, or La Leche League.

Doctors recommend that you breastfeed your baby for at least 12 months. But any amount of breast milk you give your baby is good.

Breastfeeding for even a few days helps your baby. The milk you produce the first few days—**colostrum**—is especially good for newborns. You can read more about breastfeeding in issues three and four of this series.



“What about bottles?”

There are lots of ways to feed your baby.

Some mothers only breastfeed their babies.

Some mothers pump their own milk and put it in a bottle:

- For when they are at work or school.
- For when they are too tired to get up at night.
- So Dad has a chance to feed the baby.

Other mothers combine breastfeeding and formula feeding. Baby may get a formula bottle from Dad at night or when Mom is away at work or school.

If you want to both breastfeed and formula feed, wait until you and baby are used to breastfeeding before giving the baby formula. To make enough milk, your body needs the baby to breastfeed. And baby needs to get used to breastfeeding, too. If you replace too many feedings with formula, your body may stop making enough milk.

Some mothers never try breastfeeding and only give their babies formula from birth. These babies also grow well.

Most moms in the United States try breastfeeding. We know that breastfeeding gives babies the best start in life. Breast milk is designed just for babies and helps keep them healthy now and later on in life.

A home visitor?

You may be asked if you would like to have a **home visitor**—someone who knows about children and their families. Most parents who have home visitors find them very helpful.

A home visitor might help you . . .

- Learn about having a healthy pregnancy.
- Get prenatal health care and other resources.
- Prepare to become a parent.

Ask your tribal or public health office if they provide home visitors.

Family resource center

Many communities have a family or parent resource center. These often provide infant-toddler playgroups, parent discussion groups and workshops, toy lending libraries, home visiting programs, and other services to make childrearing easier.



Co-sleeping with baby

Around the world many babies sleep in their parents' bed. But studies have found this is unsafe.

Babies can die from falling off a bed or from lack of air when they are covered by a pillow or blanket, or when adults roll over on them. This is why the American Academy of Pediatrics now warns parents to avoid co-sleeping with baby. It isn't safe. In addition, babies who co-sleep frequently can have more disrupted sleep, which may be stressful for them.

A great idea is to move baby's crib or bassinet right against your own bed. That way you and the baby feel close, but baby sleeps in a safe place. Baby is also close for nighttime feedings. And this sleeping arrangement reduces the risk of Sudden Infant Death Syndrome (SIDS).

Sleep position

Doctors now recommend that baby should **sleep on his back**, not on his stomach or side. This reduces the risk of SIDS.



Choosing a crib

Babies sleep a lot! So the safety of your baby's crib is important. The following **safety guidelines** are especially important in the first 12 months of life:

Slats—Slats on a crib or bassinet should be less than 2 3/8 inches apart. This keeps the baby from wiggling through or getting trapped and hurt.

Mattress—The mattress should be firm and fit tightly against all sides of the crib. Use a sheet designed to fit a crib.

Bedding—Do not use pillows, bumper pads, fluffy bedding, a sheepskin, or a soft mattress in the crib. Remove any stuffed animals or toys. A baby who rolls or faces into any of these items can suffocate and die.

Baby should sleep on his or her back, and in a warm sleeper instead of a blanket.

Cutouts, posts, knobs—Do not use a crib with decorative cutouts in the ends, nor with corner posts or knobs. A baby can get his neck or clothing caught. Remove corner posts or knobs that stick up more than 1/16 inch above the crib sides.

Old cribs—Do not use a painted crib made before 1978. Older cribs may have lead in the paint, which can cause your baby lasting harm. Used cribs can be dangerous for your baby. Check for loose, missing, broken, or improperly installed screws, brackets, and other hardware.

Drop-side cribs—As of June 2011, the sale (and resale) of drop-side cribs was banned. Infants can become trapped and suffocate if the drop-side of the crib partly detaches. We recommend not using a drop-side crib. If you do use a drop-side crib, the Consumer Products Safety Commission (CPSC) says parents should check the crib to make sure it works correctly and has not been the subject of a recall (you can check the CPSC website for recalls at www.cpsc.gov/cpsc/pub/prerel/prerel.html?tab=recalls).

Bassinet, cradle, or basket—Feel free to use a bassinet, cradle, or basket for your newborn baby if you wish.

To find out if your crib or other baby equipment is safe, contact the **Consumer Products Safety Commission** at (800) 638-2772 or www.cpsc.gov.

Contact **Back to Sleep** at (800) 505-2742 or www.nichd.nih.gov/SIDS for more information.

Getting to know your baby

You are probably already thinking and dreaming about what your baby might be like. Who is this little person going to be? In only a few months, you will find out. While you are waiting, here are some things you can do.

You or your partner can talk, sing, and read to the baby. Your baby can hear you! If you have other children, they may enjoy saying “Hello” to the baby, or picking out books for you to read to the baby.

You or your partner can rub your belly. You may even feel a kick in response to your voice or belly-rub!

Is your baby a “morning person” or a “night person”? You may be able to feel movement soon. When is baby active? When is baby quiet? If you have an ultrasound to check on your pregnancy, take a look at the baby. Ask for a picture or DVD to keep. This is your first chance to see your baby. It can also be fun to show others your baby’s first picture.

Especially for fathers

Pretty soon you will be able to feel the baby moving and see your partner’s body growing. Try to imagine the person who is growing inside. What do you want for this child? What will you need to provide for this child?

Here are some ways to be a partner in this pregnancy

- Go with your partner for medical visits.
- Help her take good care of herself. Support her healthy eating, and go for walks together.
- Learn about childbirth, breastfeeding, and caring for your baby.
- Talk with your partner about how she is feeling, and about how you are feeling.
- Ask how you can help.
- Be positive about how her body is changing as baby grows! You and she are a team!

Naming your baby

First name

Some parents simply choose names they like. Others choose a name that reflects their hopes and dreams for their child. Some cultures and religions have traditions about naming children.

Last name

In the United States a child usually takes the father’s last name if the parents are married. Parents who are not married—or have different last names—may have a choice of what baby’s last name will be. In some states you can give baby any last name you like. But not always.

If parents have different last names, find out what state law says about a last name for baby.



Take care of your teeth

It is important to brush and floss your teeth daily, and to continue to see your dentist for regular dental checkups and cleaning. During pregnancy your body produces hormones that can cause your gums to become tender and bleed easily—a condition known as “pregnancy gingivitis”—and some research suggests that gum disease may be associated with preterm labor. Be sure to tell your dentist you are pregnant, as he or she may want to postpone x-rays until after your baby is born.



Healthy eating, healthy baby

Healthy eating is an important part of pregnancy. You may be worried about the weight you are gaining. But gaining weight is important for the health of your baby.

How much weight you should gain depends on your age, your starting weight, and various health concerns. For most women, doctors recommend gaining 25 to 35 pounds.

However, if you are underweight, your doctor may advise you to gain more (28 to 40 pounds).

If you are overweight, you may need to gain less (15 to 25 pounds).

- Try to stay active every day. Get some exercise, even if you just take a walk. This will help you gain a healthy amount of weight.
- Eat a variety of foods from each food group each day.

Here are examples of good meals and snacks

Breakfast

Orange juice

Wheat flakes with low-fat milk

Toast with a little margarine or jam

Morning snack

Yogurt cup

Lunch

Broccoli and carrot sticks with low-fat dip

Tuna sandwich

Banana

Juice, milk, or water

Afternoon snack

Apple and whole wheat crackers

Evening meal

Chicken or beef tacos

Corn

Refried beans

Lettuce salad with tomato, carrots, and dressing

Low-fat milk

Evening snack

Graham crackers with peanut butter

Low-fat milk

Need help buying healthy food? WIC—Women, Infants, and Children—may help you buy healthy foods. (See “Money matters” in issue 1 of this series.)

Want more information on healthy eating? Contact your county or area university extension office or your public or tribal health office.

Mom and Dad: Preparing for childbirth

At some point in pregnancy every mother-to-be realizes that the baby is going to have to come out—somehow! This can be scary for fathers, too. You may be worried that childbirth will hurt your partner.

Friends and family may share their birth stories with you. Some of these may be helpful, while others may not. Remember, every birth is different. Knowing about childbirth can ease your minds.

Here are some things you can do

Ask questions of your doctor, nurse, or midwife. It may help to write down questions as they occur to you in between visits.

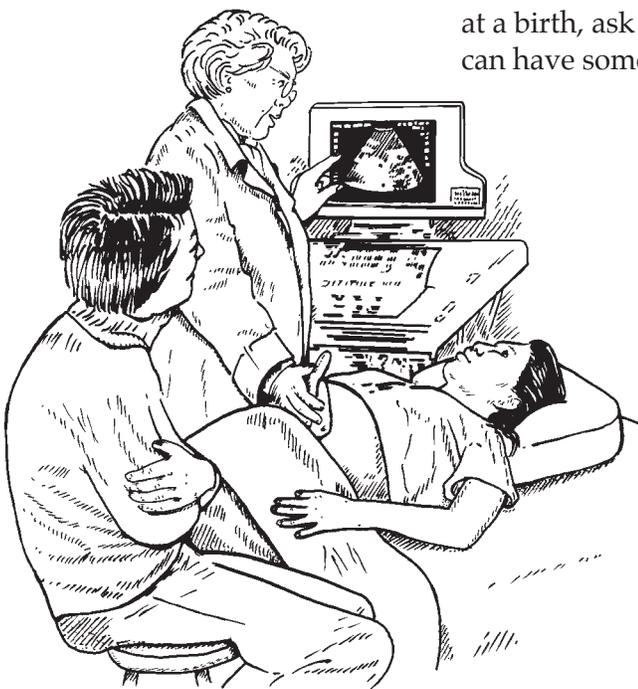
Take a childbirth class. Learn about labor and delivery. You may be able to get a discount or financial aid to attend classes.

Read. Check out the books and DVDs at the library. Ask your doctor, nurse, midwife, or friends what books they find helpful. (See “Print resources” on page 13.)

Find a friend—or two! Find someone you trust to be with you during labor. If you cannot think of anyone, ask your doctor, nurse, or midwife for suggestions. Ask this person to attend classes and checkups with you.

In some communities there are women who have special training in helping other women with birth. These women are called **doulas**. For information on finding and hiring a doula in your area, contact **Doulas of North America** at (888) 788-3662 or at www.dona.com.

Dad—Plan to be at the birth. This will help you get to know your baby right from the start. If you are nervous or scared about being at a birth, ask your partner if you can have someone there with you.



“I read everything I could get my hands on about pregnancy and labor. I wanted to know what might happen to me.

Knowledge is power!”

—LaTonya, mother of Dimitri

Depression during pregnancy

If you experience depression during pregnancy, seek advice from your doctor. It’s important to treat depression during pregnancy. Untreated depression can lead to preterm birth and a baby with low birth weight, and can put your health at risk. Symptoms of depression include:

- decreased enjoyment of activities,
- unhappy mood,
- sleeping too much or too little,
- decreased energy,
- feelings of worthlessness,
- eating too much or too little,
- difficulty concentrating,
- thoughts of hurting oneself.

When you talk with your doctor ask him or her to explain the benefits and risks of taking medication versus having therapy. By getting your depression treated now, you will give yourself and your baby the best chance for good health.

Checklist for choosing your doctor or nurse

- Does this person explain things clearly?
- Does he or she listen to you? Respect your concerns?
- Can this person help you learn about breastfeeding?
- Will you see this same person most visits?
- Is someone from this person's office available for you to call if you have a concern after hours or on weekends?
- Does your health insurance cover this provider?
- If you do not have insurance can you arrange to pay in monthly payments?

Also find out . . .

- What does your partner or friend think of this person?
- What is his or her opinion on circumcising baby boys?
- What will office visits with this person be like for your baby?

Person's name, clinic, and date:

Make copies of this checklist to take with you on visits.

Choosing a doctor or nurse for your baby

The doctor or nurse you choose for your baby will be a person you can talk to about your concerns. This person will also make sure your baby stays healthy.

- A pediatrician is a doctor who specializes in caring for babies and children.
- A family physician is a doctor with special training in pregnancy and childbirth, and care of newborns, children, families, and communities.
- A nurse practitioner has special advanced training in caring for babies and families.
- A tribal or public health nurse provides home visits, case management services, consultations, education, and more to pregnant women, children, and families. This person works in cooperation with your primary care provider.

If you do not have health insurance there may be special programs to help you. Three-fourths of uninsured children are eligible for such help. Ask your doctor, nurse, tribal or public health office, or WIC (Women, Infants, and Children) agency. In Wisconsin, prenatal care is free or low-cost for all women. For more information call BadgerCarePlus at (800) 362-3002 or visit www.dhs.wisconsin.gov/badgercareplus/pubs/p-10026.pdf.

Visit with some doctors or nurses. Ask each one about concerns you have, such as worries about your baby or about becoming a parent. How does each person respond? Fill out the checklist on this page as soon as you can after each visit.

Bring your partner, a friend, or a family member with you when you visit, and ask what they think.



Quality child care

Child care is probably not the first thing on your mind right now. But if you will be working or going to school after the baby comes, now is the time to start planning. Quality care for an infant may be hard to find. Many caregivers have waiting lists.

Your community may have a child care referral agency. For help finding and paying for quality child care, call **Child Care Aware** toll-free at (800) 424-2246 (Spanish help weekdays), or go to www.childcareaware.org.

Next, call and visit child care providers or centers. When you call or visit, ask questions! Child Care Aware can send you a checklist, or you can make your own.

Here are some things to think about:

Group size—Babies do best in small groups (no more than six babies in the room).

Bonding—Babies need the loving attention of their caregiver and are most likely to get this when each adult takes care of three or fewer babies.

Training—People who have special training and education provide the best care. Do the caregivers know infant CPR (cardio pulmonary resuscitation)?

Care providers—Will the same person care for your baby every day? Or will different people? Having a different caregiver each day or changing caregivers every few months can be very hard on a baby.

Schedule—Is care available when you need it?

Cost—How much does the provider or center charge? Quality child care can be expensive. Families with limited income may be eligible for help paying for child care. Call Child Care Aware at the toll-free number above.

Routine—What is a typical day like for infants in their care? Would the caregiver sing, talk, and play with your baby? How much time is the TV on? Experts think infants and young children grow and learn better without TV.

Visiting—Are parents welcome to visit anytime? The answer should be *yes!* Once your baby is born, visit the home or center at different times of day to learn their routine and let them meet your baby.

Breastfeeding—Will the care provider support your breastfeeding? If you can come during the day to breastfeed, will you be comfortable? Do caregivers know how to safely handle expressed breast milk you provide? Is there a policy of babies being held while they are being fed?

Health—What does the provider do to keep the kitchen, diaper area, and toys clean? Does the provider encourage frequent hand washing? Is the home or center smoke-free? Is the food handling area away from the diaper area?

Safety—Are toys, cribs, and highchairs safe and in good repair? Do caregivers always put babies on their backs to sleep? Do you see anything that could be a hazard? A child care home or center should not have any peeling or flaking paint inside or out. Homes built before 1978 may have lead paint, which can cause your baby lasting harm.

Regulations—Is the childcare home or center licensed? Accredited? Remember, a license or accreditation is only the first step to quality, not a guarantee.

Referrals—Ask for names of other parents you can contact. Ask the parents if the caregiver is reliable, if they get along, if they would recommend the caregiver, and what concerns they have.

Trust your instincts. You know what will be best for your baby. Bring your partner, a friend, or family member with you when you visit, and ask what they think. Choosing child care can be hard work, but your baby will spend many hours there learning and growing.

“I feel fine. Do I still need to see my doctor?”

Yes! Regular medical care is important for you and your growing baby!

During checkups, your doctor or nurse will . . .

- record your weight and blood pressure,
- measure your belly’s growth,
- listen to your baby’s heartbeat,
- check the level of sugar, proteins, or bacteria in your urine,
- give you a flu shot if you will be pregnant during flu season,
- answer your questions about childbirth, breastfeeding, and your time in the hospital,
- tell you about warning signs to look for.

These checkups can catch a problem like diabetes or anemia before it harms you or your baby. Blood, ultrasound, and other tests can help detect babies with Down syndrome and other genetic abnormalities. Your doctor or nurse can explain the risks and benefits of each test and help you decide which tests, if any, you would like.

Feel free to bring your husband, partner, family member, or friend to these visits.

Mid pregnancy warning signs of problems

Call your doctor or nurse right away if you experience any of the following:

- Change in vaginal discharge, or vaginal bleeding
- Leaking fluid
- Abdominal pain
- Pelvic or lower abdominal pressure, cramping, regular contractions, or tightening of your uterus
- Constant dull ache in your lower back
- Excess swelling of your hands and feet
- Severe headache
- Nausea, vomiting, dizziness
- Double vision, blurred vision, sudden blindness
- Temperature of 101 or greater
- One-sided leg swelling

These may signal early labor or other problems. Catching problems early helps your chance of having a healthy baby. Remember, if you have *any* questions or concerns, call your doctor!

“I worry that something will be wrong with my baby.”

You are not alone. Most parents worry whether they will have a healthy baby. Luckily, most babies are born healthy.

Here are ways to prevent some problems (but not all)

- Get regular checkups, starting now.
- Eat healthy foods.
- Take your prenatal vitamins as your doctor advises.
- Avoid infections and illness.
- Avoid cigarettes, drugs, and alcohol.

Getting regular checkups can find some problems during pregnancy. Some problems may be detected by screening the baby’s blood after birth. Ask your doctor or nurse to discuss this with you.

If your baby is born with a problem you will not have to deal with it alone. A health care team will work with you to meet your baby’s needs.

For information on preventing birth defects, contact the **March of Dimes** at (914) 997-4488 or at www.marchofdimes.com, or www.nacersano.org (Spanish).

Money matters

What do babies need?

The main thing your baby needs is you! Instead of buying lots of things for your baby, you may want to save your money for other priorities.

Maybe you could stay home from work longer. Maybe you could work part-time for a while. Saving money could give you a cushion if the baby is sick and you have to take time off of work.

Here are some things your baby will need

Car safety seat—You can read about choosing a car safety seat in the next issue of this series.

Clothing—Little things can add up quickly! Babies grow so fast that you won't want to buy a lot of clothes. You will need diapers, t-shirts, and sleepers. If it is cold outside, you may also need a warm outfit, snow suit, and a warm hat for the baby to wear.

Crib—See "Choosing a crib" on page 4.

Stroller or carrying pack—These items do not need to be costly. Take extra care to make sure used or borrowed items are safe. To learn more about checking used equipment for safety, call the **Consumer Products Safety Commission** toll-free at (800) 638-2772 (Spanish help weekdays), or go to www.cpsc.gov.

You may want to wait to buy other big items like a swing until your baby is old enough to use them. You may find that you don't really need all that stuff you see advertised. Your health insurance may help pay for a car safety seat or breast pump. Or these may be free from your tribal or public health office or WIC clinic. If you do not have health insurance, ask baby's doctor or nurse about special programs that may help pay for medical care.

For help with budgeting, contact your county or area university extension office. And ask your friends.

Your library may have books or magazines with tips for saving money. And most libraries have a free computer you can use for online research.

"I am glad we didn't buy all the things the magazines said we needed. We borrowed a swing from a friend. The baby used it two or three times. I am glad we didn't waste our money on it!"

—Daryl, father to Allison

"If it has 'baby' stamped on it, it costs twice as much!"

—Cheryl, expectant mother



Working parents

If you plan to go back to work after your baby is born, ask about parental leave (maternity leave) now. Having a baby is hard work. Mom's body will need time to recover.

In some cases, Dad also can take parental leave.

Federal law

The Family and Medical Leave Act (FMLA) is a federal law. It requires many (but not all) employers to give new mothers and fathers up to 12 work weeks off from work to care for a new baby. Small businesses (with less than 50 employees) do not have to do this. All government employees who work in local, state, federal, and local education agencies are covered by this law. Families with members in the military may be eligible for more time.

To qualify for FMLA leave, you must . . .

- work for a covered employer,
- have worked at least 12 months for that employer,
- work in a location in the United States where at least 50 employees in your company are employed within 75 miles,
- have worked **at least 1,250** hours in the past 12 months (about 60 percent time). If you or your partner is employed as a flight crew member, this requirement may be modified.

Spouses employed by the same employer may be limited to a combined total of 12 weeks of family leave for the birth and care of a newborn child,.

FMLA is not paid leave. But if your employer lets you use sick leave or vacation time for part or all of the 12 weeks, that leave may be paid.

During FMLA leave...

Your employer must continue your health insurance.

You must continue to pay your share of the health insurance cost. (If you do not return to work, you may have to repay your employer for these benefits.)

Your job—or a similar job—is guaranteed when you return. You cannot be fired for taking parental leave.

State law

Some states also have a family and medical leave law. In some cases the state law may be better for your situation than the federal law. In such cases the state law applies.

Your employer

Your employer may permit paid leave or a longer leave time than the federal law requires. Discuss your plans with your employer in advance. The law requires you to give 30 days notice of your plans when possible.

It's your decision

Think about what's best for you, your baby, and your partner.

- Will your leave be paid or unpaid?
- How long can you afford to be away from work?
- When you return to work, can you do your job part-time for a while? Can you do some work from home?
- How can your partner help?

If you have questions, talk to your union steward or someone in your employer's human resources department. You can also access information online at www.dol.gov/whd.

Moving?

Where will you and your baby live? Is it healthy? Housing built before 1978 may have lead paint which can cause your baby lasting harm. (See “Prevent lead poisoning” in issue one of this series.)

For help finding housing to fit your budget, contact your city, county or tribal housing authority or your community action agency.

Fair housing

It is against the law for a landlord to refuse to rent to you because you are pregnant or have children. If this happens to you, call the U.S. Department of Housing and Urban Development’s (HUD) **Housing Discrimination Hotline** toll-free at (800) 669-9777* or TTY (800) 927-9275 (Spanish help weekdays).

* Press 1 for English or 2 for Spanish, then press 2 to continue. To speak with someone in a HUD office near you, press the three numbers of your telephone area code.

You can also learn your legal rights or submit a complaint form online. Select “File a Fair Housing Discrimination Complaint” at portal.hud.gov.

Take time to think and plan ahead

Who are you living with now? It may be easier to raise your baby if you are living with people who can help and support you. Living with people who are not supportive of you and your baby will be hard.

Print resources

Denise and Alan Fields’s *Baby Bargains* (2009) offers advice on what to buy and what not to buy.

Kathleen Huggins’s *Nursing Mother’s Companion* (2010) is a great breastfeeding resource.

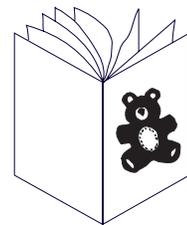
Arlene Eisenberg’s *What to Expect When You Are Expecting* (also available in Spanish) covers various topics relating to early pregnancy (2008).

Penelope Leach’s *Your Baby and Child: From Birth to Age Five* (also available in Spanish) covers health and child development from the start of life (2010).

La Leche League International’s (www.lalecheleague.org) *Womanly Art of Breastfeeding* (2010) presents friendly, easy-to-read, factual information (also available in Spanish).

Mayo Clinic Guide to a Healthy Pregnancy (2004) provides information on pregnancy, childbirth, and your newborn.

American Academy of Pediatrics, *Caring for Your Baby and Young Child: Birth to Age 5* (2009).



Wisconsin resources

Child Care Information Center

Offers free materials for parents on how to select and pay for child care. Available in English and Spanish. (800) 362-7353 dpi.wi.gov/ccic/mat_parents.html

Supporting Families Together Association Child Care Resource & Referral Agencies

Helps parents find child care and assess child care settings. (888) 713-4537 www.supportingfamilies.together.org/CCR_R.html

Wisconsin Tobacco Quit Line

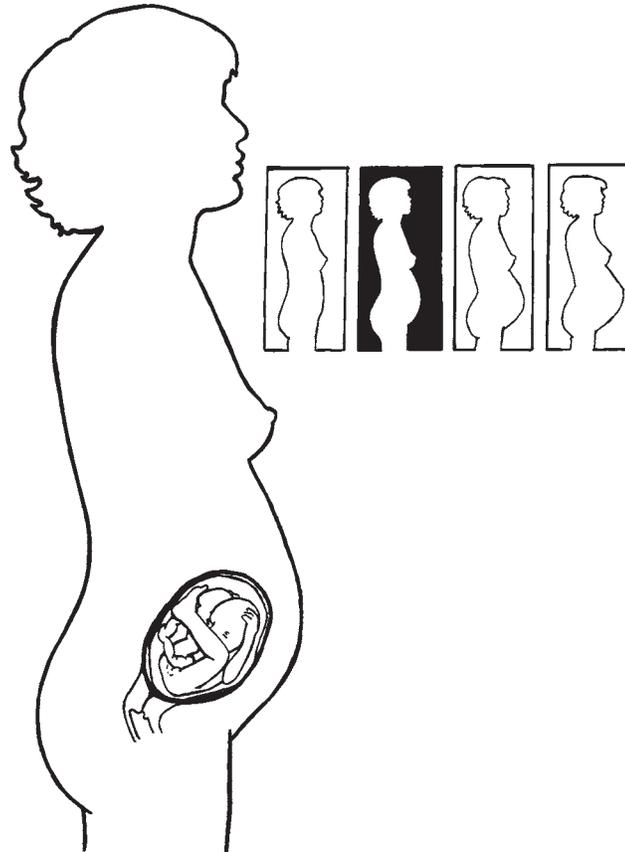
Provides free, practical guidance to help you stop smoking. (800) 784-8669 (877) 266-3863 (Spanish) www.ctri.wisc.edu/quitline2.html

The Wisconsin Department of Health Services

Provides information on popular programs and websites. www.dhs.wisconsin.gov/

Development at 20 to 30 weeks

What does baby look like now?	What is baby doing now?	How is Mom feeling?	What can partners do?
Your baby looks more and more like a real person. By the end of the seventh month, your baby may be more than a foot long!	Getting bigger and bigger! Baby responds to light and sound and can kick, suck her thumb, and open and close her eyes.	Mom will be feeling more pregnant. She may feel more discomfort from her growing tummy and her stretching ligaments.	Talk and sing! Baby will be able to hear you. You may also feel your baby kick. Give your partner's belly a rub, and the baby may respond.



Online resources

American Academy of Pediatrics

Offers books and advice on child health and development, immunizations, and safety.
www.aap.org

Consumer Products Safety Commission

Offers safety alerts and recalls. Spanish help is available weekdays.
(800) 638-2772
www.cpsc.gov

La Leche League

Presents breastfeeding resources. Look here to find local mother-to-mother support, good books in English and Spanish, and breastfeeding advice in many languages.
www.la lecheleague.org

March of Dimes

Provides information on pregnancy health and on preventing birth defects.
(914) 997-4488
www.marchofdimes.com/
www.nacersano.org (Spanish)

National Lead Information Center

Offers resources to help you manage lead in your home.
(800) 424-5323
www.epa.gov/opptintr/lead/pubs/nlic.htm

Prevent Child Abuse America

Presents local parent support groups and trusted parenting resources.
www.preventchildabuse.org

Smokefree.gov

Provides local “Tobacco Quit Line” phone numbers of experts who can help you stop smoking.
www.smokefree.gov/expert.aspx

WIC—Women, Infants, and Children

Provides nutritious food, advice on healthy eating, and referrals to health care for women, infants, and children up to age 5. To find the WIC agency near you, call directory assistance or visit the website.
www.fns.usda.gov/wic

MyPyramid for Moms

Helps you plan healthy meals for you and your baby.
www.choosemyplate.gov/mypyramidmoms/index.html

text4baby.org

This free mobile text messaging service provides information for pregnant women and new moms.

Centers for Disease Control and Prevention

Provides information on preventing problems during pregnancy
www.cdc.gov/ncbddd/pregnancy_gateway/during.html

Mayo Clinic website

Provides information for a healthy pregnancy and answers many questions you may have.
www.mayoclinic.com/health/pregnancy-week-by-week/MY00331

Most libraries have a computer you can use.

Credits

Authors: Marguerite (Peg) Barratt, dean and professor, Columbian School of Arts & Sciences, George Washington University, Washington, D.C.; Kari Morgan, assistant professor of child & family studies, University of Wyoming; David A. Riley, professor of human development and family studies, University of Wisconsin-Madison and UW-Extension, and Carol Ostergren, child development specialist, University of Wisconsin-Extension. The authors thank an anonymous donor to the Child Abuse Prevention Fund of Milwaukee, whose support contributed to the production of this publication. Cooperative Extension publications are subject to peer review.

Advisory committee: Michelle Bailey, public health nurse, Burnett County Department of Health; Bev Baker, family living educator, Racine County UW-Extension; Laura Berger, public health nurse, Madison Department of Public Health; Colleen Cantlon, Wisconsin Bureau of Family and Community Health; Michael Collins, assistant professor, Department of Consumer Science, University of Wisconsin-Madison; Mari E. Douma, associate professor, Department of Pediatrics, Michigan State University; Lee Dresang, associate professor of family medicine, University of Wisconsin-Madison; Sara E. Gable, Department of Human Development and Family Studies, University of Missouri; Kate Gillespie, maternal/perinatal nurse consultant, Wisconsin Division of Public Health; Mary Gothard, Joseph Schirmer, Reghan Walsh and Anthony Zech, Wisconsin Department of Health Services; Patti Herman, family living educator, Columbia County UW-Extension; Michelle Johnson, associate outreach specialist, Nutritional Science Department, UW-Madison/Extension; Kelli Jones, public health nurse consultant, Southeast Regional Department of Health and Family Services; Dori Schattel, health writer, Madison, Wis.; Rachel Schiffman, associate dean and professor, College of Nursing, UW-Milwaukee; Michelle Snyderman, pediatrician, All Saints HealthCare, Racine, Wis.; Deborah Strong, executive director, Michigan Children’s Trust Fund.

Produced under joint agreement with Michigan State University by Cooperative Extension Publishing, University of Wisconsin-Extension.

Copyright © 2011 by the Board of Trustees of Michigan State University and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension division of Cooperative Extension. All rights reserved. For copyright inquiries, contact Manager, Cooperative Extension Publishing, 432 N. Lake St., Rm. 231, Madison, WI 53706; pubs@uwex.edu.

Illustrations: Nancy Lynch.

To order, call toll-free (877) 947-7827 (WIS-PUBS) or visit our website, learningstore.uwex.edu.

Preparing to Parent—Mid pregnancy



Look for twomore issues of
Preparing to Parent:

Late Pregnancy—Weeks 30 to 40

Preparing to Bring Baby Home

Copyright © 2011 by the Board of Trustees of Michigan State University and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension division of Cooperative Extension. All rights reserved. For copyright inquiries, contact Manager, Cooperative Extension Publishing, 432 N. Lake St., Rm. 231, Madison, WI 53706; pubs@uwex.edu.

University of Wisconsin-Extension, Cooperative Extension, in cooperation with the U.S. Department of Agriculture and Wisconsin counties, publishes this information to further the purpose of the May 8 and June 30, 1914, Acts of Congress. An EEO/AA employer, the University of Wisconsin-Extension, Cooperative Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. If you need this information in an alternative format, contact Equal Opportunity and Diversity Programs, University of Wisconsin-Extension, 432 N. Lake St., Rm. 501, Madison, WI 53706, diversity@uwex.edu, phone: (608) 262-0277, fax: (608) 262-8404, TTY: 711 Wisconsin Relay.

This publication is available in English or Spanish (Preparación para ser padres, B3789S) from your county UW-Extension office (www.uwex.edu/ces/cty) or from Cooperative Extension Publishing. To order, call toll-free (877) 947-7827 (WIS-PUBS) or visit our website, learningstore.uwex.edu.

**Preparing to Parent: Early Pregnancy—
Weeks 20 to 30 (B3789)** R-10-2011

**UW
Extension**
Cooperative Extension