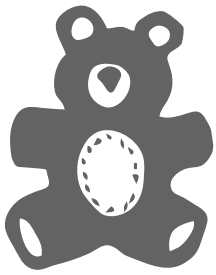
B3789

Preparing to Parent



MID-PREGNANCY—WEEKS 20 TO 30

Table of contents

Becoming the parent you want to be	1
Q and A	2-3
A home visitor?	3
Choosing a crib	4
Co-sleeping with baby	4
Especially for fathers	5
Naming your baby	6
Healthy eating, healthy baby	6
Mom and Dad: Preparing for childbirth	7
Choosing a doctor or nurse for your baby	8
Quality child care	9
Getting to know your baby	10
Q and A	11
Money matters	12
Working parents	13
Moving?	13
Print resources	14
Development at 20 to 30 weeks	14
Online resources	15
Wisconsin resources	16

Becoming the parent you want to be

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

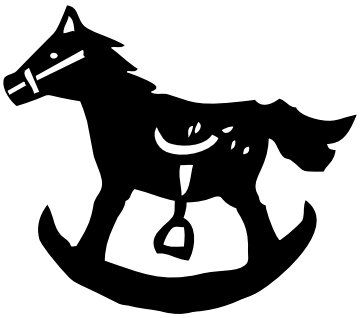
What do you want your baby to grow up to be like? As a parent, you can play a role in making that happen.

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 videos
- Your local school
- Public library
- Web sites

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 from the Child & Family WebGuide, visit **Prevent Child Abuse America** at www.preventchildabuse.org.



"I promised myself I would try breastfeeding for 2 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

❤ ❤ ❤

Q and A "Why should I think about breastfeeding?"

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.

Starting to breastfeed is not always easy, and a little advice can really help. Learn more from your doctor or nurse, 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 play groups, parent discussion groups and workshops, toy lending libraries, home visiting programs, and other services to make childrearing easier.

Co-sleeping with baby

In the U.S. most babies have their own crib. But around the world, babies often sleep in their parents' bed. Sharing a bed can be convenient, especially for breastfeeding mothers. Some babies also sleep better when they are close to their parents. And this closeness can help baby form a strong and secure attachment to Mom and Dad.

On the other hand, adult beds are not always safe for baby. Babies can die from falling off a bed, or from lack of air when they are covered by a pillow or blanket or when an adult rolls over on them. This can happen in your bed or when sleeping together on the couch. It most often happens when the parent is very, very tired or has been drinking alcohol or using another drug.

A great idea is to move baby's crib or bassinet right against your own bed. That way you and baby feel close, but baby sleeps in a safe place.

Choosing a crib

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

Safety guidelines:

Slats — Slats on a crib or bassinet should be less than 2⅜ inches apart. This keeps the baby from wiggling through or getting trapped and hurt. If you can fit a soda can through the slats, they are too far apart.

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, 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. If you use bumper pads, make sure they are firm, and tied tightly in place with short straps. For most newborns, bumper pads are not needed. The safest way for baby to sleep is 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.

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

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/sids.cfm for more information.

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!

Q and A

"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. There is also a test that can help detect some kinds of birth defects — the **"triple screen"** or **AFP** (alphafetoprotein) test. Ask your doctor or nurse whether you should be tested.

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

Mid-pregnancy warning signs

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

— Change in vaginal discharge, or vaginal bleeding

— Leaking fluid that is not urine

— Abdominal pain

— Pelvic or lower abdominal pressure, cramping, regular contractions, or tightening of your uterus

— Constant dull lower backache

— Excess swelling of your hands and feet

— Severe headache

— Nausea, vomiting, dizziness

— Double vision, blurred vision, sudden blindness

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!

"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 (888) 663-4637, www.modimes.org, or www.nacersano.org.

"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

Money matters

What do babies need?
The main thing your baby needs is you! Instead of buying a lot of things for 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 from 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 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. For used or borrowed items, take extra care to make sure they are safe. To learn more about checking used equipment for safety, call toll-free (Spanish help weekdays) the **Consumer Products Safety Commission** at (800) 638-2772 or 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 also have books or magazines with tips for saving money. And for online research, most libraries have a free computer you can use.

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 can also 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 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 — local, state, and federal — are covered by this law.

To qualify for FMLA leave, you must have worked…

—at least 12 months for your employer
and

—at least 1,250 hours in the past 12 months (about 60 percent time).

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 this case, 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 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.

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 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 (Spanish help weekdays) at (800) 669-9777 * or TTY (800) 927-9275.

* 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 for your telephone area code.

You can also learn your legal rights or submit a complaint form online. Select "Fair housing" at www.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' *Baby Bargains* offers advice on what to buy and what not to buy.

Kathleen Huggins' *Nursing Mother's Companion* is a great breastfeeding resource.

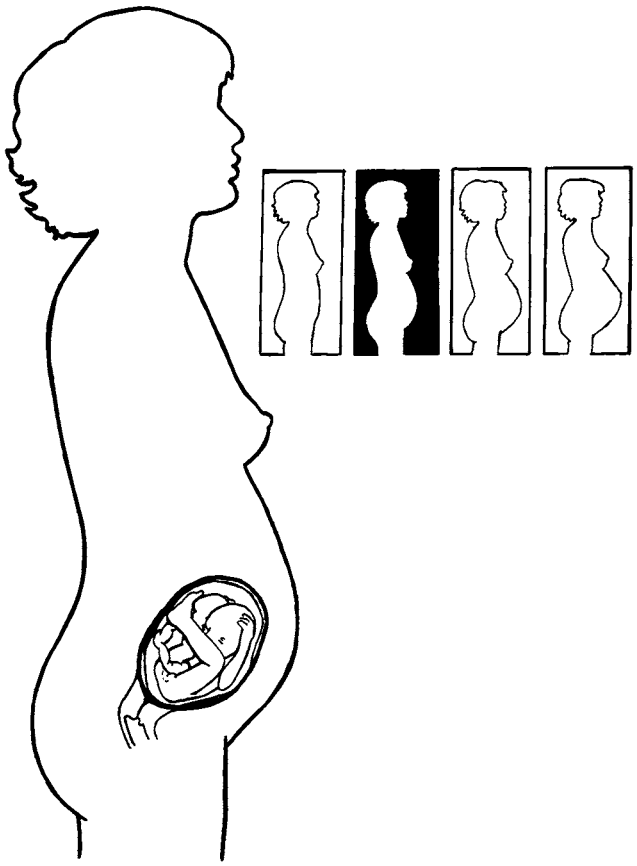
Arlene Eisenberg's *What to Expect When You Are Expecting* (also available in Spanish) covers various topics relating to early pregnancy.

Penelope Leach's *Your Baby and Child: From Birth to Age Five* covers health and child development from the start of life.

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

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 your 7th month, your baby may be more than a foot long!	Getting bigger and 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 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 — Child health and development, immunizations, safety, and good books
www.aap.org

Consumer Products Safety Commission — Safety alerts, recalls, Spanish help weekdays (800) 638-2772
www.cpsc.gov

La Leche League — Find local mother-to-mother support, good books in English and Spanish, and help in many languages for breastfeeding questions.
www.lalecheleague.org

March of Dimes — Find information on preventing birth defects.
(English and Spanish):
(888) 663-4637
www.marchofdimes.com/pnhec/pnhec.asp
www.nacersano.org

National Lead Information Center — To order a copy of *Lead In Your Home: A Parent's Reference Guide* or *Lead Paint Safety: A Field Guide for Painting, Home Maintenance and Renovation Work* (also in Spanish), call toll-free weekdays: (800) 424-5323
www.epa.gov/lead/nlic.htm

Prevent Child Abuse America — Find a local parent support group, and trusted parenting resources from the Child & Family WebGuide.
www.preventchildabuse.org

Smokefree.gov — Local Tobacco Quit Line phone numbers of experts who can help you stop smoking
www.smokefree.gov/usmap.html

WIC — Women, Infants, and Children To find the WIC agency near you, call directory assistance or visit its website at www.fns.usda.gov/wic.

If you do not have a computer, most libraries have one you can use.

Credits

Authors: Marguerite (Peg) Barratt, Michigan State University and the National Science Foundation; Kari Morgan, University of Wisconsin-Extension; and David A. Riley, professor of human development and family studies, University of Wisconsin-Madison and UW-Extension. The authors thank an anonymous donor to the Child Abuse Prevention Fund of Milwaukee, whose support contributed to the production of this publication.

Advisory committee: Bev Baker, family living educator, Racine County University of Wisconsin-Extension; Laura Berger, public health nurse, Madison Department of Public Health; Colleen Cantlon, Wisconsin Bureau of Family and Community Health; Mari E. Douma, assistant professor, Department of Pediatrics, Michigan State University; Sara E. Gable, Department of Human Development and Family Studies, University of Missouri; Mary Gothard, Joseph Schirmer, Reghan Walsh and Anthony Zech, Wisconsin Bureau of Public Health; William C. Hayes, Sheppard Pratt, Inc., Wheaton, Md.; Patti Herman, executive director, Prevent Child Abuse Wisconsin; Barbara H. Ingham, professor and food science specialist, and Susan A. Nitzke, professor of nutritional sciences, UW-Madison and UW-Extension; Kelli Jones, public health nurse consultant, Southeast Regional Department of Health and Family Services; Shelby J. Maier, family living educator, Walworth County UW-Extension; Joseph F. Marshall, Department of Obstetrics, Gynecology, and Reproductive Medicine, Michigan State University; Carol Ostergren, developmental psychologist, UW-Extension; Beverly K. Phillips and Amy Rettammel, Wisconsin Nutrition Education Programs, UW-Extension; Dori Schattel, health writer, Madison, Wis.; Rachel Schiffman, associate dean, College of Nursing, UW-Milwaukee; Karina Simons, Tacoma Park, Md.; Michelle Snyderman, pediatrician, All Saints Health Care, Racine, Wis.; Deborah Strong, executive director, Michigan Children's Trust Fund.

Copyright © 2004 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. 103, Madison WI 53706; (608) 262-2655.

Produced under joint agreement with Michigan State University by Cooperative Extension Publishing, University of Wisconsin-Extension: Erica Schock, editor. Illustrations by Nancy Lynch.

To order, contact Cooperative Extension Publishing at (877) 947-7827 or learningstore.uwex.edu.

Equal Employment Opportunities and Affirmative Action in employment and programming, including Title IX and ADA.