

DC NEW MOM MANUAL '08

From Your Pregnancy Test to Returning to Work...

FEATURING TOP TEN LISTS ON:

- ❖ What to Ask Your Doctor?
- ❖ Which Hospital is Best?
- ❖ How to Pick Healthy Foods?
- ❖ Why Breastfeed?
- ❖ Circumcise or Not?
- ❖ How to Keep Your Child Safe?
- ❖ When to Tell Your Boss?
- ❖ How to Find Childcare?
- ❖ How to Pump at Work?

The
Ultimate
Free Guide
for
Mothers in
the
District of
Columbia

by Shel Lyons

A Mothers' Rights Network Publication

This Guide Belongs to:

DC NEW MOM MANUAL '08

© © © ©

distributed by

Mothers' Rights Network...

<http://MothersWork.Org/>

...because a mother's work is never done



BY SHEL LYONS

Copyright © 2008 by Shel Lyons

Any portion of this book may be reproduced – mechanically, electronically, or by any another means, including photocopying – without written permission of the author or the publisher as long as there is no financial or other gain. No portion of this book, including any reproduction, may be sold for any amount of profit. It is solely for **free** distribution.

Mother's Rights Network
Washington, DC
www.MothersWork.org
Printed in the United States of America
First printing June 2008

TABLE OF CONTENTS...

How to Use This Manual

A List of Your Rights

Books with More Information

Other Organizations in DC

When You Need More Help

I. YOUR MEDICAL RIGHTS

DOCTOR/MIDWIFE (10 Questions You Must Ask)

HOSPITALS (How to Choose a Safe Birth Place)

BIRTH CLASS (Birth Plans and Other Preparations)

BREASTMILK (Why You Should Not Bottle Feed)

YOUR BABY (Co-sleeping, Cloth diapers, & Circumcision)

II. YOUR CONSUMER RIGHTS

FDA (Infant Formula, Nitrates, and Mercury)

USDA (Organic Fruits & Meats - What to Know)

CPSC (Consumer Product Safety Commission)

DC WATER (Lead, Chlorine, and Other Dangers)

YOUR HOME (From Plastic to Pennies)

III. YOUR WORKPLACE RIGHTS

YOUR RIGHTS (How to Tell Your Boss Your Pregnant)

CHILDCARE (Visiting Your Baby During the Day)

BREASTPUMP (How to Care for Your Baby at Work)

FLEXIBILITY (How to Ask Your Boss to Work Part-Time)

WORKLIFE (Balance, Budgets, & Baby)

About the Mothers' Rights Network

<http://www.MothersWork.Org/>

HOW TO USE THIS MANUAL...

Congratulations!

You recently found out that you are pregnant and many people will share your happiness over the next nine months. **Pregnancy can be a wonderful experience, but it also may be a nerve-racking and overwhelming period.** Use this manual as a guide to help you sort through three very separate areas of life that come together with the choices you will make during pregnancy: medical issues, consumer problems, and workplace policies.

Reading this Manual...

Each section is labeled (**Medical Rights, Consumer Rights, and Workplace Rights**). Within each section, you will find top ten lists to help you ask medical questions, childproof your home, and tell your boss you are pregnant. Although this manual aims to provide a single resource in these three areas, it also is small enough to carry with you to prenatal appointments, the grocery store, and your place of employment. Where you need more information, see the list of organizations and books.

Using this Manual...

Once you discover you are pregnant, you suddenly must find a doctor or midwife to deliver your baby, evaluate whether DC water is safe for you to drink, and decide how to tell your boss about your future new addition. **After childbirth, you are faced with some of the hardest decisions of your life, particularly how to succeed in your career while making time for your child, as well as childcare options and nutrition while nursing and working.** You must deal with many new stresses, including budgeting for another person and working on little sleep. While you survive emotional strains of pregnancy, breastfeeding, returning to work, finding childcare, and balancing life, this manual offers information, as well as referrals to other resources in DC for additional support or possible legal help if your rights are violated.

A LIST OF YOUR RIGHTS...

You have the medical right to...

- Choose your doctor or midwife
- Know the c-section rate of your doctor or midwife
- Know the vacation plans of your caretaker near your due date
- Visit staff affiliated with the office of your doctor or midwife who may deliver your baby if your doctor or midwife is unavailable
- Know who is delivering your baby and their qualifications
- View and have your and your child's complete medical records
- Refuse an epidural, induction, or c-section
- Visit the hospital where you plan to deliver your baby
- Choose who attends your labor and birth
- Choose your position for labor and birth
- Have your child "room-in" with you at the hospital at all times
- Be informed of any risks or hazards to yourself or your unborn infant from any drug or medical procedure during pregnancy or labor
- Enroll in childbirth education classes to prepare you for birth
- Create your birth plan as you see fit and have your birth plan respected by the staff assisting with your labor
- Breastfeed your baby immediately and according to your baby's needs, rather than according to the hospital schedule
- Protect your child from an unnecessary circumcision

You have the consumer right to...

- Choose the food, vitamins, and medicine you consume
- Know the risks of infant formula for yourself and your infant
- Breastfeed in all public areas, including restaurants and airports
- Test the water and paint in your house for lead
- Refuse toys that you think are unsafe for you child

You have the workplace right to...

- Inform your supervisor that you are pregnant when you choose
- Take time off from work to recover from the birth
- Take 12-weeks leave under the Family & Medical Leave Act (**FMLA**)
- Choose your childcare provider
- Instruct childcare regarding infant formula, toys, and safety
- Pump and store breast milk at work

BOOKS W/ MORE INFO...

ON BIRTH...

Henci Goer, *Thinking Woman's Guide to a Better Birth*

Erick Ingraham, *Natural Childbirth the Bradley Way*

William Sears, M.D., *The Birth Book*

ON BREASTFEEDING...

Marvin Eiger, *The Complete Book of Breastfeeding*

Suzanne Fredregill, *The Everything Breastfeeding Book*

Kathleen Huggins, *Nursing Mother's Companion*

Karen Pryor, *Nursing Your Baby*

ON RETURNING TO WORK...

Cate Colburn-Smith, *The Milk Memos*

Linda Mason, *The Working Mother's Guide to Life*

Joan Blades, *Motherhood Manifesto*

ON INFANT CARE...

William Sears, M.D., *The Baby Book*

William Sears, M.D., *The Vaccine Book*

Libraries in Washington, DC

Main Library

901 G Street NW, Washington, D.C. 20001

(202) 727-0321

Northeast

330 7th Street, NE, Washington, D.C. 20002

(202) 698-3320

Southwest

900 Wesley Place, SW, Washington, D.C. 20024

(202) 724-4752

Southeast

403 7th Street, SE, Washington, D.C. 20003

(202) 698-3377

For a complete list of locations, visit <http://dclibrary.org>.

OTHER ORGANIZATIONS IN DC

PRENATAL & BIRTH CARE PROVIDERS

Family Health and Birth Center

(202) 398-5520 <http://www.developingfamilies.org>

Mary's Center for Maternal & Child Care *se habla español*

(202) 483-8196 <http://www.maryscenter.org>

PREGNANCY & NUTRITION QUESTIONS

National Women's Health Network

(202) 347-1140 <http://www.nwhn.org>

Teen Alliance for Prepared Parenting (TAPP)

(202) 877-0748 <http://www.teenparentdc.org>

BREASTFEEDING HELP & QUESTIONS

Breastfeeding Center for Greater Washington

(202) 293 - 5182 <http://www.breastfeedingcenter.org>

Women, Infants & Children (WIC)

(202) 645-4663 <http://www.fns.usda.gov/wic/>

DC LaLeche League

(202) 269-4444 <http://www.llofmd-de-dc.org>

African-American Breastfeeding Alliance

(877) 532-8535 <http://www.aabaonline.com>

Healthy Babies Project

(202) 396-2809 <http://www.healthybabiesproject.org>

LEAD IN WATER, PAINT OR TOYS

EPA's Safe Drinking Water

(800) 426-4791 <http://www.epa.gov/safewater/>

DC WASA Lead Services

(202) 787-2732 waterquality@dcwasa.com

DC Department of Health

(202) 671-5000 <http://www.dchealth.dc.gov/>

HELP!

Many pregnant women have more than pregnancy on their plate. Here are five common other problems and resources for more information:

1) Abuse: Physical, Mental, and Emotional

When you are abused, your unborn child may be at risk.

A pregnant woman's risk of abusive violence is 60.6% greater than that of a non-pregnant woman.

Eli H. Newberger, *Abuse of Pregnant Women and Adverse Birth Outcome*, 267 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 17 (1992) at 2370-72

One organization to contact is:

My Sister's Place

24-hour hotline: (202) 529-5991

<http://www.mysistersplacedc.org/>

2) Drugs: Alcohol, Nicotine, & Others

Alcohol is the leading cause of birth defects. All drugs should be avoided unless they are medically necessary.

Over 90% of pregnant women take prescription or over-the-counter drugs or use social drugs, including cigarettes and alcohol, during pregnancy.

Merck, Drug Use During Pregnancy, available at <http://www.merck.com/mmhe/sec22/ch259/ch259a.html>.

If you are drinking alcohol or using drugs and cannot find the will to stop, one organization to contact is:

So Others Might Eat (SOME)

71 O Street, NW, Washington, DC 20001

(202) 797-8806 behavioral@some.org

3) Bills: Rent, Medical, & Childcare

You should be worrying about the health of your baby, not the cost of your baby, but for the millions of Americans without insurance or from other financial strains, bills pile up.

47 million Americans are without health insurance.

U.S. Census Bureau (2006), available at <http://www.census.gov/hhes/www/hlthins/hlthin06.html>.

Even mothers with health insurance can expect to pay deductibles and other costs related to childbirth. The average hospital bill is \$5,000-

\$10,000 for a vaginal delivery and an additional \$2,000-\$7,000 for a c-section. If you use disposable diapers instead of cloth diapers, expect to pay an additional \$1,500 for diapers for the first year; if you use formula instead of breast milk, expect to pay an additional \$1,500 for formula and bottles the first year.

For help with medical, grocery, rent, or other bills, one organization to contact is:

Bread for the City

1525 Seventh Street, NW, Washington, D.C. 20001

(202) 265-2400 info@breadforthecity.org

1640 Good Hope Road, SE, Washington, DC 20020

(202) 561-8587

<http://www.breadforthecity.org>

4) Father: Marriage & Child Support

You have a right to child support from the father of your baby whether or not you are married to the father.

37% of babies in the U.S. are born to unwed mothers.

National Center for Health Statistics (2005), available at

<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths05/prelimbirths05.htm>.

One organization to contact is:

Legal Aid Society of DC

1331 H Street, NW Suite 350, Washington, DC 20005

(202) 628-1161

<http://www.legalaiddc.org>

5) Next Step: Education & Training

If you are in high school, college, or another training program, you may think you can no longer pursue your educational goals. There are options for in completing school for new mothers, including accelerated courses at night, independent study at home, a special school or tutor, and taking an exam to obtain your GED (the equivalent of a diploma). You can enter a technical training institute, college, or the job force after high school. Many colleges have childcare.

Talk to your high school or college career counselor, or contact:

Teen Alliance for Prepared Parenting (TAPP)

(202) 877-0748

<http://www.teenparentdc.org>

MEDICAL RIGHTS

Questions

How dangerous is pregnancy and labor? What do I need to eat? Do I need to breastfeed? Do I need to circumcise my newborn son?

Reasons for Concern

The change in focus by hospitals, insurance carriers, doctors, and nurses has led to substantial increases in the rates of inductions, epidurals, c-sections, and related complications from these medical interventions during labor and birth. **The c-section rates (number of cesarean surgeries) and maternal mortality rates (number of moms dying in childbirth) are rising in the United States.** In 1965, the c-section rate in the U.S. was 4.5%; in 1975, the rate was 10.4% and in 1988, the rate was 24.7%. Today, the rate is 30.2% - over 700% higher than 1965! These rising rates in the United States far outpace the rest of the developed world. Compare the rates of the developed world:

<u>C-section Rates</u>	
Japan	7%
Switzerland	10%
Netherlands	14%
France	16%
Norway	16%
Belgium	16%
Finland	16%
Britain	17%
Sweden	17%
Iceland	17%
Denmark	18%
Canada	19%
Australia	21%
Germany	22%
U.S.A.	30%

Statistics, WHO (2006), available at <http://www.who.int/whosis/whostat2006.pdf> (except Japan & USA); Center for Disease Control (Japan), available at <http://www.cdc.gov/nchs/vitalstats.htm>, National Center for Health Statistics (2005) (USA), available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths05/prelimbirths05.htm>

Excessively high c-section rates in the United States has led to recommendations for Congressional investigations and legitimate concerns about the **entire** birthing process. Pregnant mothers must have the opportunity to and guidance in developing birth plans that include their preferences for types of pain relievers, fetal monitors, drugs to speed-up labor, who is present in the room, who cuts the umbilical cord, positions in labor, and more. Moreover, these birth plans must be respected, particularly with unnecessary medical interventions, when doing so would not put the mother and child are at any additional risk. **In countries where the mothers have access to mother-friendly care, mothers and infants have a lower risk of death than in the United States.** The current state of the birth process in the United States increases risk to the mother and child as reflected in our maternal and infant mortality rates:

<u>Under-5 Mortality</u>	
(Per 1,000 Births)	
Japan	4
Switzerland	5
Netherlands	5
France	5
Norway	4
Belgium	5
Finland	4
Britain	6
Iceland	3
Denmark	5
Sweden	4
Canada	6
Australia	5
Germany	5
U.S.A.	8

<u>Maternal Mortality</u>	
(Per 100,000 Births)	
Japan	10
Switzerland	7
Netherlands	16
France	17
Norway	10
Belgium	10
Finland	5
Britain	11
Iceland	0
Denmark	7
Sweden	8
Canada	5
Australia	6
Germany	9
U.S.A.	14

Statistics, WHO (2006), available at <http://www.who.int/whosis/whostat2006.pdf>.

% GDP on healthcare	
Japan	8.0
Switzerland	11.6
Netherlands	9.2
France	10.5
Norway	9.7
Belgium	10.1
Finland	7.5
Britain	8.3
Iceland	10.2
Denmark	8.9
Sweden	9.1
Canada	9.9
Australia	9.2
Germany	10.9
U.S.A.	15.3

Additional interventions result in higher medical costs. In 2005, the U.S. spent \$2 trillion on health care, which represented 16% of the gross domestic product (GDP). **The U.S. has higher medical costs than most of the developed world.** 66% of all hospital revenue in the U.S. comes from hospital births, 33% of births in the U.S. are via c-section delivery, and c-sections cost \$2,000 to \$7,000 additional per birth. In 2004, there were 4.1 million babies born in the U.S., and 1.2 million were born via c-section deliveries. C-sections thus represented a \$6 billion cost.

Organization for Economic Co-operation and Development, OECD in Figures 2006-2007, available at http://www.oecdobserver.org/news/get_file.php3/id/25/file/OECDInFigures2006-2007.PDF; Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats <http://209.217.72.34/VitalStats/TableViewer/tableView.aspx?ReportId=321>.

Overview

This section provides information when looking for a doctor or midwife, deciding on a hospital or birth place, finding a birth education class, learning to breastfeed, and figuring out cloth diapers, co-sleeping and circumcision. It will tell give you ideas on types of questions to ask your doctor or midwife and space to record the answers. It will also walk you through factors when visiting your hospital or birth place, whether on an official tour or on your own.

Remember that many new mothers decide to birth with a midwife instead of a doctor, just like many mothers decide to birth at a birth center or their own home instead of at a hospital. This section does not assume that you have chosen one over the other. Low-risk patients who choose nurse midwives for their obstetrical care have fewer c-sections, receive less anesthesia, have a much lower rate of episiotomy and incur less expense, compared to similar women who choose physicians for their care. To find a midwife, visit <http://www.midwife.org/>.

DOCTOR/MIDWIFE: 10 QUESTIONS TO ASK

Doctors, midwives, nurses, insurers, hospital administrators and patients all have different opinions on the best way to go about having a baby. You should find a doctor or midwife who makes you feel comfortable and who agrees with you on a range of issues, including whether to use drugs during labor; when to perform episiotomies; the dangers of elective inductions and c-sections; and what to do if your due date has past. To determine your practitioner's normal practice, here are 10 questions to ask over the telephone or in person:

1. What is your cesarean section (c-section) rate?

There are many ways to reduce your risk of a c-section. One of the most important ways is to find a doctor or midwife with a low c-section rate. According to the World Health Organization, the rate should be between 5-15%. You are at greatest risk of an unnecessary c-section if your doctor regularly performs unnecessary c-sections. In addition, your practitioner should have a Vaginal Birth After C-section (**VBAC**) rate of at least 60%.

What is a c-section? A c-section is a procedure where the baby is extracted through a cut in the uterus instead of being born vaginally. It is **major abdominal surgery** and can add risk to the pregnancy **when unneeded**, including infections, hemorrhage, transfusion, injury to other organs, anesthesia complications, and psychological complications. Mothers have a two to four times greater chance of dying from a c-section than from a vaginal birth. C-sections cost significantly more than a vaginal birth.

2. What is your episiotomy rate?

Your risk of an episiotomy is directly related to the preference of your doctor or midwife. If your doctor or midwife performs episiotomies on 100% of his or her patients, every patient will end up with an episiotomy. Find a doctor or midwife with an episiotomy rate below 20%.

· **epi-si-o-to-my: a cut to enlarge the vagina that is needed in rare cases but otherwise results in unnecessary pain and risk** ·

3. What is your background in nutrition?

Nutrition is very important during pregnancy to allow for a healthy labor and birth. Excess fat and insufficient protein has shown to lead to numerous problems during pregnancy including early labor. Your doctor or midwife should have some background in nutrition or regularly refer his or her patients to a nutritionist to make certain you are receiving adequate information.

4. Do you routinely circumcise newborns?

Circumcision is **medically unnecessary surgery**, often done without anesthesia (pain relief), that causes extreme pain for the infant. To avoid misinformation from your doctor in this surgery, try to find a doctor that refuses to circumcise newborns except in rare cases, such as religious and medical reasons.

· **circumcision: cutting off the foreskin of a penis containing between 10,000 and 20,000 nerve endings** ·

5. What are your views on breastfeeding?

Breastfeeding has been unequivocally proven to provide health benefits to both the mother and child. The World Health Organization recommends breastfeeding until the child is at least two years old. If your doctor supports breastfeeding, he or she is also more likely to support “rooming in” at the hospital and immediate skin-on-skin contact, because these practices have been shown to bolster breastfeeding.

6. How often and how long will we meet?

Some practitioners take on overly heavy loads and limit appointments to 5-10 minutes. However, your appointments should last 20-45 minutes and you should meet every month until you are 7 months pregnant and then every 1-3 weeks. Your doctor or midwife needs to have time set aside to answer any questions you may have between appointments, including issues of nutrition, depression, and other concerns.

7. What are your vacation plans around my due date?

You have the right to know whether your doctor or midwife plans to be away around your due date. If your doctor or midwife will be on vacation, someone you have never met may be assisting in your labor. You have the right to decide whether you would prefer someone whose vacation plans do not coincide with the time you are expecting your baby. Remember that due dates are often off by two weeks or more, so be sure to ask about your “due month.”

8. What birth classes do you recommend?

Your doctor or midwife should be able to recommend an **independent** class, separate from the hospital and your provider, so you can ask honest questions and get frank responses. The class should meet 5 times or more. The instructor should discuss normal births, nutrition, pain-management techniques, various labor positions, and labor preparation exercises. A doctor or midwife that does not encourage you to take a class does not want you to be prepared for a natural labor. If you have not seen a natural, normal labor progress, you need to take a class to educate yourself and prepare yourself for the difficulties of labor.

9. With what hospital and practices are you affiliated?

Every hospital has different policies. You need to know where your doctor has privileges so that you can determine if you want to deliver at that hospital. Also, many doctors work with doctors from different offices, and a doctor you have never met from an affiliated office may be on call the day that you go into labor and may be assisting you with your child's birth.

10. How do you help with postpartum depression?

Postpartum depression affects 10% of mothers. If a doctor or midwife dismisses this concern as unlikely or unimportant, you need to find a doctor or midwife who will support you and be familiar with this difficult and sometimes dangerous stage.

HOSPITALS: 10 ISSUES TO CONSIDER

Whether you birth at a birth center, a hospital, or your home with a home birth service, here are...

Ten Questions to Ask Your Hospital

1. Who can be with me during labor and birth?

You have the right to decide who you want to be with you during labor and birth. This may include the child's father, your partner, your other children, your family members, and your friends. You also have the right to have your own birth assistant or doula with you.

2. What happens during a normal labor and birth?

You have a right to know every part of the birthing process, including whether they give drugs to induce or speed-up labor, and what drugs or other methods they use to handle the pain of labor. You have a right to know: A) how often they induce (artificially start or speed-up) labor; B) how often they perform episiotomies; C) how often they perform c-sections; and D) how often mothers with prior c-sections have vaginal deliveries.

Your birth place should **not**: A) induce labor in more than 1 in 10 women (10%); B) do an episiotomy on more than 1 in 5 women (20%); C) do c-sections on more than 1 in 10 women (10%) in a normal setting, or in more than 15% in a high-risk setting; and D) do c-sections on more than 40% of mothers with previous c-sections.

3. How do you allow for differences in culture?

Your birth place you choose should be sensitive to your culture. For example, you may have a custom that only women may be with you during labor and birth, or your beliefs may include a religious ritual to be done after birth. There are many other examples that may be very important to you. The place you choose to birth your baby should support you in your choices.

4. Can I walk and move around during labor?

The hospital or birth place you choose should allow you to walk around and move during labor. You should be able to choose the positions that are most comfortable and work best for you during labor and birth unless there are medical reasons for you to be in a certain position. **You should not be flat on your back with your legs up in stirrups during the entire labor and birth of your child.**

5. How do you make sure everything goes smoothly?

Your hospital or birth place should have a plan to help you keep in touch with the people who are caring for you, including your doctor and midwife. In addition, the hospital or birth place should help you find people or agencies in your community to help you with breastfeeding, for example.

6. What things do you do to a woman in labor?

Your hospital or birth place should not break the bag of waters before you are fully dilated. The staff should not keep track of the baby's heart rate all the time with a machine (called an **electronic fetal monitor** or **EFM**), but the staff should instead listen to the baby's heart from time to time (intermittent fetal monitoring). EFM is inaccurate up to 40-60 percent of the time, leading to unnecessary c-sections. Over 70 percent of babies delivered by c-section for distress shown by the monitor showed no distress at birth, indicating that those c-sections were probably unnecessary. Your hospital or birth place should not use an IV (a needle put into your vein to give you fluids), but you should instead eat and drink during labor if you can. If your birth center, hospital, or home birth service does these things for most of the mothers, you should consider finding another hospital or birth center.

7. How do you help mothers stay as comfortable?

Your hospital or birth center should help you cope with labor in other ways than using drugs, such as changing your position, relaxing in a warm bath, having a massage, and using music. The staff should not persuade you to use a drug for pain unless you need it, because all drugs affect your baby.

8. What if my baby is born early or has other problems?

Your birth place should encourage and allow you to touch, hold, breastfeed, and care for your newborn infant as much as possible. The staff should encourage this bonding time even if your baby is born early or has a medical problem at birth, unless there are extreme, unusual medical reasons you should not hold and care for your baby.

9. Do you circumcise baby boys?

Medical research does not show any need to circumcise newborns. It is extremely painful and risky. Your hospital or birth place should discourage circumcision unless it is for serious religious considerations. If your hospital or birth place encourages circumcision or misinforms you that circumcision is medically beneficial, consider another birth place.

10. How do you help mothers breastfeed?

Your birth place should help you breastfeed your infant by:

- A) Having a written policy on breastfeeding that is communicated and taught to all staff, so that all staff has been trained with skills needed to implement the policy;
- B) Explaining the benefits of breastfeeding;
- C) Helping you start breastfeeding within 30 minutes after birth;
- D) Showing you how to breastfeed, and how to keep your milk supply strong even if you have to be away for work or other reasons;
- E) Explaining that your infant **ideally** should have only breast milk for the first six months of your child's life (if you can breastfeed);
- F) Encouraging and allowing you and your baby to stay together all day and all night (called "**rooming-in**");
- G) Encouraging you to feed your baby whenever he or she wants to nurse (called "**on demand**"), rather than at certain times on a schedule that your baby does not know and does not follow;
- H) Encouraging you to join a group of mothers who breastfeed and telling you how to contact a group near you;
- I) **Never** giving your newborn infant a pacifier; and,
- J) **Never** giving you or your infant formula for free or for a fee.

10 steps, WHO-UNICEF, available at

<http://www.unicef.org/programme/breastfeeding/baby.htm>.

BIRTH CLASS: BIRTH PLANS & OTHER PREP

1. BIRTH CLASS

First, learn the difference between childbirth classes. Two popular class choices are Lamaze (<http://www.lamaze.org>) and Bradley (<http://www.bradleybirth.com>). HypnoBirthing (<http://www.hypnobirthing.com>) and Birthing From Within (<http://www.birthingfromwithin.com>) are less well known philosophies, but they also work well for many moms. You should choose a class that meets for at least 5 weeks so you can learn and remember the information. Ask what topics are covered, whether you will watch videos of births, whether you will practice breathing techniques, and the statistics (such as the c-section rate) for mothers who finish the course. You want a class that is **independent** from the hospital and doctor to get an impartial perspective. The class needs to cover pain-management techniques (**not** just drugs), like laying in water, yelling, and changing position.

2. PRENATAL YOGA & OTHER EXERCISES

Yoga helps with breathing, relaxation, and stretching to prepare you for birth, but many exercises can be done on your own: 1) sit cross-legged (to open your hips) even when sitting on a chair; 2) sit in the “butterfly” position with your feet touching and your knees towards the ground (to open your hips); 3) squat instead of bending from the back (to strengthen and open your hips) and sit in a squat; 4) “cat-cow” where you are on your hands and knees and you alternately arch and bend your back (to help turn your baby to an ideal position); and 5) kegels where you flex the muscle you use to control peeing (exercises the same muscle you use in labor). **Exercise daily!**

3. BIRTH PLAN

You have a right to create your own birth plan, including who you want at the birth and who you don't want there, as well as preferences for music, candles, photography and massage. You can edit the sample on the next page for your own needs.

4. BREASTFEEDING RESOURCES

It is useful to read a book on breastfeeding or to take a quick class on breastfeeding before your baby's birth. Breastfeeding is very challenging and although it is the best food for your baby, if you are not prepared for breastfeeding before your baby's birth, you may end up stopping before you or your baby is ready.

5. NUTRITION

Nutrition is the most important part of pregnancy. With the right nutrition, your baby will grow healthy and strong, and the risk of complications decrease. Limit your intake of fatty foods (fast food, butter, oils, and fatty meats) to 3 tablespoons of fat or oils per day and increase your intake of lean protein (eggs, tofu, chicken, beef) to **60-100 grams per day**. You will also need two servings of leafy green vegetables (lettuce or spinach), four servings of whole grains (bread, pasta, rice), and four servings of milk products (milk, cheese, yogurt) daily.

Drink at least eight glasses of water every day. Studies show that nutrition alone can prevent toxemia, pre-eclampsia, HELLP syndrome, premature birth, low birth weight, and intrauterine growth retardation. For more information, visit <http://www.blueribbonbaby.org>. Most women find it helpful to record their diet on a nutritional journal and there is one provided after the birth plan for you to copy and use.

BIRTH PLAN FOR _____ (YOUR NAME)

Today's Date: _____ (date)
Due Date: _____ (your due date)
Scheduled to Deliver At: _____ (your birth place)

Dear _____ (doctor's name or midwife's name):

I look forward to sharing my upcoming birth with you. I have created the following birth plan to help you understand my preferences for my upcoming labor and delivery. I fully understand that in certain circumstances, these guidelines may not be followed, but it is my hope that you will respect my wishes for childbirth. If you have any questions or suggestions, please let me know.

I want to move around during labor and choose the position I give birth.
I would like to be able to drink and eat during labor. I do not want an IV.
I would prefer to keep the number of vaginal exams to a minimum.
I do not want continuous fetal monitoring (EFM) or an internal monitor.
I do not want the amniotic membrane ruptured artificially.
I will try other positions and nipple stimulation before using pitocin.
I want anesthesia available only if I request it (please do not offer it).
I would prefer not to have an episiotomy unless absolutely required.
I would like a mirror available to see my child's head during labor.
Even if I am fully dilated, I want to wait until I feel the urge to push.
Please place my child on my stomach/chest immediately after delivery.
My husband, partner, self (circle) will cut the cord with delayed cutting.
I would like to have my child examined in my presence.
I do not want my child bathed after birth. (I will wipe him/her off.)
I do not want a catheter (a tube to drain urine). I want to pee on my own.
Do not give any bottles or pacifiers to my child (including glucose water).
If one doctor determines a c-section is needed, I want a second opinion.
If my child must be taken from me to receive medical treatment, my husband, my partner, my doula (circle) will be with him/her at all times.
My support people are my husband, partner, doula, mom, friend (circle as needed) and I would like them to be present during labor and delivery.

Sincerely,

NUTRITIONAL JOURNAL



DAILY record what & when you ate	PROTEIN COUNT add it up
MILK (4 servings)	(about 8 grams of protein each)
1.	
2.	
3.	
4.	
EGGS (2 large eggs)	(about 6 grams of protein each)
1.	
2.	
PROTEIN/MEAT (2 servings)	(about 25 grams of protein each)
1.	
2.	
LEAFY VEGETABLE (2 servings)	(under 1 gram of protein)
1.	
2.	
WHOLE GRAINS (4 servings)	(about 2 grams of protein each)
1.	
2.	
3.	
4.	
VITAMIN C (1 serving)	(under 1 gram of protein)
1.	
FATS/OILS (3 tablespoons)	(under 1 gram of protein)
1.	
FRUITS (1 serving)	(under 1 gram of protein)
1.	
WATER (8 glasses – check off)	ð ð ð ð ð ð ð ð
PRENATAL VITAMIN (don't forget)	ð
WEEKLY	
YELLOW/ORANGE FRUIT/VEG (5)	ð ð ð ð ð
WHOLE BAKED POTATO (3)	ð ð ð

AMOUNT OF PROTEIN IN SOME FOODS

Check the food containers for more accurate protein counts or use the list below for an approximate count for your nutritional journal:

Meat and Fish

Most meat and fish	7 grams of protein per oz
Hamburger patty, 4 oz	28 grams
Steak, 6 oz	42 grams
Chicken breast, 3.5 oz	30 grams
Chicken thigh	10 grams
Drumstick	11 grams
Tuna, 6 oz can	40 grams
Pork chop	22 grams
Pork loin or tenderloin, 4 oz	29 grams
Ham, 3 oz serving	19 grams
Bacon, 1 slice	3 grams
Canadian-style bacon, slice	5 grams

Eggs and Dairy

Egg, large	6 grams
Milk, 1 cup	8 grams
Cottage cheese, ½ cup	15 grams
Yogurt, 1 cup	10 grams
Soft cheeses (Mozzarella, Brie)	6 grams per oz
Medium cheeses (Cheddar, Swiss)	7 grams per oz
Hard cheeses (Parmesan)	10 grams per oz

Tofu, Beans, and Nuts

Tofu, ½ cup	20 grams
Tofu, 1 oz	2.3 grams
Soy milk, 1 cup	8 grams
Most beans, ½ cup cooked	8 grams
Soy beans, ½ cup cooked	14 grams
Split peas, ½ cup cooked	8 grams
Peanut butter, 2 tablespoons	8 grams
Almonds, ¼ cup	8 grams
Peanuts, ¼ cup	9 grams
Sunflower seeds, ¼ cup	6 grams

BREAST MILK: WHY YOU SHOULD NOT BOTTLE FEED

Some women choose not to breastfeed or cannot breastfeed, and even women who want to breastfeed are forced to pump breast milk when they return to work. **Consider these 6 factors of bottle-feeding.**

1. Formula contains corn syrup and oils, along with many chemicals. These ingredients are **not** ideal food for a newborn infant. If you choose to use formula, compare ingredients and nutritional information. Only breast milk is ideal food for your infant.
2. Most formula is either cow's milk-based or soy milk-based. While these formulas offer the *closest* alternative available to breast milk, they are **not** close to breast milk. Formula is difficult to digest. While your child may seem full, she or he is actually absorbing less nutrients.
3. Pre-made formula often comes in plastic bottles. These plastic bottles often contain a chemical called BPA, which may cause dangerous health problems for your newborn. To avoid exposing yourself or your newborn to this chemical, never buy formula in plastic bottles.
4. Most baby bottles also contain BPA. This chemical can be a risk for bottling feeding your newborn, whether you use formula or breast milk. To avoid exposure, always use glass bottles when bottle feeding your newborn. Remember that it is always better to feed your newborn fresh pumped breast milk (or even defrosted pumped breast milk) than formula, since breast milk is the ideal food for an infant.
5. Bottle-feeding offers less stimulation for your baby because bottles are always the same touch and visual appearance. This downfall is especially true if you prop up your baby with the bottle instead of holding him or her. If you bottle feed, you can avoid this loss to your baby by making sure to always have skin-to-skin contact with whoever is bottle-feeding your baby by having them lift up their shirt and holding the baby close.
6. A breast milk pump provides less stimulation than the baby for breastfeeding moms and as a result many mother's breast milk supply decreases. To avoid this problem, breastfeed longer whenever you are with your baby to maintain your supply.

Problems with bottle-feeding (with formula or pumped breast milk) can be minimized by these methods and by breastfeeding as often and as long as possible when with your child.

TEN REASONS TO BREASTFEED

1. Breast milk is the **perfect food** for your baby. It is the easiest to digest and the perfect balance of vitamins and nutrients.
2. It aids healthy brain development. Breastfeed babies have a **higher average IQ** score by 10 points.
3. It **burns postpartum calories** faster, and helps protect you against postpartum depression.
4. It **protects your newborn** against germs. Breast milk is an infection-fighting food that acts against viruses, bacteria, and intestinal parasites. Breastfeed babies have fewer colds, less diarrhea, less respiratory infections, less ear infections, less risk of pneumonia, and less risk of Sudden Infant Death Syndrome (**SIDS**).
5. It lessens the chance of breast cancer by 10% immediately and by 33% after two years for mothers. Breastfed babies are 30% less likely to get breast cancer, and have a **lower risk of other cancers**.
6. It **reduces the risk of chronic illness**. Exclusive breastfeeding for four months decreases the risk of Type I diabetes, the incidence of asthma, and the risk of eczema. Breastfed babies have less risk of obesity.
7. It gives your child **healthier teeth**. Breastfeeding decreases the incidence of dental cavities.
8. It requires **no preparation** and is always the right temperature. It is sterile, and you do not need to worry about the quality or availability of the water.
9. It is **inexpensive** and totally independent of business interests and money. Breast milk is free.
10. It is a way to **bond with your child** when you are around and to stay close by pumping breast milk when you are at work.

There are **101 reasons** at <http://www.promom.org/101/>.

Exceptions to breastfeeding may include mothers infected with HIV or AIDS. For information if you may be infected, contact:

Family Connections

111 Michigan Avenue, NW. Washington, DC 20010
(202) 884-5490 <http://www.dcchildrens.com/>

So, you want to breastfeed! Now what?

TEN WAYS TO BE SUCCESSFUL AT BREASTFEEDING

1. **Start Early:** You should breastfeed as soon as your baby is born. If there are complications that prevent you from breastfeeding your child, pump breast milk as soon as you can to maintain your supply.
2. **Get Comfortable:** Lay down in bed or sit on a comfortable chair. If you are nervous or uncomfortable, your baby can sense those feelings and may become nervous about breastfeeding.
3. **Nurse Often:** Breast milk works on a supply-demand system. If you nurse your baby often, your body will know that you need a strong supply of breast milk. If you do not regularly nurse your baby, your body will produce less breast milk.
4. **Check the Latch:** Many babies need to learn to latch onto the breast properly. Check to make sure that your baby has a good open mouth around a lot of the dark part of your breast (**areola**) and not just the nipple. If your baby's latch does not seem right, put a finger into the baby's mouth and gently release the suction, and try again!
5. **Nurse on Demand:** Offer your baby breast milk at the first sign of hunger. Do not wait until your baby becomes extremely agitated. You will produce the right amount of breast milk that your baby needs and your baby will not be frustrated when you are feeding.
6. **Offer Both Breasts:** Make sure to alternate breasts, so that you produce enough milk in both breasts and that neither breast becomes overly full or stops producing milk.
7. **Care for Your Breasts:** Keep your breasts dry and expose them to air for at least 30 minutes every day.
8. **Hold off on Bottles & Pacifiers:** Wait until your baby is 4-6 weeks old to introduce a bottle. If you are returning to work earlier, offer a bottle 2 weeks before your start date to give your baby time to adjust.
9. **Call for Help:** Ask your partner, family, and friends for help with household tasks. Call the Breastfeeding Center of Greater Washington (**1-202-293-5182**) or another organization for help.
10. **Relax:** Your baby will feel any tension you have. Create a quiet space, dim the lights, and play soft music. Breathe slowly in through your nose and out your mouth. Use your quiet voice as you gently stroke your baby.

YOUR BABY: The 3 C's

Circumcision: 10 Reasons to Bring Him Home Whole

1. Circumcision is not normal. As circumcision in the United States becomes rarer (the rate is only 50% and dropping), an intact penis is the more normal choice. Today, 95% of the world's newborn males are natural (intact) and only 5% are circumcised.

2. Circumcision is dangerous. Circumcisions are dangerous, with a 0.1 to a 35 percent complication rate, including infection and death.

3. Circumcision is mutilation. Circumcision removes the most sensitive part of the penis (and thus both the most enjoyable part during sex and the most painful part during the surgery), and the only part that naturally lubricates the penis (the inner foreskin).

4. Circumcision is painful. Circumcision is painful, because the foreskin contains over 240 feet of nerves and over 1,000 nerve endings.

5. Circumcision has long-term consequences. Circumcision has long-term consequences, both physical and emotional, for the child, and for the parent who ignores her instinct to protect her child.

6. Circumcision has no medical benefit. Circumcision does not prevent penile cancer. Remember it is more likely for your son to die of breast cancer or circumcision than penile cancer. Circumcision also does not prevent AIDS or other cancers. There is no medical benefit.

7. Circumcision is expensive. Doctors earn between \$200 and \$1000 per circumcision. If a doctor only earns \$200 for a circumcision and does ten a week for fifty weeks a year (two weeks vacation), the doctor earns an extra \$100,000 a year. Some doctors charge closer to \$1000 for the operation, earning up to \$500,000 *extra* per year.

8. Circumcision is irreversible. If you regret your decision, you can not put back on your baby's foreskin and it does not grow back.

9. Circumcision is less painful for adults. The foreskin naturally separates, so it is less painful for adults who choose the surgery, and adults receive counseling and anesthetic (pain relief).

10. Most adults never need circumcision. It is an extremely rare surgery, so chances are your son will never need one!

If you choose to circumcise: 1) wait at least 8 days (a lower risk of hemorrhaging); 2) use anesthesia (pain relief); and 3) hold your son the entire time (to ensure less trauma, never leave the room).

Co-sleeping: 10 Reasons to Co-Sleep with Your Baby

Co-sleeping is sleeping with your infant. Here are 10 benefits:

1. You will sleep better. Getting out of bed during the night to soothe or feed your child is exhausting.

2. It will help you to be a better parent. The strain of dealing with night waking makes many parents resort to brutal tactics, such as leaving babies to cry it out or placing locks on their preschoolers' doors.

3. It makes breastfeeding easier. Breastfed babies get a significant portion of their milk intake from night nursing. You will find that you can breastfeed without waking up your baby or yourself.

4. It may help to reduce the risk of SIDS. In Japan and other countries where co-sleeping is common, the rate of Sudden Infant Death Syndrome (**SIDS**) is much lower.

5. It is fun. You will enjoy being close to your newborn.

6. It helps to prevent sleep problems. Many sleep problems are the result of trying to force children to sleep alone against their will.

7. It strengthens family bonds. It offers a long stretch of time at night when the family can be together.

8. It is convenient. The family bed is convenient under normal circumstances and especially so during illness and travel. When your child is ill, you do not have to get up to care for him, and when you travel, there is no need to bring a portable cot.

9. It is safe. Leaving a small child unattended is never without risk, whether it is in a crib or elsewhere. The Consumer Products Safety Commission records approximately 40-50 crib-related deaths each year, as well as thousands of serious injuries.

10. It saves money. One of the largest and most expensive pieces of baby equipment most parents buy is a crib.

Cloth Diapers: 10 Reasons to Use Cloth Diapers

About 10% of moms use cloth instead of disposables. Here's why:

1. Your baby's comfort: Would you like to wear stiff paper or plastic underwear 24 hours a day with chlorine and other chemicals?

2. The environment: Disposables leave behind about 2.7 tons of non-biodegradable waste per child. Laundering diapers are easy!

3. Save money: Disposables cost about \$2000 per child. Cloth costs about \$250 per child plus the minimal cost of laundering them. Cloth are even cheaper if you buy them used on <http://www.diapertraders.com> or <http://www.diaperswappers.com>.

4. Easier potty training: Cloth diaper children potty train earlier, and with less effort on their parent's part.

5. Your baby's health: No one really knows what the long term effects are of polyacrylate gel in disposable diapers, but it leaches moisture from your babies skin and it is suspected of exacerbating or causing asthma.

6. Better looking: Photographers still traditionally photograph diapered babies in cloth diapers, simply because they are so much cuter.

7. More fun: There are unlimited choices today in cloth diapering.

8. Better cushioning for baby's bum: Cushy cotton provides better cushioning than a disposable.

9. Convenience: You'll never have to worry about making another late-night trip to your grocery store for a package of disposable diapers and you'll have approximately two bags less of garbage to haul to the curb every week!

10. Being a leader: Stand out from the crowd and show you care to give your baby the very best, including the way you diaper.

CONSUMER RIGHTS

Questions

What does it mean to have “nitrates” in deli meat and why can’t pregnant women eat deli meat or uncooked foods? What makes the plastic bottles for infant formula so dangerous? Do I need to buy expensive organic food to keep my newborn from ingesting pesticides and other dangerous pharmaceuticals? How can I make my home safe?

Reasons for Concern

The primary sources of lead exposure for children are deteriorating lead-based paint and lead contaminated dust and residential soil. Lead poisoning causes permanent developmental and learning disorders. More than 300,000 children in the U.S. have lead levels high enough to cause irreversible damage, according to the Centers for Disease Control. Children aged six and under are most affected. Because lead accumulates in the body, the only way to reduce the risk is to minimize exposure. Lead has been found in children’s jewelry, baby bibs, vinyl lunch boxes and clothing. In addition, many children are seriously hurt and injured from falling down stairs, carbon monoxide poisoning, electrocution, and swallowing dangerous chemicals and other household products.

Overview

This section provides a brief overview of: 1) food and drug safety; 2) the benefits of organic products; 3) the issue of lead poisoning from toys and home; 4) the safety of the District of Columbia’s public water supply; and 5) tips on childproofing your home.

FDA: Food and Drug Administration

INFANT FORMULA

The U.S. Food and Drug Administration (**FDA**) regulates infant formula on the market. If you think your infant may have a serious side effect or illness from formula, you can reach the **FDA** at <http://www.fda.gov/medwatch/report/consumer/consumer.htm> or **1-800-FDA-1088**. Contact the FDA even if you are unsure the product caused the problem or even if you and the baby do not visit a doctor to help prevent other children from getting sick.

Here are 10 other safety guidelines recommended by the FDA:

1. Look out for any **changes** in formula color, smell, or taste.
2. Check the **expiration date** on the formula container.
3. Check the formula container for **damage**.
4. Bring water (bottled water or cold tap water) to a boil, **boil water** for one minute, and then cool water before using.
5. Use formula immediately or **refrigerate**. Do not freeze.
6. Use the exact **amount of water** recommended on the label of the formula container.
7. **Sterilize bottles** before using.
8. **Never microwave** formula. Formula does not need to be warmed before serving.
9. Follow the instructions on the formula container for **storing guidelines** both before the container is open and after the container is open.
10. **Call** the manufacturer's toll-free number with any questions or concerns.

FDA, FDA 101 Infant Formula, available at <http://www.fda.gov/consumer/updates/infantformula080607.html>.

5 THINGS TO REMEMBER TO AVOID FOOD SICKNESS

1. What is food-borne illness and why am I at risk?

Food-borne illness is a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water. Symptoms vary, but in general include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick but you can still pass the illness to your unborn child without even knowing it. There are many bacteria that can cause food-borne illness (for example, **E. coli** and **Salmonella** bacteria).

Pregnant women are at high risk.

You and your baby are at high risk from some food-borne illnesses because during pregnancy your immune system may be weakened, and your baby's immune system is not developed enough to fight off harmful food-borne microorganisms.

2. What are the steps I can follow to keep me healthy?

Clean

Wash hands thoroughly with warm water and soap.

Wash hands before and after handling food, and after using the bathroom, changing diapers, or handling pets.

Wash cutting boards, dishes, utensils, and countertops with hot water and soap.

Rinse raw fruits and vegetables thoroughly under running water.

Separate

Separate raw meat, poultry, and seafood from ready-to-eat foods.

If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.

Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.

Cook

Cook foods thoroughly and use a food thermometer.

Keep foods out of the range of temperatures at which bacteria can grow (usually between 40° F and 140° F, or 4° C and 60° C).

The Two-Hour Rule: Discard foods left out at room temperature for more than two hours.

Chill

Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.

Refrigerate or freeze perishables (foods that spoil if left unrefrigerated).

Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood, and produce) as soon as possible.

3. What is listeria?

Listeria is a harmful bacteria that grows at refrigerator temperatures. It is found in refrigerated, ready-to-eat foods and unpasteurized milk and milk products.

To avoid listeria, do not eat hot dogs or luncheon meats (**deli meats**) unless they are reheated until steaming hot. Do not eat soft cheese, such as feta, brie, “blue-veined cheeses,” “queso blanco,” and “queso fresco,” unless it is pasteurized. Do not eat refrigerated pâtés or meat spreads. Do not eat refrigerated smoked seafood. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.”)

4. What is methylmercury (mercury)?

Methylmercury (called **mercury**) is a metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's developing nervous system. Mercury is found in large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.

When you are pregnant, do not eat shark, tilefish, king mackerel, and swordfish. These fish contain high levels of methylmercury. It is okay to eat other cooked fish and seafood as long as a variety of other kinds are selected during pregnancy or while you are trying to become pregnant. You can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore or white tuna has more mercury than canned light tuna, so it is better to choose light tuna, which also tends to be more affordable!

5. What is toxoplasma?

Toxoplasma is a harmful parasite. It causes an illness called toxoplasmosis that can be difficult to detect. It is found in raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

To avoid toxoplasma, always cook meat thoroughly. Wear gloves when gardening or handling sand from a sandbox. Also, do not get a new cat while pregnant. If you already have a cat, do not change your cat's litter box when you are pregnant and try to avoid being near it. If you have to clean it, wash your hands with soap and warm water afterwards.

For more information, visit the FDA Center for Food Safety and Applied Nutrition website at <http://www.cfsan.fda.gov/~pregnant>.

USDA: U.S. Department of Agriculture

ORGANIC FOODS AND GOOD NUTRITION

Good nutrition is important during pregnancy, especially during the critical first several weeks of development.

1. Why are organic foods healthier?

Organic food is produced without using conventional pesticides or bio-engineering. Organic meat, poultry, eggs, and dairy products come from animals that are not given antibiotics or growth hormones.

2. Why are pesticides dangerous?

Over one billion pounds of pesticides are used in the United States each year to protect crops from insects, pests and weeds. We then consume some of these chemicals as pesticide residues on fruits and vegetables. During pregnancy, these chemicals can reach your baby through the umbilical cord and can later be passed through your breast milk if you are not careful.

3. What can I do to be safe when eating fresh food?

Extra caution should be taken during pregnancy and lactation. This could mean washing fruits and vegetables before eating. Either way, it is extremely important to get the recommended servings of fresh foods, including fruit, vegetables, and meat.

Avoiding fresh fruits and vegetables altogether is much more harmful than any traces of pesticides that you might come across.

4. What are the most important foods to buy organic?

Meat, milk, peaches, apples, bell peppers, celery, grapes, lettuce, strawberries, and tomatoes have the most pesticides.

5. What foods do not need to be organic?

Asparagus, avocados, bananas, broccoli, kiwi, mango, onions, papaya, and pineapples have the least pesticides.

CPSC: Consumer Product Safety Commission

5 THINGS TO DO TO AVOID LEAD POISONING

1) TAKE INVENTORY

- Check www.recalls.gov to see if things you own have been recalled by the Consumer Product Safety Commission.
- Discard toys with chipped paint, deteriorated plastic or other broken or damaged parts. When in doubt, throw it away.
- Avoid vintage toys and antique furniture that may have been painted with older lead-based paint.

2) CLEAN UP

- Keep floors and other play areas clean and free of dust and debris. Wash your children's hands and toys often.
- Store toys off the floor in a clean place. Wash items that fall on the floor.
- Feed your child a healthy diet rich in iron and calcium. Children with good diets absorb less lead.
- Avoid treating your child with folk remedies as many contain lead.
- Serve and store food in lead-free containers such as glass, stainless steel, or plastic.
- Wrap food that goes in your child's lunch box, since some vinyl lunch boxes contain lead.
- If you live in a house with lead pipes, running cold water in the faucet for a few minutes and using a water filter can reduce lead levels.

3) BUY SMART

- Avoid no-name products and be careful when you buy items at dollar stores, street fairs, vending machines, thrift stores, or yard sales.

- Buy age-appropriate toys. Children age 2 are most at risk for putting things in their mouths.
- Do not buy jewelry for young children. Even if the item does not contain lead, it can still be a choking hazard.
- Buy non-toxic arts and crafts items. Lead has been banned from children's paints but adult artist's paints and ceramic glazes can contain lead. Look for water-based paints and glues.

4) FIND SUBSTITUTES

- Try to avoid bringing playthings with troubled track records into your home by finding safe alternatives for your child. Board and picture books, unpainted wooden toys, balls, non-toxic paints and crayons and washable stuffed animals are good bets.
- There has been recalled toys made in China, jewelry containing lead made from India, and children's furniture with lead paint imported from Mexico.

5) GET TESTED

- If you live in a home built before 1978, ask your doctor or nurse to test you when you are pregnant and have your child tested at 6 months old (the earliest you can test). If your child tests positively for lead poisoning, the DC government will assist you in testing your home and removing the lead.
- Even children who appear healthy may have high levels of lead. A simple blood test can detect lead levels in children and some states require them. Children should have their blood checked at age one and again at two.
- A trained professional can test for lead in your home using a variety of approved methods. Find a list at the National Lead Information Center (**1-800-424-LEAD**)

For more information, visit the CPSC website at <http://www.cpsc.gov>.

DC WATER

Children and pregnant women are most at risk of adverse health effects from lead exposure in drinking water. In July 2007, DC's Water And Sewer Authority (**WASA**) reported that 90% of the samples of DC's water had lead levels of 10 parts per billion (**ppb**) or less (within federal guidelines) and that the concentrations of chlorine contaminants higher than federal safety limits was temporary. Seven ways to be extra careful:

- 1) Have your **lead service line replaced**. EPA encourages homeowners to consider replacing the portion of the lead service line on their private property. To find out if you have a lead service line, contact WASA's lead services hotline (**1-202-787-2732**, Monday - Friday, 8am - 5pm) or send an e-mail to waterquality@dcwasa.com. **WASA can provide information on financial assistance options for replacing the private portion of lead service lines.**
- 2) Have your **water tested** by a certified laboratory or contact WASA (**1-202-787-2732**.)
- 3) Use **bottled water or home water treatment devices**. If you choose to use such a device, look for one certified by an independent testing organization, such as NSF International. Bottled water is regulated by the FDA. When purchasing bottled water, look for products certified by NSF International or the International Bottled Water Association.
- 4) **Flush water** by running cold water for 10 minutes before using it.
- 5) For drinking and cooking, **use only cold tap water**.
- 6) Remove and **clean the strainer on your faucet** to remove debris.
- 7) DC's Department of Health (**DOH**) continues to recommend that all pregnant women and all children under 6 years old have their blood **lead level tested**. DOH can be reached by calling **1-202-671-0733**.

Remember: Boiling your water will not remove lead.

CHILDPROOFING YOUR HOME

Over two million children are seriously injured by home hazards every year. One thing to remember is that babies and toddlers put everything in their mouth, since touch and taste are important senses babies use to learn about the world.

There are four items of particular concern:

1. **Batteries:** Some batteries are small enough to pass easily down the throat, but can get stuck in the digestive tract and burn a hole in the lining within hours. If your child swallows a battery, go to the emergency room immediately.
2. **Pennies:** Pennies made after 1982 contain highly corrosive zinc, and if it gets stuck in the digestive track, it can irritate or damage the lining. If your child swallows a penny **or any coin**, go to your pediatrician or the emergency room right away.
3. **Magnets:** If two or more small magnets are swallowed, or one magnet and one magnetic object, they can attract each other in the body and cut off the blood supply or cause other problems. If you suspect your child has swallowed a magnet, go to the emergency room right away.
4. **Plastic:** Plastic bags, plastic dry-cleaning bags, plastic garbage bags, and other plastic wrapping can quickly suffocate a child. To avoid these dangers, never put a child to sleep on or near a plastic bag.

If your child swallows any foreign object, call a doctor right away or call **9-1-1**. Chances are the item will make it out the other end within 24 to 48 hours, so the doctor will tell you to check your child's stools every time he goes to the bathroom. If the object does not pass through your child, or your child begins to vomit or have abdominal pain, call your doctor again or go directly to the emergency room. Never force food, drink, or your finger down your child's throat, and do **not** blindly sweep a finger in his mouth – **you can push it farther down!**

TWELVE WAYS TO MAKE YOUR HOME SAFER

1. Use **safety latches and locks** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings from access to medicines and household cleaners, as well as knives and other sharp objects. Even products with child-resistant packaging should be locked away, out of reach – packaging is not childproof.

Typical cost of a safety latch or lock: less than \$2.

2. Use **safety gates** to help prevent falls down stairs and to keep children away from dangerous areas. Safety gates can help keep children away from stairs or rooms that have hazards in them.

Typical cost of a safety gate: \$13 to \$40.

3. Use **door knob covers and door locks** to help prevent children from entering rooms and other areas with possible dangers. Door knob covers and door locks can help keep children away from places with hazards, including swimming pools.

Typical cost of a door knob cover or lock: \$1 to \$5.

4. Use **anti-scald devices** for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.

Typical cost of an anti-scald device: \$6 to \$30.

5. Use **smoke detectors** on every level of your home and near bedrooms to alert you to fires. Check smoke detectors once a month to make sure they are working. If detectors are battery-operated, change batteries at least once a year or consider using 10-year batteries.

Typical cost of a smoke detector: less than \$10.

6. Use **window guards** to help prevent falls from windows, balconies, decks, and landings. There should be no more than four inches between the bars of the window guard. If you have window guards, be sure at least one window in each room can be easily used for escape in a fire.

Typical cost of a window guard: \$8 to \$16.

7. Use **corner bumpers** to help prevent injuries from falls against sharp edges of furniture and fireplaces.

Typical cost of a corner and edge bumper: \$1 and up.

8. Use **outlet covers** to help prevent electrocution.

Typical cost of an outlet cover: less than \$2.

9. Use **a carbon monoxide (CO) detector** outside bedrooms to help prevent CO poisoning.

Typical cost of a carbon monoxide detector: \$30 to \$70.

10. Tie up or **cut window blind cords** to help prevent strangulation.

You can get window blind cord safety information and free tassels by calling **1-800-506-4636** or visiting <http://www.windowcoverings.org>.

11. Use door stops to help prevent injuries to fingers and hands.

Typical cost of a door stop and door holder: less than \$4.

12. Use a **cordless phone** to make it easier to continuously watch young children, especially when they are in bathtubs, swimming pools, or other potentially dangerous areas.

Typical cost of a cordless phone: \$10 to \$30.

WHERE TO GET YOUR CHILD CAR SEAT INSTALLED

Installing a car seat can be complicated. Make sure that your car seat is secure by visiting one of these **free** facilities at least one month before your due date to have the car seat installed.

Second District Facility

3320 Idaho Avenue, NW
Washington, DC 20016

There are no walk-ins allowed at the Second District. Email cps.checks@dc.gov for an appointment with your name, home, work and cell telephone numbers.

District Division of Transportation

2000 14th Street, NW
Washington, DC 20024
(202) 671-2350
karen.gay@dc.gov

Department of Motor Vehicles

Vehicle Inspection Station
1001 Half Street, SW
Washington, DC 20024
Monday & Wednesday: 8 am - 4 pm; Saturday: 8 am - 2 pm

Appointments are based on a first-come, first-served basis.

The DC Safe Kids Care Inspection Station

Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
(202) 884-4993
Wednesday-Friday: 10 am - 1 pm & 2 pm - 4 pm

Call to make sure the inspection station is open. No appointment is necessary.

CONSUMER PRODUCT SAFETY CHECKLIST

- ✓ Buy or borrow a car seat and have it professionally installed.
- ✓ Check <http://www.recalls.gov> for recent recalls.
- ✓ Remove plastic bags and loose blankets from sleeping area.
- ✓ Check refrigerator & freezer temperatures.
- ✓ Throw away expired and spoiled food.
- ✓ Check tap water for lead & chlorine, or use bottled water.
- ✓ Check toys for loose parts or missing pieces.
- ✓ Throw away chipped or broken toys.
- ✓ Buy glass or BPA-free bottles (if bottle-feeding).
- ✓ Use safety gates for stairs and dangerous areas.
- ✓ Install smoke and CO detectors.
- ✓ Move cleaning supplies and medicine to locked cabinets.
- ✓ Secure all dangerous objects (knives, batteries, and pennies).
- ✓ Place houseplants (some are poisonous) out of reach.
- ✓ Make a fire evacuation plan in case of an emergency.
- ✓ Learn First Aid and CPR before your due date if possible.

WORKPLACE RIGHTS

Questions

When should I tell my boss about my pregnancy? Can my boss fire me because I am pregnant or because I pump breast milk? How long is my maternity leave? Can I go back to work part-time or do I need to go back to work full-time? How do I find affordable and reliable childcare that is safe and loving for my newborn?

Reasons for Concern

Many women are wrongly and unlawfully discriminated against because they are pregnant or breastfeeding. In DC, all employers are required to give 16 weeks of leave for the birth of a child. Outside of DC, there is a federal law, the Family and Medical Leave Act (FMLA), which provides for 12 weeks of leave for most employees. In DC, the “Child’s Right to Nurse Human Rights Amendment Act of 2007” requires employers to provide reasonable daily break periods and a sanitary location (**not** a restroom stall) for breastfeeding mothers to express breast milk. Remember that breastfeeding in public is a protected legal right in **every state**. Women in D.C. who feel they are being discriminated against for breastfeeding their children at work can now file complaints with the **D.C. Office of Human Rights** (<http://ohr.dc.gov> or 1-202-727-4559). If you feel that you are facing any discrimination, including not receiving the maternity leave protected by law, you should contact the Legal Aid Society of DC for help.

Legal Aid Society of DC

1331 H Street, NW Suite 350, Washington, DC 20005
(202) 628-1161

<http://www.legalaiddc.org>

Overview

This section discusses how to tell your boss that you are pregnant, how to find childcare, how to breast pump successfully at work, how to request part-time, or flexible schedules when you return to work, and more.

HOW TO TELL YOUR BOSS YOU'RE PREGNANT

When do you tell your boss the big news, and how do you do it? Here are five tips for telling your boss you are pregnant:

1. Do your research and know your rights.

Research your employer's health plan and parental leave policy. You can do this by reading your contract or talking to someone in human resources, your company's personnel department, or your union. Find out specifically what paid and unpaid leave your job gives you. You might have some leave without pay that still includes benefits. Talk to other people who have taken family leave as well. If there are two employed parents, remember that dads are often eligible for family leave as well as moms. **In the District of Columbia, all employers are required to give 16 weeks of unpaid leave for the birth of a child.** If you are a federal employee or work outside of the District of Columbia, you may qualify for 12 weeks of unpaid leave under the Family and Medical Leave Act (**FMLA**). It normally takes at least six weeks to recover from a vaginal birth and eight weeks to recover from a c-section birth.

To learn about your rights under FMLA, visit the Department of Labor: <http://www.dol.gov/esa/whd/fmla>. If you face discrimination, visit the EEOC: <http://www.eeoc.gov>.

2. Talk to your doctor.

Check with your doctor about when your pregnancy is far enough along to tell other people. Most mothers wait at least three months before they tell their boss. Your doctor may also have an opinion about how much time you should take off from work before and after giving birth.

3. Think about the kind of maternity leave you want.

As you prepare to talk with your boss about your pregnancy and its effect on your work, it is important that you try to imagine several different scenarios. This enables you to ask clearly for what you want, and it gives you and your boss a framework for creating as flexible a plan as you can. For instance, you could come up with a plan for returning in three months, six months, twelve months, or eighteen months. You might also want to consider coming back part-time after you leave, or working part-time at home.

4. Analyze your finances.

In order to give yourself as many options as possible, it is useful to think about your income, budget and expenditures. Imagine whether it would be possible to alter your lifestyle so that you could go without your income for several months.

5. Arrange a comfortable time to talk with your boss.

Once you are informed about your company's policy and have thought about how much time you might want to take off, make an appointment to talk to your boss. Depending on your relationship with your boss and your company's policy, you may choose to write your boss a letter rather than talk to her in person. As well as telling your boss about your request for leave, it is also useful to discuss your long-term interest in working in the company. Some employers may be willing to give a generous maternity leave if they value you and feel like you are committed to your job.

Resources for Stay-At-Home Moms

Many moms decide to return to work after a short maternity leave, due to a passion for their career or the financial strains of maintaining a household. However, there are also many reasons to decide to stay at home, including financial strains of childcare and the ease of continuing to breastfeed. Whether you stay at home or return to work is a decision based on what works best for your family, but economics often plays a role. Some moms feel like they are forced out of the labor force by the high-cost of quality childcare or the inflexibility of their work schedules. Other moms decide to stay at home without any external pressures, but still feel the stresses of all stay at home moms. If you decide to stay at home, contact:

International Moms' Club: <http://www.momsclub.org>

<http://momsclubdc.org>

momsdcnw@yahoo.com

Mocha Moms (Moms of Color): <http://mochamoms.org>

Mid-Atlantic (DC, MD, VA) MidAtlanticMocha@aol.com

* **Northern D.C. Chapter** anwalls@verizon.net

<http://northerndcmochamoms.tripod.com>

* **Southern D.C. Chapter** Nahzia47@msn.com

<http://www.southerndcmochamoms.com>

There are also two great online communities:

DC Urban Moms

<http://www.dcurbanmom.com/>

DC Metro Moms

<http://groups.yahoo.com/group/dcmetromommies/>

CHILDCARE: Visiting Your Child during the Day

There are advantages with choosing childcare near your work:

1. You can visit your child during your lunch break.
2. There is less time that your child spends away from you.
3. You are closer to your child in an emergency.
4. You may be able to breastfeed your child instead of pumping breast milk since the time would be the same.
5. There is less stress in being on time to pick up your child.

For a list of licensed home and center childcare providers in the District of Columbia, visit the Department of Health website at:

http://app.doh.dc.gov/services/administration_offices/hra/crcfd/

If you do visit your child during the day, try to follow these guidelines to avoid problems:

1. Try to visit at the same time every day so your child and the childcare provider know when to expect you.
2. Avoid interrupting nap time or snack time, unless you help your child go to sleep or feed your child, because you will be a distraction.
3. Notice whether your visits are helpful and welcomed by your child or if they make it more difficult for your child to be away from you.
4. If your visits are disruptive, ask your childcare provider to call you during the day to give you updates on your child's welfare.
5. Make certain to limit your visits to three times a day at most, so that it does not take a toll on your work.

5 TIPS IF A RELATIVE WILL BE CARING FOR YOUR CHILD

Many moms use relatives or neighbors for childcare because it is often more convenient and more affordable, but they are not licensed and may not have formal training in childcare, so here are guidelines to follow.

1. **Set expectations from day one:** What do you expect from the arrangement? Do you have certain foods that are “musts” and others that are “no-no’s?” Are there safety items that should be installed? Who buys them and installs them?
2. **Determine where the childcare services will take place:** Some relatives offer to keep children at their home; others prefer to watch a child at the child’s own residence. Wherever the care is to occur, make sure basic safety needs are met.
3. **Discuss payment and hours of care:** Having a relative keep your child doesn’t mean you should feel free to go take extra time before picking him up. Remember to provide your member of the family with the same common courtesy that would be extended to any other caregiver. Be sure to discuss payment. Some family members receive payment just like in-home care. Other members may provide the valued service for free, but the parent should still be responsible for purchasing all related care items and food.
4. **Bring a list of “do’s” and “don’t’s” in advance:** If you do not want your child to go to the park and wade in the water, be sure to state that to your caregiver. If you do not want your child to watch more than one movie a day, tell your caregiver. If your child’s dentist has indicated that juice should be avoided, then tell your relative that your child should only have water or milk.
5. **Establish acceptable disciplinary consequences:** Do you support time outs, removal of incentives or toys, or occasional spankings? The key is not to debate the discipline, but to establish the consistent method that can be reinforced whatever setting your child is in.

If you use a licensed daycare, still look for the same things. Make sure the staff treats your child with respect and can meet your child’s needs. Make sure the facility is clean and safe, and make sure there is adequate supervision.

BREAST PUMP: How to Breast Pump at Work: 10 hints

1. **Choose the right pump.** A double electric pump is the most efficient, but a manual pump may be suitable for part-time workers. If you can afford it, keep a spare set of pump parts at work.
2. **Get baby ready.** Introduce bottles of expressed milk when baby is about 4 weeks old. Breastfeeding is usually well established by then and baby is likely to accept the bottle.
3. **Wear the right clothes.** Button-down or loose-fitting tops will make pumping easier. Bring breast pads to protect against leaks.
4. **Decide how to store your milk.** You can pump into feeding or storage bottles. If you produce more milk than your baby wants the next day, freeze the excess in milk-storage bags. A refrigerator is best for storing milk, but a cooler bag with plenty of ice will do.
5. **Start a freezer stash.** A few weeks before you go back to work, pump once or twice a day and freeze milk in 2 to 4 ounce portions. You can use this milk for your first day back as well as for emergencies later.
6. **Clean your pump parts.** Wash flanges and connectors with soap and hot water between uses. You can also refrigerate pump parts in a zip-top plastic bag between sessions or buy special antimicrobial cleansing wipes at baby-supply stores.
7. **Take care of yourself.** If you are relaxed when you pump, you may produce more milk. Looking at pictures of your baby may enhance this effect. Do not forget to drink plenty of water during the day.
8. **Do a test run.** Before your leave is over, schedule a half-day with your baby's caregiver and practice your new routine. Try to recreate your workday and pumping schedule at home.
9. **Make enough time.** You will need about two or three sessions of 20 minutes to 45 minutes to pump enough for the next day's feedings.
10. **Get help.** If you are not producing enough or notice a dip in supply, contact a lactation consultant for support.

Remember the forces that drive most mothers' milk supply:

Drained breasts make milk faster.

Full breasts make milk slower.

BREASTFEEDING AT WORK IS YOUR RIGHT.

FLEXIBLE & PART-TIME SCHEDULES: 10 Questions

1. **What is part-time versus full-time work?** In general, full time is considered 40 hours per week or more, while part time usually ranges between 20 and 32 hours per week.
2. **What is flex-time?** Flex-time work is usually full-time hours, but either on fewer days with more hours per day, more days with fewer hours per day, or even a five-day schedule with shifted hours.
3. **When people work part time, do they work 5 half-days or 3 full days?** Different people do different things, depending on the type of job, their own working style, and their particular situation. Some jobs require a lot of concentration and are easier to do in three full days. Five half-days would mean too many interruptions. Other jobs are better suited to five half-days, and would likely fall behind with four days away each week.
4. **What flex-time schedules do some people use?** Some people work four 10-hour days per week. Some work six 6.5-hour days per week. One example of a five day schedule with shifted hours is to have one parent work early hours, say 6:45 to 3:15, while the other parent works slightly later hours, say 9:00 to 5:30. The parent working the later hours can handle the kids in the morning, and the parent working the early hours can be home when the kids get out of school in the afternoon.
5. **What other benefits are there to part-time or flex schedules?** With alternative schedules, you can avoid the peak traffic times on your commute. Those who have worked both full and part time schedules report that work is less stressful on a full time schedule, but home life is harried, while this situation is reversed when they work a part time schedule.
6. **What benefits do companies see when they offer part time?** With part-time work, there is more company loyalty and job satisfaction, not only for the person working the part-time, but for their co-workers and the spouses.

7. **How well is part-time working out for people?** The jobs that are the most successful are those that are designed as part-time jobs. Working moms are unhappiest with their part-time arrangement when their boss agreed to go down to part-time, yet the workload stayed the same as their previous full-time position. The Association of Part-Time Professionals lists this problem as one of the biggest downsides of negotiating for a part-time position when it was not designed to be one in the first place. Job sharing seems to be a better alternative since the workload is split.
8. **How do I go about negotiating a part-time or flex-time schedule?** You can sometimes just ask for it and get it. If negotiations are required, here are **five tips**: **(1)** “Float” the idea by your boss in a general, non-threatening way so you can get a sense of his reaction and predict possible objections. (Say “I read an article recently that talked about the surge in part-time work -- what do you think about that?”); **(2)** Schedule a meeting to talk about the issue and ask your boss if he would like a written proposal.; **(3)** Timing is everything, so you might want to wait until things have settled down a bit. You might also consider talking to him when you look your best, for example, right after a major project has been completed or when you’ve achieved some other major goal.; **(4)** Either verbally or in writing, describe in detail how the work will get done and how your responsibilities will be handled under the part-time schedule. Be willing to negotiate on your schedule, for example, a three-day work week might not be as effective as working four shorter days. It is critical that you identify how the work flow/load will be affected by your suggested schedule and be prepared to address any obstacles with solutions.; and **(5)** Show your boss how the schedule will benefit both of you from a business perspective. Propose a trial period of 6 to 8 weeks. During that time, keep the lines of communication open with your boss so you can address any problems as they arise and find ways of dealing with them. Talk face-to-face with your co-workers and explain what you will be doing.
9. **Are there any support groups for part time workers?** Yes, the “Association for Part-Time Professionals based in Washington, DC.”
10. **If I go part time, will I no longer get the best assignments?** You need to speak up about being on projects.

WORK-LIFE LESSONS: THE THREE B'S

WORK-LIFE BALANCE: FIVE TIPS

1. Figure Out What Really Matters to You in Life: Getting your priorities clear is the first and most essential step toward achieving a well-balanced life. The important point here is to figure out what you want as your priorities, not what you think they should be.

2. Drop Unnecessary Activities: By making a concrete list of what really matters to you, you may discover you're devoting too much time to activities that aren't a priority, and you can adjust your schedule accordingly.

3. Protect Your Private Time: You would probably think twice before skipping out on work, a parent-teacher conference, or a doctor's appointment. Your private time deserves the same respect.

4. Accept Help to Balance Your Life: Allow yourself to rely on your partner, family members, or friends -- anyone who can watch the kids or run an errand while you focus on other top priorities.

5. Plan Fun and Relaxation: Fun and relaxation are an essential part of living a well-balanced life. Until you get into the habit of taking time for yourself, set aside space in your planner for relaxation and fun. Plan what you are going to do and make any necessary arrangements, such as childcare, to ensure you will be able to keep your commitment.

BUDGETING FOR NEW EXPENSES: EIGHT TIPS

1. Get familiar with your spending patterns.
2. Ask friends with children what various pieces of baby gear and other necessities cost.
3. Create a list of your current, pre-baby expenses. Once you learn where your money is going, you'll be able to figure out how much of it you can save and reallocate toward baby expenses.
4. Assume that your household expenses will rise after having your baby, and adjust your budget accordingly. Include essentials like diapers, baby food, clothing, doctor visits, prescription drugs, and medicine. Initially, set aside about \$200 extra for household bills, and adjust that figure upward as you get a better handle on your monthly budget with baby in tow.
5. Act early to find childcare, since many day-care centers have waiting lists. Take the time to do your homework and find the right one for your child and your budget without rushing.
6. Make sure your home is energy efficient. Conserve water and energy, replace inefficient furnaces and water heaters, and bolster insulation. These measures will help keep utility bills in check despite the larger household.
7. Be cost-conscious about baby clothes. Buy used kids' clothes at deep discounts. Check out manufacturer outlets for bargain buys, and shop during sales and inventory markdowns.
8. Start your baby's college fund now. By socking away as little as \$50 per month, you can build up a formidable college fund by the time your child reaches 18 years of age.

BONDING WITH YOUR BABY AT WORK: TEN TIPS

When you return to work, you can still bond with your baby!

1. **Make time before and after work:** Strong ties between parents and their child provide the baby's first model for intimate relationships and foster a sense of security and positive self-esteem.
2. **Try to visit the daycare:** If you are breastfeeding your newborn and your child's daycare is close to your work, you can visit and nurse your child during the time you would pump breast milk. Otherwise, visit during your lunch break.
3. **Leave photos and your clothes with your infant:** Leave clothes that you wore without washing them. Infants respond to the smell and touch of their mothers.
4. **Carry your baby to daycare:** Touch is an early language between children and their parents since babies respond to skin-to-skin contact immediately, so carry your child instead of using a stroller.
5. **Call daycare if possible:** Babies prefer human voices and enjoy vocalizing in their first efforts at communication, so if your daycare provider can put you on speaker phone or if you can record your voice with a tape recorder, your baby can hear you during the day.
6. **Bring photos to work:** It is difficult for many new parents to bond with their newborns because your baby may look differently than you had imagined. Meanwhile bring photos to work.
7. **Pump breast milk:** Bonding often occurs naturally almost immediately for a breastfeeding mother. When you are pumping breast milk, you know that you are providing your baby with the healthiest form of food. Set aside about 3 times in a work day to pump breast milk and think about your baby.
8. **Infant massage:** Babies often respond to infant massage. In a nighttime routine, you can bathe your baby and then provide gentle infant massage before bedtime.
9. **Co-sleep:** Co-sleeping offers an 8-9 hour period where you can be by your baby's side even if you have to be away during the day.
10. **Be creative:** Bonding is a complex, personal experience that takes time. As long as a baby's basic needs are being met, he or she won't suffer if the bond isn't strong at first. Think of new ideas to bond.

ABOUT MRN

The Mothers' Rights Network (MRN) launched in August 2007 as an outreach organization for newly pregnant mothers in Washington, DC whose own mothers, family, and community did not prepare them for motherhood.

Shel Lyons, the founder of MRN and a Harvard Law School graduate, was one of those women. **Shel** had never seen another mother breastfeed, had never questioned her doctor's practices – from medicines prescribed to c-section rates – and did not know how to approach her supervisor about her pregnancy, particularly since she was not married at the time. She stressed about nitrates in deli meats, smoked fish, prenatal vitamins, and DC's tap water. Only after stumbling through the first seven months of pregnancy with an unpleasant and impatient physician did she find Birth Care (<http://www.birthcare.org>) in Alexandria, Virginia to help her birth her daughter **Calla** in a considerate and welcoming environment. Birth Care is not an affordable option for woman without insurance or woman on medicare and medicaid, but she since found a warm birthing center, the DC Developing Family Center (<http://www.developingfamilies.org>), to serve all women.

Returning back to work, however, brought new concerns all over again, with finding childcare, pumping breast milk, and handling the separation from her newborn. When Mattel and Fisher Price recalled millions of toys for lead paint in August 2007, **Shel** became convinced that mothers in DC needed a guide to address the stresses that crash down on pregnant women the moment they learn about their pregnancy, to educate mothers on their rights (yes, they have rights!), and to empower women to defend those rights. **Shel** subsequently left the Department of Justice as an Attorney to launch MRN and finally give mothers an inclusive guide to their rights in a manual that mothers can carry with them everywhere, and to make this guide free for all mothers in the District of Columbia.

<http://www.MothersWork.Org/>

For New Moms, Working Moms, and Every Woman Who Has Ever Been Pregnant...



Shel Lyons, Founder of the Mothers' Rights Network, gives the first-ever overview on pregnancy in the District of Columbia in a new free guide, [DC New Mom Manual '08](#).

Find out the answers to the questions new mothers ask most often, including how to tell your boss you're pregnant, what foods you can and cannot eat, and how to have a safe labor and birth, and more!