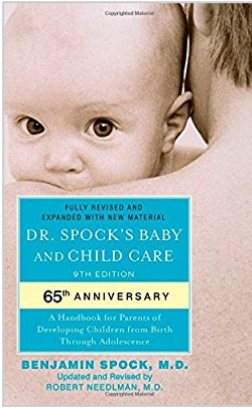
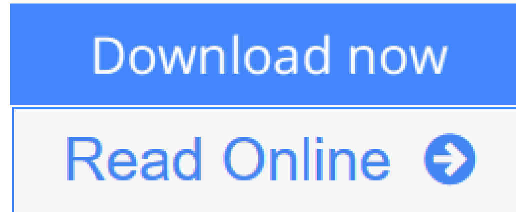


Dr. Spock's Baby and Child Care: 9th Edition

By Benjamin Spock M.D., Robert Needlman M.D.



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All of Dr. Spock’s invaluable, time-tested advice is here, along with the most current medical practices and advances in health care. While still covering key parenting issues like accidents, illnesses and injuries, this edition of the classic also contains the latest on:

* Immunizations
* Nutrition and childhood obesity
* Cultural diversity
* Alternative and non-traditional family structures
* Children’s learning and brain development
* Raising children with special needs
* Environmental health
* Increasingly common disorders such as ADHD, childhood depression, and autism—including medications and behavioral interventions
* Children and the media, including screen time, video games, and the internet

Updated by leading pediatrician Robert Needlman, the book includes a revised glossary of common medications and a resource guide that compiles the most reliable online resources. This indispensable guide is still the next best thing to Dr. Spock’s #1 rule of parenting: “Trust yourself. You know more than you think you do.”

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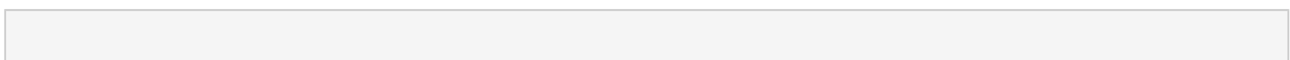

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Editorial Review

About the Author
Dr. Benjamin Spock was the most trusted and most famous pediatrician worldwide; his reassuring and commonsense advice shaped parenting practices for half a century. The author of eleven books, he was a political activist for causes that vitally affect children: disarmament, day care, schooling, housing, and medical care for all. *Dr. Spock's Baby and Child Care* has been translated into thirty-nine languages and has sold more than fifty million copies worldwide since its first publication in 1946. Please visit DrSpock.com for more information.

Dr. Robert Needlman is a leading pediatrician, professor, and author. He is the cofounder of the Reach Out and Read literacy program, which now help millions of children to grow up loving books (learn more at ReachOutAndRead.org), and is a widely featured speaker on early learning, literacy, and developmental-behavioral pediatrics. In addition to being the revising co-author of *Dr. Spock's Baby and Child Care*, 8th and 9th editions, he is the author of *Dr. Spock's Baby Basics* and writes for DrSpock.com.

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Section I: Your Child, Age by Age

Before Your Child Is Born

Babies Develop; Parents, Too

Fetal development. When you think of all the incredible changes that go into turning a fertilized egg into a newborn baby, how can you not feel awe? By the time most women realize they're pregnant, about five weeks after their last menstrual period, the embryo is already pretty complex. Shaped like a disk, it has an inner layer of cells that will go on to become most of the internal organs, a middle layer of cells that will form muscles and bones, and an outer layer that will become the skin and the neurons of the brain and spinal cord. By eight weeks after conception (about ten weeks after the last menstrual period), all of the major organs have begun to form and the fetus is beginning to take on a human look. But it is still only two inches long and weighs about a third of an ounce.

Four or five months into the pregnancy -- just about half way -- marks a turning point. This is the time of quickening, when you first feel your baby moving. If an ultrasound hasn't been done, those little kicks and nudges may be the first palpable proof that there really is a baby in there -- a thrilling moment!

Moving into the third trimester, after about twenty-seven weeks, the name of the game becomes growth, growth, and more growth. The baby's length doubles, the weight triples.

The brain grows even more quickly than that. At the same time, new behaviors appear. By twenty-nine weeks of gestation, a baby will startle in response to a sudden loud noise. But if the noise repeats every twenty seconds or so, the baby soon ignores it. This behavior, called habituation, is evidence of the emergence of memory.

If a pleasant sound is repeated -- say the sound of your voice reading poetry -- your unborn fetus is likely to remember this, too. After birth, babies choose to listen to their mother's voice over that of a stranger. If you

have a favorite piece of music that you play over and over during the third trimester, chances are your baby will love it too, both before birth and after. Without a doubt, learning starts before birth. But that doesn't mean that you need to break out the flash cards along with the maternity clothes. Nobody has ever shown that special teaching adds anything to fetal learning. Instead, it's the natural stimuli -- the sound of your voice, and the rhythms of your body -- that are most nurturing to development.

Classic Spock

There's nothing in the world more fascinating than watching a child grow and develop. At first you think of it as just a matter of growing bigger. Then, as the infant begins to do things, you may think of it as "learning tricks." But it's really more complicated and full of meaning than that.

In some ways, the development of each child retraces the whole history of the human race, physically and spiritually, step by step. Babies start off in the womb as a single tiny cell, just the way the first living thing appeared in the ocean. Weeks later, as they lie in the warm amniotic fluid, they have gills like fish and tails like amphibians. Toward the end of the first year of life, when they learn to clamber to their feet, they're celebrating that period millions of years ago when our ancestors got up off all fours and learned to use their fingers with skill and delicacy.

Mixed feelings about pregnancy. We have an ideal about motherhood that says that every woman is overjoyed when she finds that she is going to have a baby. She spends the pregnancy dreaming happy thoughts about the baby. When it arrives, she slips into the maternal role with ease and delight. Love is instantaneous, bonding like glue.

This is all true to a degree -- more in one case, less in another. But it is also, of course, only one side of the picture. We now know what wise women have known all along -- that there are normal negative feelings connected with a pregnancy, too, especially the first one.

To some degree, the first pregnancy spells the end of carefree, irresponsible youth. Clothes that were loose become tight, and clothes that were tight become unwearable. Athletic women find that their bodies don't move as they once did, a temporary effect but very real. A woman realizes that after the baby comes there will be new limitations on her social life and other outside pleasures. The family budget has to be spread thinner, and her partner's attention (and her own) will soon be focused in a new direction.

Feelings are different in every pregnancy. After you have had one or two, the changes due to the arrival of one more child do not look so drastic. But a mother's spirit may rebel at times during any pregnancy. There may be obvious reasons why one pregnancy is more strained: perhaps it came unexpectedly soon, one of the parents is having tensions at work, there is serious illness on either side of the family, or there is disharmony between mother and father. Or there may be no apparent explanation.

A mother who really wants another child may yet be disturbed by sudden doubts about whether she will have the time, the energy, and the unlimited reserves of love that will be called for in taking care of another child. Or the inner doubts may start with the father, who feels neglected as his wife becomes more and more preoccupied with the children. In either case, one spouse's disquiet soon has the other one feeling dispirited, also. Each parent may have less to give the other as the pregnancy progresses and concerns persist.

I don't want to make these reactions sound inevitable. I only want to reassure you that they do occur in the very best of parents, that they are usually part of the normal mixed feelings during pregnancy, and that in the great majority of cases they are temporary. In some ways, it may be easier to work through these feelings

early, before the baby arrives. Parents who have had no negative feelings during pregnancy may have to face them for the first time after their babies are born, at a point when their emotional reserves are fully taken up by baby care.

Father's feelings during pregnancy. A man may react to his wife's pregnancy with various feelings: protectiveness of his wife, increased joy in the marriage, pride in his virility (one thing men always worry about to some degree), anticipatory enjoyment of the child. A certain amount of worry -- "Will I be able to be a good father to this baby?" -- is very common, especially in men who remember their own childhoods as having been difficult.

There can also be, way underneath, a feeling of being left out, just as small children may feel rejected when they find their mother is pregnant. This feeling may be expressed as crankiness toward his wife, wanting to spend more evenings with his men friends, or flirtatiousness with other women. These reactions are normal, but they are no help to his partner, who craves extra support at the start of this unfamiliar stage of her life. Fathers who can talk about their feelings often find that the negative emotions (fear, jealousy) shift aside, allowing the positive ones (excitement, connection) to come forward.

The supportive father in pregnancy and birth. The expectations for fathers have changed in recent decades. In the past, a father wouldn't have dreamed of reading a book on child care. Now, it almost goes without saying that fathers take some responsibility for child rearing (although in reality, women still do most of the work). Fathers also take a more active role before the baby is born. A father may go to prenatal doctor visits and attend childbirth classes with his wife. He may be an active participant in labor and the first parent to hold the baby. If the mother is unwell or the baby has special problems, the father may be the parent most actively involved with the baby in the early hours after birth. He no longer has to be the lonely, excluded onlooker.

Love for the baby may come only gradually. Many parents who are pleased and proud to be pregnant still find it hard to feel a personal love for a baby they've never held. Love is elusive and means different things to different people. Many parents begin to feel affection when they watch the first ultrasound that shows a beating heart. For others, it's feeling the baby move for the first time that makes them realize that there is a real baby developing, and affection begins to grow. For other parents, it's not really until they are well into the care of their baby. There is no "normal" time to fall in love with your baby. You shouldn't feel guilty if your feelings of love and attachment aren't as strong as you think they should be. Love may come early. It may come late. But 999 times out of a thousand, it comes when it needs to.

Even when feelings during pregnancy are primarily positive and the expectation is all that could be desired, there may be a letdown when the baby actually arrives, especially for first-time parents. They expect to recognize the baby immediately as their own flesh and blood, to respond to the infant with an overwhelming rush of maternal and paternal feelings, and to bond like epoxy, never to feel anything but love again. But in many cases this doesn't happen on the first day or even the first week. Completely normal negative feelings often pop up. A good and loving parent may suddenly think that having a baby was a terrible mistake -- and feel instantly guilty for having felt that way! The bonding process is often a gradual one that isn't complete until parents have recovered somewhat from the physical and emotional strains of labor and delivery. How long that takes varies from parent to parent. There is no deadline.

Most of us have been taught that it's not fair to hope that the baby will be a girl or a boy, in case it turns out to be the opposite. I wouldn't take this seriously. It's hard to imagine and love a future baby without picturing it as one sex or the other; that's one of the early steps of the prenatal attachment process. Most expectant parents do have a preference for one or the other during pregnancy, even though they are quite ready to love

a baby who turns out to be the opposite. So enjoy your imaginary baby, and don't feel guilty if you learn from a prenatal ultrasound or at birth that the baby is not the sex you had envisioned.

Prenatal Care

Get good prenatal care. Of all the things parents do to help their babies grow up healthy, going for prenatal checkups is one of the most important. As soon as pregnancy becomes a *possibility,* even before you know that you're pregnant, you should start taking a multivitamin containing folate to lower the risk of spinal cord malformations that can develop in the very first weeks of pregnancy, even before you miss your period. You may want to arrange a **pre**conception visit if you have questions: about fertility, the special health risks of pregnancy, or the risks of genetic disorders, for example.r

Prenatal visits are a time for mothers and fathers to become partners in their baby's health and a time for you to think about the kind of delivery you want. Simple steps -- taking prenatal vitamins, avoiding cigarettes and alcohol, and getting your blood pressure checked -- can make a huge difference in your baby's health, and your own. Routine tests can uncover problems, such as infections, which can be treated before they affect your baby. Even if you're nearing the end of your pregnancy, if you haven't had a prenatal visit yet, it's not too late for your baby and you to benefit.

The usual schedule of prenatal visits is once a month for the first seven months, once every other week in the eighth month, and weekly after that. The visits are an opportunity for you to get advice about common issues, such as morning sickness, weight gain, and exercise. They also are the best way to be reassured that your pregnancy is going along well and that any infections or other serious conditions will be detected early and treated. Prenatal ultrasound is now routine in many places. Even a grainy, black-and-white ultrasound image can make the baby seem much more real, especially to fathers. And you'll have the option of finding out your baby's sex.

Choosing prenatal care. In many communities, women can choose from various providers of prenatal care, including obstetricians, family physicians, nurse midwives, certified midwives (who aren't nurses), and lay midwives. One consideration is the type of delivery you want. Obstetricians nearly always deliver in hospitals; lay midwives tend to specialize in home births. Another consideration is whether you like and trust your doctor or midwife. Does the professional listen to you and give you clear information? Is the person you see for prenatal visits the same person who will do your delivery? If not, do you trust that the other professionals in the group will also provide you with good medical care? Will the hospital and the obstetrics group accept your medical insurance?

Delivery

What kind of delivery do you want? Parenting is about choices, and one of the first you will be asked to make is the kind of childbirth you'd prefer. In the old days, there wasn't a lot of choice. Mind-numbing anesthesia was common; you might get to see your baby for a few minutes when you awoke. Breast-feeding was out of the question for any self-respecting mother. And because doctors were so worried about the transmission of infection, the baby would spend the next week in the nursery, carefully ministered to by well-scrubbed nurses in antiseptic white gowns and hats while the mother lay flat on her back and recovered.

We've come a long way since those days, and now the choices are many. Natural childbirth or an epidural? Support during labor by a husband or partner, by a trained professional (a doula), or by a family member and a doula? Children in the delivery room? Lying down or squatting? Home or hospital? Doctor or midwife? Rooming in or having the newborn spend more time in the hospital nursery? Visiting nurse or lactation

consultant at home or both?

No one approach suits every woman, and no method is clearly superior for the baby. As you make your choices, it's wise to consider what you *want* -- your ideal delivery -- while remaining flexible in case of unforeseen events. Childbirth is safer now than ever before, but it is still unpredictable. Plan to ask a lot of questions and do some more reading. *Dr. Spock's Pregnancy Guide,* by the obstetrician Marjorie Greenfield (Pocket Books, 2003), is a good source of reliable information that covers all the most important issues and is easy to read.

Doulas. "Doula" is a Greek word that means "woman's helper." Doulas are women who are trained to provide *continuous* support to women in labor. Some doulas also help out after the baby is born. During labor and delivery the doula guides the mother in positioning, movements, and other activities that can reduce discomfort and provides back rubs and other comforting physical contact. Perhaps most importantly, a doula who has been through many deliveries is often able to reassure a laboring woman when things really are okay, even though the woman may be feeling panicky or overwhelmed. It helps that doulas provide continuous support, staying alongside the laboring woman from start to finish.

A doula can be good for the mother *and* the father. It's the rare father who can soothe a laboring woman's pain and anxiety as well as a trained doula, especially when the father is anxious himself. By taking over these tasks, the doula frees up the father to be with his partner in a loving way, rather than as a coach. Most fathers feel supported by the doula, not replaced.

There has now been a good deal of research on the effects of doulas, and the results are powerful. In many studies, doulas reduce the need for cesarean sections and epidural spinal anesthesia. (Epidural anesthesia, although often a godsend, does have some risks: For example, it increases the risk that the baby may run a fever and therefore need to be given antibiotics for a couple of days after delivery.) You can get more information about doulas from Doulas of North America at www.dona.org.

Emotional responses to labor and delivery. Every woman responds differently to the stresses of labor and delivery. Some take pride in receiving no medications at all. Others are certain from the start that an epidural is for them. For some women, labor is a painful experience to be endured and, they hope, forgotten; others consider it a profoundly moving experience, a rite of passage. Some will push with each contraction for endless hours; others will become discouraged and wish for the doctor to pull out the baby with forceps or do a cesarean. Some exhausted women scream at their well-meaning husbands to get out of the delivery room and never come back. Some new mothers feel immediate love and affection for their infant; others, after hearing that their infant is fine, simply want to sleep for a little while. And most turn out to be wonderful, loving parents.

If your labor and delivery experience is not what you expected, it's normal to feel bad, even guilty. If you go in hoping for a natural birth and end up with a cesarean, it's natural that you might feel that somehow you were to blame (you weren't) or that your baby will be permanently harmed by the experience (almost never the case). Many parents fear that if they are apart from their baby for the first hours or days bonding will be permanently undermined. That also is not true. Bonding -- the process of baby and parent falling in love with each other -- develops over months, not hours.

Classic Spock

Parenthood is an ideal guilt-generating business, and labor often delivers the first volley. I think this situation has come about in part because of the fantasy that everything has to be perfect for the child to do well. Of

course nothing could be further from the truth. First off, the "perfect" parent has yet to see the light of day. Secondly, there is no need to be "perfect" or to follow any one script. The process of human development is powerful. There is plenty of room for variation and even for making mistakes. Infants are incredibly resilient. As long as the infant is healthy, the type of childbirth is unlikely to have long-term consequences, unless there is so much guilt attached to the memory that it has a negative effect on parental self-confidence or starts the process with a strong but misguided sense of guilt. So my advice is to have your baby however seems right for you and your family. Then don't worry if what happens doesn't follow the script. Being a parent is tough enough without creating problems where there really aren't any.

Choosing Your Baby's Doctor

Pediatrician, family doctor, or nurse practitioner? While you are pregnant, you can think about finding a physician or nurse practitioner for your baby if you don't already have one. Who should it be and how can you tell if the person will work out? You may already see a family doctor who is used to caring for babies, in which case the choice is simple. But if you deliver your baby with the help of an obstetrician, you'll need to find a doctor or nurse practitioner for your baby.

What qualities are you looking for? Some parents get along best with a doctor who is casual and laid back. Others parents want to be given directions down to the last detail. You might have more confidence in an older, more seasoned professional, or you might prefer one who is younger and more recently trained.

A nurse practitioner is a registered nurse who has received additional training and usually a master's degree so that he or she can function like a doctor in many ways. Nurse practitioners always work with doctor backup; how much the doctor is actually involved varies from practice to practice. Doctors often have more experience managing complex sickness; nurse practitioners may have more time scheduled for checkups and usually provide excellent preventive care. I wouldn't hesitate to use a nurse practitioner if he or she comes highly recommended.

A good first step in finding the right professional is to talk with other parents. Obstetricians and midwives often can give good recommendations, too.

The getting-to-know-you visit. If this is your first baby or you are moving to a new area, I'd strongly recommend that you schedule a visit to the doctor or nurse practitioner a few weeks *before* your due date. There is nothing like actually meeting someone to know if he or she has the type of personality that will make you feel comfortable enough to talk about whatever is on your mind. You can learn a great deal from such a prebirth visit and come away confident that your child's medical care is all set.

When you arrive for the visit, pay attention to the office staff and the office itself. Are the people pleasant and courteous? Are there things for children to do in the waiting room? Are there picture books? Does the space appear child-friendly?

There are a number of practical questions that the staff may be able to answer: How many physicians and nurse practitioners are there in the practice? How are phone calls handled? What happens if your baby becomes ill after office hours? What if you have an emergency during the day? What health insurance does the practice accept? What are its fees? Which hospital does it use? How much time is allotted for well-child checkups? (Fifteen minutes is about average nowadays, twenty to thirty is generous.)

A key issue is continuity of care. Will your child have one specific doctor or nurse practitioner, or do patients in the practice see whichever doctor happens to be available? Seeing whoever is available may involve less

waiting, but many parents prefer for their child to have one identified professional who is "their" doctor. That way, the health professional gets to know you and your child well, and mutual trust can develop. Medical care for children requires a team effort -- with the parent and the professional being the key team members. A parent may find it harder to feel that team spirit with a whole office of doctors.

When you talk with the doctor, choose a couple of issues to discuss that are important to you, such as the doctor's views on breast-feeding, allowing you to be present if your child needs to have a painful procedure, and how he or she handles issues that are not strictly medical, such as the question of cosleeping or toilet training. Pay attention to how you *feel* during the interview. If you feel comfortable, listened-to, and unrushed, you've probably found the right professional for you and your child; if not, you may want to visit some other practices.

Prenatal breast-feeding consultation. If you are unsure whether to breast-feed or bottle-feed, it's helpful to discuss the issue with the doctor or nurse practitioner you've chosen for your baby, or line up a prenatal consultation with a lactation consultant. You may want to attend breast-feeding classes offered by many large practices or hospitals. Knowing more will help you feel comfortable with your decision. If you decide to breast-feed, a prenatal consultation can help you anticipate any problems and deal with them ahead of time (see page 242 for more on breast-feeding).

Planning the Homecoming

Arranging for extra help in the beginning. If you can figure out a way to get someone to help you the first few weeks you are taking care of your baby, by all means do so. Having a supportive father around full time during the first couple of weeks can be particularly helpful. Trying to do everything yourself can exhaust and depress you, and this can start you and the baby off on the wrong foot. Most expectant parents feel a little scared at the prospect of taking sole charge of a helpless baby for the first time. If you have this feeling, it doesn't mean that you won't be able to do a good job or that you have to have a nurse to show you how. But if you feel really panicky, you will probably learn more comfortably with an agreeable relative by your side. The baby's father may not be a great support person, or he may be feeling too anxious or overwhelmed himself.

Your mother may be the ideal helper if you get along with her easily. If you feel she is bossy and still treats you like a child, it's probably better if she doesn't stay when she visits. You want to feel that the baby is your own and that you are doing a good job. It will help to have a person who has taken care of babies before, but it's most important of all to have someone you enjoy having around.

You might consider hiring a housekeeper or doula for a few weeks. Doulas are professionals who support women during labor (see page 24). More and more doulas offer their services in the weeks after birth as well. If your finances are limited, you may still be able to afford someone to come in once or twice a week to do the laundry, help you catch up on the housework, and watch the baby for a few hours while you take a rest or go out. It makes sense to keep your helper around for as long as you need the help (and can afford it).

Nurse home visits. Many hospitals and health plans offer nurse home visits one or two days after you take your baby home, particularly if the hospital stay has been short (less than a couple of days). Nurse visits are often very reassuring. They can be important, too, because some medical problems, such as jaundice, may not be apparent before the baby goes home. A visiting nurse can also be very helpful in dealing with breast-feeding problems or helping to arrange the services of a lactation consultant (see page 249).

Callers and visitors. The birth of a baby is an occasion that brings relatives and friends flocking. This is

gratifying to the parents and fills them with pride. However, too much of it may be exhausting. How much is too much? It's different in different cases. Most mothers tire easily the first few weeks at home. They have just felt the effects of intense hormonal changes. Their usual sleep pattern has been disrupted. Perhaps more important still are the emotional shifts that are called for, especially with the first baby.

Visitors are pure pleasure to some people -- relaxing, distracting, rejuvenating. To most of us, however, only a few old friends have such a good effect. Other visitors, to a greater or lesser degree, make us tense, even when we enjoy seeing them, and leave us fatigued, especially if we aren't feeling well. So you might want to limit visitors at the start, see how it goes, then increase the number very gradually if you find you have plenty of strength left over.

Most visitors get all excited when they see babies. They want to hold them, joggle them, tickle them, jounce them, waggle their heads at them, and keep up a blue streak of baby talk. Some babies can take a lot of this treatment, some can't take any. Most are in between. Pay attention to how your baby responds, and set a limit on handling if you think your baby may be feeling stressed or tired out by the attention. Relatives and friends who care about you and your baby won't be offended. Young children in particular often carry around viruses in their noses and on their hands that can make newborns ill. So it makes sense to keep young cousins and other relatives at a safe distance for the first three to four months; if they do touch your baby, make sure they wash their hands well first.

Preparing your home. If your home was built before 1980, there's a good chance that it contains lead paint. While it makes sense to remove any loose paint chips and perhaps paint over exposed, weathered patches, it isn't safe to try to remove the paint yourself using a heat gun or sander; the fine lead dust and vapors can raise your own lead level, which might affect your baby. Professional lead removal is safer, though expensive. For more on lead, see page 764.

If you are using well water, it's important to have it tested for bacteria and nitrates before the baby arrives. Nitrate salts in well water can cause blueness of the baby's lips and skin. Write or call your county or state health department. Well water won't have fluoride added, so you'll need to discuss fluoride supplements with your doctor.

Helping Siblings Cope

What to say while you're pregnant. It is good for a child to know ahead of time that he is going to have a baby brother or sister if he is old enough to understand such an idea at all (around a year and a half). That way he can get used to the idea gradually. Of course, you have to gear your explanations to your child's developmental level, and no amount of explanation can really prepare him for the experience of having a live demanding baby in the house. Your job is just to begin the dialogue about having a new brother or sister, where the baby will sleep, what the sibling's role will be in his care and to provide constant reassurance that you love him as much as ever. Don't overdo your enthusiasm or expect him to be enthusiastic about the baby. A good time to begin these discussions is once your body shape begins to change and you are past the very earliest stages of pregnancy when the risk of a miscarriage is highest.

The arrival of the baby should change an older child's life as little as possible, especially if he has been the only child. Emphasize the concrete things that will stay the same: "You'll still have your same favorite toys; we'll still go to the same park to play; we'll still have our special treats, we'll still have our special time together."

Make changes ahead of time. If your older child isn't weaned yet, it will be easier for her if you do it a few

months before you deliver, not when she is feeling displaced by the new baby. If her room is to be given over to the baby, move her to her new room several months before, so that she feels that she is graduating because she is a big girl, not because the baby is pushing her out of her place. The same applies to advancing to a big bed. If she is to go to preschool, she should start a couple of months before the baby arrives, if possible. Nothing sets a child's mind against preschool so much as the feeling that she is being banished to it by an interloper. But if she is already well established in preschool, she has a social life outside the home, which will tend to lessen her feelings of rivalry at home.

During and after delivery. Some parents hope to strengthen family togetherness by including the older sibling in the delivery itself. But watching one's mother go through labor can be very upsetting for a young child, who might think that something awful is happening. Even older children can be disturbed by the stressful effort and the blood that are part of even the smoothest deliveries. From the mother's point of view, labor is tough enough by itself without having to worry about how a child is handling it. Other children can feel included by being nearby but not actually in the delivery room.

After the delivery, when everyone is nice and calm, is a good time to show the baby to an older sibling. He can be encouraged to touch the baby, talk to her, and help out in some simple task, like getting a diaper. He should have the feeling that he is an integral part of this family unit and that his presence is welcomed. He should visit as much as he wants but not be forced to if he doesn't.

Bringing the baby home. It's usually a hectic moment when the mother comes home after giving birth. She is tired and preoccupied. The father scurries about, being helpful. If the older child is there, he stands around feeling left out, thinking warily, "So this is the new baby."

It may be better for the older child to be away on an excursion, if this can be arranged. An hour later, when the baby and the luggage are in their place and the mother is at last relaxing on the bed, is time enough for the child to come in. His mother can hug him and talk to him and give him her undivided attention. Since children appreciate concrete rewards, it's nice to bring a present home for the sibling. A baby doll of his own or a wonderful new toy help him not feel abandoned. You don't have to keep asking him, "So how do you like your new sister?" Let him bring up the subject of the baby when he is ready to, and don't be surprised if his comments are unenthusiastic or even hostile.

Actually, most older siblings handle the first days of a new baby pretty well. It often takes several weeks before they realize that the competition is there to stay. And it will be months before the baby is old enough to start grabbing their toys and bugging them. The section on siblings (page 529) has more on how you can help help siblings get along.

Things You'll Need

Buying things ahead of time. Some parents don't feel like buying anything until they have their baby. The idea that shopping for things ahead of time might cause the pregnancy to come to a bad end is common in many cultures. Parents may not want to tempt fate.

The advantage of getting and arranging things ahead of time is that it lightens your burden later. A certain number of mothers feel tired and easily discouraged when they begin taking care of the baby themselves. Even a little job like buying a bag of diapers looms as an ordeal.

What do you really need? Even if you don't have everything prepared ahead of time, it's wise to at least have some necessities on hand before you deliver. The sections that follow should help you decide what to

buy ahead of time and what you might buy later (or never). For deciding which brand to purchase, I suggest you check the most recent copies of journals such as Consumer Reports for the latest information on safety, durability and practicality.

Checklist

Things You'll Need Right from the Start:

• A safety-approved car seat (see page 35).

• A crib, cradle, bassinet, or cosleeper -- even if the baby sleeps with you at night, he'll need a place for naps.

• Several snug-fitting cotton sheets, a plastic mattress cover, and two or three cloth mattress liners.

• Several small cotton blankets for swaddling and perhaps a heavier blanket for warmth.

• A few T-shirts or onesies; in cooler climates, two or three sleepers.

• Diapers, either disposable or cloth, or a diaper service (see page 67); wipes. (Cloth diapers have many uses, even if you choose disposables for the baby's bottom.)

• Nursing bras and (probably) a breast pump (page 278) if you plan to breast-feed.

• Two or three plastic bottles and nipples; more bottles and a supply of formula if you plan to bottle-feed.

• A cloth sling or front-pack baby carrier.

• A diaper bag with compartments for diapers, wipes, ointment, a folding plastic changing pad, and nursing supplies.

• A digital thermometer and a child's nose syringe with bulb suction.

Car seats. One of the biggest dangers your newborn faces is the ride home from the hospital -- unless you use an infant car seat. Be sure the seat has a label showing that it meets government safety standards for use in cars. Always place your newborn in the back seat facing backward. Babies should *never* be placed in front of a working air bag; an exploding air bag can seriously injure or even kill a small child.

There are two basic kinds of car seats for babies. One kind always faces backwards and has a handle so that it can be used as a baby carrier. The other kind is a convertible seat that can be turned around to face forward once your baby is large enough (over twelve months old *and* over twenty pounds). Either kind is safe. If possible, get a new seat. If a seat has been in an accident in the past, it might not hold up in a second one, even if it looks okay. Over time the plastic weakens, so that a seat that has been in the family for years may not provide adequate protection. Choose a seat that uses a harness to hold the child rather than a shield or bar, which can injure a child in a crash.

Consumer Reports frequently updates its ratings of car seats. I also suggest you send for "The Family Shopping Guide to Car Seats" from the American Academy of Pediatrics (see Resource Section for address) and call the Auto Safety Hot Line (800 424-9393) for information on car seat safety notices.

It's hard to put a car seat in correctly (I took a week-long course to learn how) so, if you can, have a certified child safety seat inspector show you how. Many hospitals and fire stations run free car seat installation programs. You can find one near you by calling the hospitals, or look online at www.nhtsa.dot.gov. You'll find more detailed information on car seats on page 735.

A place to sleep. You may want to get a beautiful, expensive bassinet, lined with silk. But your baby won't care. All she needs are sides to keep her from rolling out and something soft but firm in the bottom for a mattress. You might also decide to have your baby sleep in bed with you (see page 59 for the pros and cons).

Having a firm surface is important, because babies can more easily suffocate if they lie face down on a very soft mattress. (Even though babies *should* sleep on their backs to prevent crib death, sometimes they end up face down anyhow.) A simple bassinet on wheels is convenient at first. Sometimes there's a cradle that's been in the family for many years. A cardboard box or a drawer with a firm, tight-fitting pad also works well for the first couple of months.

A cosleeper is a three-sided box that sits alongside your bed with the opening facing you. It's wonderful to be able to reach your baby without getting up, especially if you are breast-feeding. For safety, it's important that the cosleeper attaches firmly to the bed, so that there isn't a gap a baby could be caught in.

Most parents start with a crib. For safety, a crib should have slats less than 2 3/8 inches apart and any cut-out openings on the ends should also be less than 2 3/8 inches across. It should have a snug-fitting mattress, childproof side locking mechanisms, and at least twenty-six inches from the top of the rail to the mattress set at its lowest level. Look out for sharp edges and for corner posts that stick up more than one-sixteenth of an inch; that's high enough to snag an article of clothing, which could trap or strangle a baby. It should be sturdy, with the mattress support firmly attached to the headboard and footboard. Cribs made before 1975 often have lead paint and are safe only if all the old paint has been stripped off. If you're buying a new crib, look on the box to see that it meets federal safety standards. For used cribs, hand-me-downs, and family heirlooms, *you* have to be the safety inspector.

Your baby doesn't need a pillow for her head, and you should not use one. Likewise, it's best to keep stuffed animals out of your baby's crib or cradle; little babies don't care much about them, and they may pose a suffocation risk. Cloth bumpers can look great, but they don't do much to protect small babies, and can also become a suffocation hazard if they come loose.

For more on sleep and sleep safety, see page 57.

Equipment for bathing and changing. Babies can be bathed in the kitchen sink, a plastic tub (get one with a wide edge to rest your arm on), a dishpan, or a washstand. A spraying faucet that works like a minishower is great for rinsing the baby's hair and keeping him warm and happy. Molded plastic bathing tubs with contoured pads or liners are useful and generally inexpensive.

A bath thermometer is not necessary but can be a comfort to the inexperienced parent. Always test the water temperature with your hand anyway. Water should never be hot, only lukewarm. Also, never run warm water into the tub or sink while the baby is in it unless you are sure that the temperature is constant. The temperature setting on water heaters should be set at a maximum of 120 degrees to prevent scalding.

You can change and dress your baby on a low table or bathroom counter, where water is handy, or on the top of a bureau that is at a comfortable height. Changing tables with a waterproof pad, safety straps, and storage

shelves are convenient, though expensive, and may not be adaptable for other uses later. Some types fold; some have an attached bath. Wherever you change your baby (except on the floor) it's wise to keep one hand on your baby at all times: safety straps are nice backups, but don't trust them.

Diapers are discussed on page 67. For diaper wipes, you can use a washcloth with soap and water or you can use moist paper towels. If you want the convenience of premoistened diaper wipes, use the ones without chemicals and perfume, which can cause rashes.

Seats, swings, and walkers. An inclined plastic seat in which your baby can be strapped, carried short distances, and set down almost anywhere and from which she can watch the world go by is a useful accessory. (Some infant car seats can be used for this purpose, too.) The base should be larger than the seat; otherwise it will tip over when your baby becomes active. There are also cloth seats that move with the infant's movement. Be careful about placing your baby in any kind of seat on countertops and tables, as her movements might inch the seat off the edge.

Baby seats tend to be overused in that the baby is apt to be always in it and so is deprived of bodily contact with people (see page 48). A baby should be held for feedings, comforting, and at other times. Plastic baby seats are also not the best things for carrying babies: Your baby will be happier and more secure in a cloth sling or Snugli, and you get to have both arms free, with less strain on your shoulders.

Young babies usually love motion, and a swing can be wonderfully calming. A cloth baby sling does the same thing, of course, but a swing is useful to give you a break. I don't think that babies actually become addicted to swinging, but too many hours of the same hypnotizing motion probably isn't best for them.

Infant walkers are a major cause of injury (see page 117). Other than providing temporary amusement, their benefits are nonexistent and their dangers clearly proven. They should not be used. Manufacturers now make stationary walkers that bounce, swivel, or rock. They come with toys attached for entertainment and are much safer for children.

Strollers, carriages, and backpacks. A stroller is a handy way to take a young child when you shop or run other errands. Strollers are best for babies who can hold their heads up steadily. Newborns and little infants do better in a cloth front pack, from which they can look up into their parent's face and hear their heartbeats. A folding umbrella stroller can be easily carried on a bus or in a car, but be sure it's a sturdy one. Products that combine a car seat and stroller are attractive, and they make it easy to go from car to stroller without having to wake up a sleeping infant. On the other hand, they aren't as compact as the folding umbrella variety. Children should always be strapped into their strollers.

A carriage (pram) is like a bassinet on wheels; nice to have for the first few months if you plan on taking long strolls with your baby but hardly necessary. An alternative, after your baby has outgrown the soft front pack, is to go to a backpack. These items can be very sophisticated, with metal frames and padded hip belts that let you carry a large baby or toddler without much strain. Your baby can look over your shoulder, chat with you, play with your hair, and fall asleep with her head nestled into your neck.

Play yards (playpens). Some parents and psychologists disapprove of the imprisonment of a baby in a pen, fearing that it may cramp the child's spirit and desire to explore, but I've known many babies who spent several hours a day in pens and who still ended up demon explorers with high spirits. A young infant can be left safely in her cradle or crib, but once your baby starts crawling, it's very helpful to have a confined place where she can play safely while you take care of other business. There are play yards designed to fold into compact travel-size cases, which are great for going on visits. They are recommended for children up to

thirty pounds or thirty-four inches tall.

If you are going to use a play yard, you should start putting your baby in it each day from about three months. Babies differ -- some tolerate play yards well, some poorly. If you wait until a baby starts to crawl (six to eight months), the play yard will surely seem like a prison and be met with persistent howls.

Bedding. Blankets made of acrylic or a polyester-cotton combination are easy to wash and nonallergenic. A knitted shawl is a particularly convenient form of blanket for babies because it wraps around them so easily when they are up and stays tucked in when it is over them in bed. Make sure there are no long threads for the baby to wrap around fingers or toes or large holes that a baby can get caught in. Blankets should be large enough to tuck well under a crib mattress. A baby wearing a fleece sleeper probably doesn't also need a blanket, unless the room is chilly. Babies should be comfortable, not overheated.

Cotton receiving blankets, which furnish little warmth, are useful for wrapping around the baby who would otherwise kick off the bed coverings or for tightly swaddling the young baby who is comfortable and secure and can sleep only when held immobile.

You'll probably want a plastic mattress cover. The plastic cover that comes on most new mattresses is not sufficient by itself; sooner or later urine gets into the air holes and makes it smell. A cloth mattress pad lets air circulate under the sheet; you'll need three to six pads, depending on how often you do laundry. Waterproof sheeting that has a flannelette covering serves the same purpose. A thin plastic bag such as one from the dry cleaner should *never* be used in a crib, because of the danger of suffocation if the baby's head gets tangled in it.

You will need three to six sheets. They should fit snugly so that they don't come undone and pose a suffocation risk. The best sheets are made of cotton knit. They are easy to wash, quick to dry, spread smoothly without ironing, and do not feel clammy when wet.

Clothing. Remember that your baby will be growing very rapidly during the first year, so be sure you buy her clothing to fit loosely. Except for diaper covers, it's generally better to begin with three- to six-month-size clothes instead of newborn or "layette-sized" clothing.

A baby or child doesn't need more in the way of clothing or covering than an adult; if anything, less. For example, nightgowns are entirely practical and can be worn night and day. The mittens on the ends of the sleeves, which are to keep babies from scratching themselves, can be worn open or closed. Long gowns make it harder for babies to kick off their coverings; short ones may be preferable for hot weather. Buy three or four; more if you can't do laundry every day.

Undershirts come in three styles: pullover, side-snap closing, and a one-piece type that slips over the head and snaps around the diaper. The type with side snaps is slightly easier to put on a small baby. Medium weight and short sleeves should be sufficient unless your home is unusually chilly. A one-piece shirt that snaps under the crotch (a onesie) stays in place easily. The most comfortable fabric for children is 100 percent cotton. Start with the one-year-old size or, if you are fussy about fit, the six-month size. Buy at least three or four. It will be convenient to have two or three more, especially if you don't have a washer and dryer. If you cut or pull off the tags, they won't irritate your baby's neck.

Stretch suits can work for day or night. Check the insides of the feet regularly. They can collect hair, which can wind around the baby's toes and be painful. Sweaters are useful to add extra warmth. Be sure that the neck opening has sufficient give or that there are shoulder snaps, well-secured buttons, or zippers up the back

to adjust the fit.

Knitted acrylic or cotton caps are all right for going outdoors in the kind of weather that makes grown-ups put on caps or for sleeping in an equally cold room. Avoid using caps that are too large at night, because they can cover the baby's face as she moves around while sleeping. For milder weather caps are unnecessary; most babies don't like them anyway. You don't need booties and stockings, at least until your baby is sitting up and playing around in a cold house. Dresses make a baby look pretty but are otherwise unnecessary and are bothersome to the baby and the parent. A sun hat with a chin strap to keep it on is useful for the baby who will tolerate it. See page 115 about shoes.

Some parents find good used clothes or hand-me-downs a good choice for rapidly growing children. Watch out for scratchy lace close to the face and arms; it can make even an adult irritable. Headbands are cute, but if they're too tight or itchy (or if a ponytail is too tight), they can hurt the head. Most important, be on the lookout for any loose buttons or decorations that can pose a choking hazard and ribbons and cords that can get wrapped around a baby's arms or neck.

Toiletries and medical. Any mild soap will do for the bath. Avoid liquid baby soaps and deodorant soaps; they may cause rashes. For all but the most soiled areas, plain water works fine. There are "no-tears" shampoos that are gentle on babies' eyes. Cotton balls are useful at bath time for wiping the baby's eyes. Baby lotion is not really necessary unless your child's skin is dry, although it's pleasant to rub it on, and babies love massage. Many parents now prefer to use creams and lotions that don't have scent or color added. They often cost less than the usual baby products.

Baby oils, most made of mineral oil, have been used extensively for dry or normal skin or for diaper rash. But tests have shown that mineral oil itself may cause a very mild rash in some babies, so it is sensible not to use it routinely unless you find by testing that it has more advantage than disadvantage in your baby's case.

Baby talcum powder should be avoided because it is irritating to the lungs and can cause significant problems if inhaled. If you need powder, baby powder that is pure cornstarch is safer.

An ointment containing lanolin and petrolatum, in a tube or jar, protects the skin when there is diaper rash. Pure petrolatum jelly also works well, but it can be messy.

Infant nail scissors have blunted ends. Many parents find infant nail clippers easier to use and less likely to cut the baby. I prefer using a nail file: there's no chance of drawing blood, and files don't leave jagged edges that can cause scratches.

You'll need a thermometer to take your baby's temperature, in case of illness. Digital thermometers cost about $10, are fast, accurate, easy to use, and safe. High-tech ear thermometers are less accurate and much more expensive. Old-style thermometers that contain mercury aren't safe. If you have one already, don't just throw it in the garbage; call your local sanitation department for proper disposal.

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If the mucus from a cold is interfering with feeding, a child's nose syringe with bulb suction is helpful to remove it. See page 799 for other items to keep in your medicine cabinet.

Feeding Equipment. If you're planning to breast-feed, you may not need any equipment other than yourself. Many nursing mothers find that it's also helpful to have a breast pump (see page 278). Hand-operated pumps

are often slow and tiring to use; good motorized pumps are expensive but can be rented from medical supply stores, and many hospitals have programs that loan out pumps at low cost. If you pump, you'll need a few (at least three or four) plastic bottles to store the milk and the nipples to go with them. Breast pads, nursing bras, nipple shields, and other items are described in the breast-feeding section (page 242).

If you know ahead of time that your baby is going to bottle-feed, buy at least nine of the eight-ounce bottles. In the beginning you will use six to eight a day for the formula. Plastic bottles don't break when adults -- or babies -- drop them. You'll need to have a bottle brush, too. For water and juice (not needed in the first months), some parents prefer to use four-ounce bottles. Buy a few extra nipples, in case you are having trouble making the nipple holes the right size. There are all kinds of specially shaped nipples but no scientific proof for the claims made by their manufacturers. Some nipples withstand boiling and wear and tear better than others. Be sure to follow instructions on when to replace old nipples.

You don't need to sterilize baby bottles if your tap water is safe to drink (see page 288 on sterilization).

It is no longer considered necessary to warm a baby's bottle, although most babies prefer their formula at least room temperature. Hot water in a pot works well. An electric warmer is handy when the hot-water supply is undependable. There is a special warmer that plugs into an automobile cigarette lighter. Never warm a baby's bottle in a microwave oven: Hot spots in the milk can be scalding even when the bottle feels cool. Always test the milk temperature on the underside of your wrist.

Small round bibs are useful for keeping drool off clothes. For the mess that babies or children always make with their solid food, they need a large bib of plastic, nylon, or terry (or a combination), preferably with a pocket along the lower edge to catch the food that comes running down. A formed plastic bib with a food catcher on the bottom is easily rinsed. A terry bib can also be used for wiping the face -- if you can find a dry corner. Bibs make wonderful gifts.

Pacifiers. If you decide to use them, three or four will do (see page 63). The practice of blocking up a baby bottle nipple with cotton or paper and using it as a pacifier is dangerous, because the contraption can easily fall apart, leaving little pieces that are a choking hazard.

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