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PREGNANCY & newborn

6

KITCHEN HACKS

TO KEEP PRENATAL DIETS INTACT

Bump-safe beauty

DEAL WITH IT

How to cope
with pregnancy
nuisances

Decoding your tot's cries

*The science
behind
nesting*

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for the
babymoon,
hospital
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Contents



FEATURES

60 Pregnancy pest control

Tricks to get you through the not so good, the bad and the ugly of baby-baking. *By Sarah Granger*

68 It's in the bag

What to pack for all of pregnancy and motherhood's big events. *Produced by Lauren Brockman Andre and Erin Shea Long*

60

COVER STORIES

- 14 \$3,250 worth of free stuff up for grabs!
- 32 The science behind nesting
- 36 6 kitchen hacks to keep prenatal diets intact
- 40 Tricks to win over your labor nurse
- 52 Bump-safe beauty
- 60 Deal with it: How to cope with pregnancy nuisances
- 68 Pack your bags for the babymoon, hospital and beyond
- 76 Decoding your tot's cries
- 94 Baby budget buys



71

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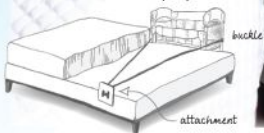
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76



40



80

GOOD HEALTH

31
Lovely lady lumps

32
Wellness

Nesting doesn't mean you're nuts.

36
Nutrition
Safeguard your kitchen against prenatal cravings.

40
Labor & Delivery
The benefits of bonding with your L&D nurse.

44
Birth Story
Slow and steady wins the race.

GOOD LOOKS

49
Stretch mark strategizing

50
Get the Look
Glean style inspiration from Blake Lively's enviable look.

52
Beauty
What's safe—and what isn't—when it comes to pregnancy skin care.

56
Style
Your maternity essentials are a simple click away.



36

GOOD MOM

75
Spring forward gracefully

76
Baby Care
Understanding the reasons babies cry.

80
Parenting
What to know about airport accommodations for breastfeeding moms.

84
Ask the Experts
The pros answer your most pressing questions.



58



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Contents



24



92

GOOD GEAR

87
First steps

88
Road Test

Jogging strollers for moms in the fast lane.

90
Baby Style

Handsome duds to outfit your dapper dude.

92
Nursery

A blooming abode for a budding babe.

94
Top Ten

Baby finds that won't break the bank.

IN EVERY ISSUE

10
Community

What you had to say.

12
From the Editor

14
Giveaways

Your chance to win.

18
Cravings
Studies, stats and stuff we love.



88



ON OUR COVER

Model
Claire Yo

Photography by
Angela Murray

Hair and makeup by
MARAZ

Produced by
Erin Shea Long

What she's wearing:

Miranda Frye earrings, \$52,
mirandafrye.com

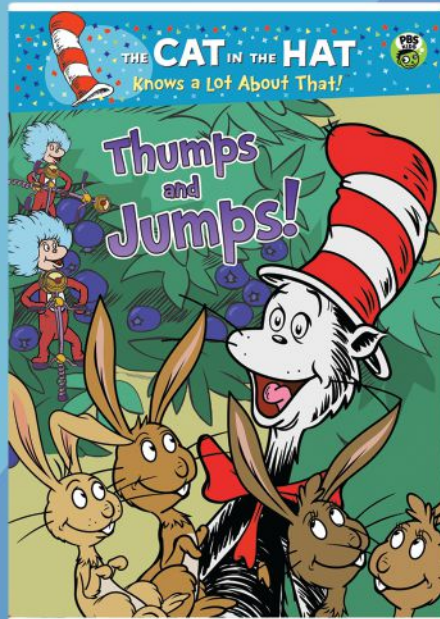
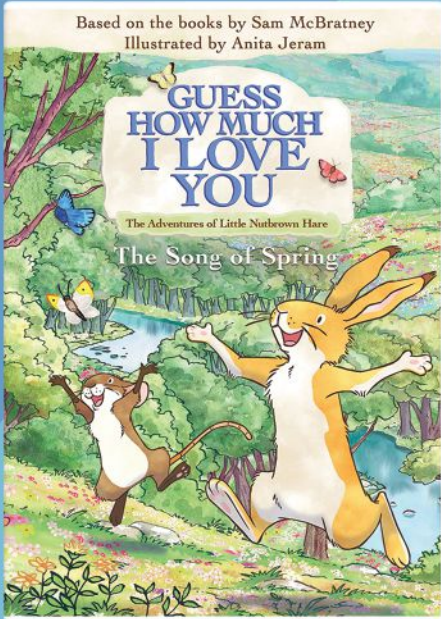
Elizabeth Stone Jewelry ring, \$52,
elizabethstonejewelry.com

9Fashion dress, \$148,
dimensionsmaternity.com

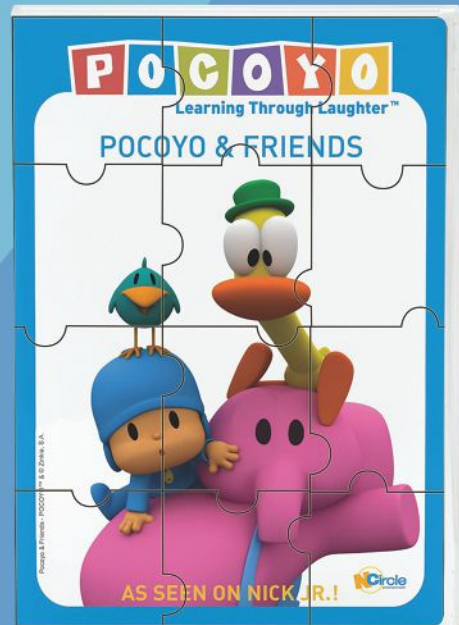
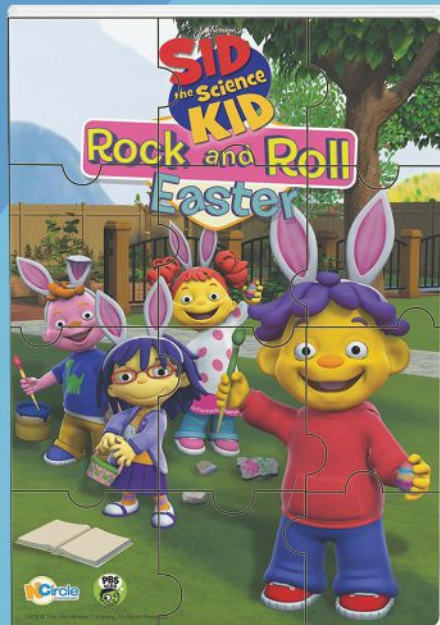
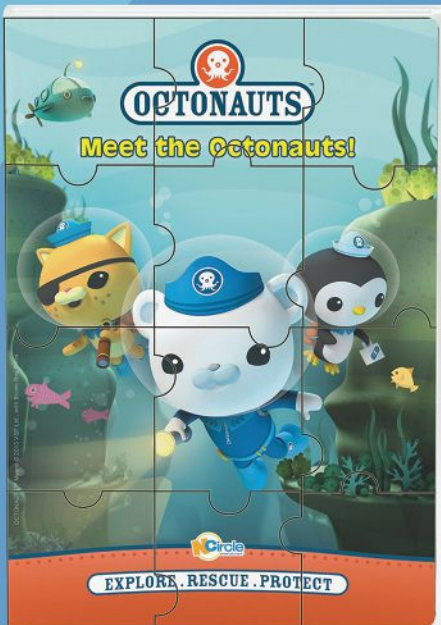




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Community

First and foremost

Moms-to-be reveal the top items on their registry wish lists.

MOTION PICTURE

This will be my second child, so I have mostly everything. But I would love a double BOB stroller to get my fitness on!

—@rn_costamagna, via Instagram

All systems go

Definitely a good car seat/stroller combo! And the Boppy nursing pillow.

—@klementay, via Instagram

Count on it

1. DockATot
2. Jogging stroller
3. NUK baby bottles
4. Breast pump
5. Diapers
6. Winter clothes for baby

—Leticia Padilla, Snyder, Texas

Extra, extra

Besides the basics, a swing and play mat.

—@kat27gray, via Instagram

Carried away

A stunning diaper bag.

—Elizabeth Obi, Toronto, Canada

Rock and stroll

The new 2017 UPPAbaby Vista.

—@laracov86, via Instagram

Shoe in

Little canvas booties from Dolly Lana Designs.

—Sara Helsten, via Facebook

Hot seats

RECARO convertible car seat and a glider.

—Melissa Ohearn, Somerville, Massachusetts

Clean sweep

A good, quiet vacuum.

—Lisa Alison Weber, via Facebook

Bundled up

One of those winter baby carrier covers.

—@ashleyreneecancienne, via Instagram

Last but not least

A mamaRoo—I have everything else!

—@mystilllifexoxo, via Instagram

Center stage

My dream crib because it will be the focal point of the room. It's what makes a nursery feel like a nursery.

—Tanya Mathis, Raleigh, North Carolina

Help wanted

I'm asking friends and family to donate to a fund that would pay for a postpartum doula. This is our third baby, and we have most of what we need. I'd much rather have another pair of hands.

—Cece Bernum, Bellwood, Illinois

Mr. Clean

Ryan & Rose engraved cutie clips are on my must-have list! We have a baby boy, Mr. Jude, and he uses them every day for his pacifiers and his teethingers. My husband is a bit of a germophobe, so it's crucial none of these items ever hits the floor—ha!

—@hawaiibrookie, via Instagram

Long haul

A Petunia Pickle Bottom diaper bag—one that I will actually want to carry every single day.

—Trina Gallegos, Cumming, Georgia

Good 'n plenty

There are too many things I want! I can't pick just one.

—@bbk0148, via Instagram

Sitting pretty

An incredibly comfy rocking chair or glider because I know that's where my little girl and I will spend so many hours. That's where I'll feed her and rock her to sleep and sing to her and read books with her. It's going to be a very special place, so I want the perfect chair.

—Katie Fincher, Santa Clara, California



WHEN DID YOUR BUMP START TO SHOW?

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Cry me a river

Like me, most of my mom friends have more than one child, and I've found something to ring true amongst us all: We've all had one baby who was more challenging than our others. I have learned firsthand that our wee ones are born with unique personalities all their own, and while we as parents can help shape who they become, they're born with a certain temperament—and some are just easier than others to handle.

My son Brice was (and often still is) a little tough on the nerves. Now, don't get me wrong—he's fabulous. His current state of tween angst aside, he's a handsome, funny, charming little guy with a big heart and an even bigger hug. I could not love him more. But from the moment of his birth, he presented some difficulties that I wasn't prepared for. Namely, he cried—all day and all night.

At first, his doctor thought perhaps acid reflux was to blame. When medication and a change in my diet didn't make a difference, she presumed he was just colicky and assured me that it would pass in time. When the magic 3-month marker passed and Brice still voiced his unhappiness loudly and frequently, his pediatrician made a new diagnosis: "He's just highly sensitive." OK, well, what do you do with that?

Exactly what you do with every other challenge parenting presents: You figure it out. I learned that Brice always felt better in his mama's arms, so I held him. A lot. (Mamas of criers, get yourselves a good carrier—you're going to need it.) Brice did not do well in environments with sudden changes in noise level—even the sidelines of his sister's soccer games would set him off—so I learned to hang back from crowds with him, finding quiet spots with a good view and a more peaceful vibe. We eased him into new situations as slowly and softly as possible. I'm not going to lie, it was tough. I cried a lot, too. I felt like nobody got to see how amazing my little guy was or wanted to be around him because he wailed all the time. And I was sad that he was so unhappy. I kept thinking, *What am I doing wrong?*

It weighs on you when your baby cries, particularly when he does it often and nothing seems to help. Many days I felt like a failure as a mom. Nobody else's kid seemed to cry like this. *Was there something wrong with him? Was this just something we had to endure? Would I ever be able to live a "normal" life again?*

We all know where this story ends: He got better, and it got easier. If you met Brice today, you'd probably never guess that he was a super-sensitive infant. When he comes home from a friend's house, the parents always sing his praises: "He's so good and easygoing!" Truthfully, he still gives me a run for my money occasionally, but I've found that some of the things that made him such a tricky baby and toddler have made him a truly spectacular young person. He's determined, resilient and still oh-so-snuggly. Although he's happier within his comfort zone, he's learned to adapt his temperament to what the situation requires, so he's independent and resourceful. I wouldn't change a thing about him.

The fact is, babies are going to cry. Some are going to cry a lot, some only rarely. When your wee one arrives, your motherly instincts will show up as well, and you'll be connected to your baby in a way no one else is—but that doesn't mean you're going to automatically know what he's trying to tell you. To that end, we've put together a handy guide beginning on page 76 to help you sort out the different reasons your wee one might be wailing, and a handful of things you can try to ease his woes. However, sometimes you're going to tick down the list and still be left with a screaming infant. Take a deep breath, and know this: It is not a reflection of your parenting. It is not a testament to your baby's long-term character. It's just a thing you've got to deal with today. It's all going to be OK.

And if your baby is the perfect example of happiness and rarely sheds a tear, breathe a sigh of relief—and be nice to the mama beside you who might not be so lucky. Her baby is special, too, even if he's a little less giving with his affection and smiles. Let her know that you see his good side and that she's doing a good job. It'll bring some much-needed hope to her troubled heart.

Lacey

Lacey Major
Editor in Chief
lacey@pnmag.com



INSTA-GRATIFICATION

Follow **@pnmag** on Instagram for access to exclusive giveaways, encouraging discussions and the latest goings-on from *P&N*. You'll also love our weekly **#pnmagnewarrivals** and **#pnmagbabybumps**. (Don't forget to tag your photos, too!)

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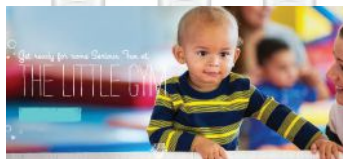
Free stuff

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Slumber party

One darling wee one will win a **Dream on Me** Bailey 5-in-1 Convertible Crib, and another will win a Chesapeake 5-in-1 Convertible Crib—both in the color of the winners' choice.



Bottoms up

One fun family will win a one-year supply of **Boudreaux's Butt Paste**, as well as a one-year membership to **The Little Gym**.



Shopping spree

One haute mama will win a \$250 gift card to **Envie de Fraise**, so she can stock up on maternity and nursing apparel that's as chic as she is.



Underneath it all

Three lucky ladies will win a \$100 gift card to **You! Lingerie**, so they can shop for pretty and practical maternity and nursing bras, tanks, sleepwear and more.



Grab bag

One cool crew will win a luxury baby basket (just like the ones celebrity moms are gifted) with items from **Diono**, **Sago Mini**, **Rainbow Light**, **Cotz Skincare**, **Cheeky Chompers**, **Kiddy USA** and more, courtesy of **Backstage Bag Celebrity Baby Baskets**.

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Crawlings

editors' picks | how-to | stuff we love

The cat's out of the bag

Your furry feline may typically be a *purrfect* friend, but she'll be your foe during pregnancy if she contaminates you with toxoplasmosis, a disease that could put your baby-to-be at risk for certain birth defects and developing disabilities later in life. If you've been infected with it before, your immunity will protect your wee one. If you haven't, snuggles are safe, but you should avoid changing the litter box (have someone else tend to it daily), feed your kitty commercial or dry cat food (not raw or undercooked meats), keep her indoors, avoid strays, and refrain from getting a new cat while you've got a bun in the oven.

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I love that these dotted moccs have a bit of edge.

CHANTEL, Associate Editor
Freshly Picked moccasins, \$60, freshlypicked.com



A glowing recommendation for good hydration.

MAYUKO, Photographer
DROP Bottle water bottle, \$40, dropbottle.co



This gorgeous duo just scored first place on my mantle.

STEPH, Creative Director
Schoolhouse Electric & Supply Co. concrete candleholders, from \$38, schoolhouseelectric.com

THE PENTHOUSE



Even if it's messy, home is one of my favorite places to be.

TORIE, Editorial Intern
Ban.do key chain, \$15, bando.com



This style maven is worth its weight in—well, you get it.

SHEA, Fashion & Beauty Director
CHI iCHI hairstyling iron, \$70, jcpenny.com



Let your quirky personality shine with a never-boring bag.

LACEY, Editor in Chief
STATE Bags Mini Kane backpack, \$55, statebags.com



Gildy pleasures

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You can't beat a goodnight moon that's as snugly as it is sparkly.

LAUREN, Editorial Intern
Just Born sweater knit plush moon, \$13, buybuybaby.com



"Wash your hands" is a golden rule at our house.

GINNY, Contributing Editor
Kikkerland soap dispenser, \$23, kikkerland.com





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HOW-TO

Make the most of diaper changes

A fresh outlook can take the bore out of the chore.

By the time your newborn is a week old, you could easily perform diaper duty in your sleep (heck, you practically do), but that doesn't mean the task should be carried out on autopilot. Research shows that baby-parent bonding may influence brain development, says Felicia Fitzgerald, BSN, RNC-OB, perinatal outreach educator at the University of Chicago Medicine and member of the Huggies Nursing Advisory Council. And the seemingly mundane routine of diaper-changing is an ideal opportunity to boost that bond.

Set the tone

When it's time to freshen up, take a moment to establish a connection with your little stinker. Fitzgerald suggests trying the "five-second rule": "Gently yet firmly place your hands on baby for five seconds before diving into the diaper change. This can help create a sense of calm for baby—and for you, too." Talking, singing and making eye contact with your small-fry further invites meaningful interaction.

Ease the anxiety

If your little one wails louder during diaper changes than you did during labor, make an effort to ease her nervousness or find the source of her discomfort. "Start by looking for cues that show you baby is stressed—things like restlessness, flailing arms and legs, and of course, crying."

Fitzgerald advises. "By understanding these cues, you'll know when to intervene in a helpful way, such as offering a finger for her to hold onto or gently moving her arms and legs close to her body in a swaddled position to create a more secure feeling."

Simulate the comforts of home

Creating a serene routine in baby's carefully curated nursery is child's play compared to keeping your cool in a crowded public restroom with a verifiably gross changing station. Your tot will pick up on whatever vibes you're putting out, though, so tell those rushed and flustered feelings to hit the road. "Being mindful can help you complete the task in a calm and happy way, allowing the baby to pick up on these positive emotions," encourages Fitzgerald. "If you're feeling hurried, just taking a breath and grounding yourself will help."

→ **The average American child has up to 10,000 diaper changes in a lifetime.**



DO SOME GOOD

Because every mother deserves a safe delivery

As you stock up on goods and gear for your baby, consider gifting another mom something even more essential: World Vision's New Mother and Baby Kit provides a mom in need with a bassinet, cloth diapers, blankets, a container for clean water, soap and infant care training. **\$95, worldvision.com**



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COUNTING SLEEP

Wondering how much your little one should snooze during the day or how many times he should wake during the night? Before sifting through endless Google search results causes you to doze off yourself, take a quick look at this research-based chart created by the sleep experts at SleepyBud.

AGE	NAPS	NIGHTTIME FEEDINGS
0 months	5+	3-5
1 month	4-5	3-5
3 months	4-5	1-3
5 months	3-5	0-1
7 months	2-4	0-1
9 months	2-4	0
11 months	2-4	0

lust vs. must

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By: **the babyguy**
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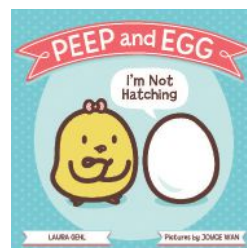
BOOK CLUB



Say Bonjour to the Lady

Written by two Parisian moms, Florence Mars and Pauline Lévêque, raising children in New York, this playful comparison of French and American parenting styles illustrates just how different—and even silly—both can be. Consider it a light-hearted, amusing reminder that none of us quite have it all figured out. **Clarkson Potter, \$20, penguinrandomhouse.com**

BOOK CLUB, JR



Peep and Egg: I'm Not Hatching

Laura Gehl's funny tale tells the story of two friends, one of which is particularly stubborn and refuses to hatch despite the other's promise of fun adventures ahead. Any mama dealing with a tenacious tot (or even a bun in the oven who refuses to budge) will find humor in this relatable read. **Farrar, Straus and Giroux Books for Young Readers, \$17, us.macmillan.com**

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By: **the babyguy**
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Ta-tas for now

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The twins will be the prime locale for some of pregnancy's very first side effects. Yep, even in the earliest weeks of baby-growing your body is already preparing itself to feed your little one after she arrives. Here's what you and your leading ladies have to look forward to ...

- Tenderness and swelling caused by a surge in hormones.
- Darkening and enlarging of the nipples and areolas.
- Growth as fat builds up and milk glands expand.
- Stretch marks and itchiness as your skin accommodates your new bust size.
- Leaking colostrum toward the end of the third trimester.

DID YOU KNOW?

Some women go up by a full cup size or more, so go ahead and invest in some well-sized nursing bras that you can put to good use both now and later.



“All new mothers have a nesting instinct, even human mothers who haven’t any idea how to build a nest. While human mothers are waiting for their babies to be born, their nesting instinct causes them to do the silliest things, such as taking all the pots out of one cabinet and all the pans out of another and switching them. Human mothers don’t know why they are doing this except that some little voice in their heads is saying, ‘Keep busy! Keep busy!’”

—excerpt from the children’s book
Gooseberry Park by Cynthia Rylant

Why we nest

Uncovering the science behind your urge to clean and purge.

BY RACHEL REIFF ELLIS

Before I had my first baby, I thought nesting was one of those pregnancy phenomena that were exaggerated just to make for a good story. Surely women weren’t really possessed to scrub down the tops of their refrigerators and alphabetize all the bookshelves in their houses while hefting around a giant midsection, right? It sounded too bizarre to be true.

Fast-forward to my eighth month of pregnancy. One night I woke from a dead sleep sure in my bones of one thing and one thing only: The furniture in our living room needed to be rearranged. In fact, I was convinced that doing so was the first step to organizational nirvana, future parenting success and possibly world peace. The next day, my husband spent the better part of three hours dragging bookshelves, a couch, a loveseat and an entertainment center to different walls while I stood in the middle with my swollen ankles and melon belly, shaking my head and saying, “Hmm, no, I think it needs to be swapped around the other way.”

In the end (much to my husband’s chagrin), everything ended up right where it had started—except my feelings about the legitimacy of nesting. I had become a firm believer in the experience. Turns out, nesting isn’t just for the birds.

Origins of an oddity

So just what the heck is going on in the minds of gestating mamas that makes us act this way? Jena Pincott, science writer and author of *Do Chocolate Lovers Have Sweeter Babies?*, speculates that the instinct to nest precedes even our hunter-gatherer cavewomen days and is actually

a broader multispecies phenomenon.

“All mammals seek a safe, calm and well-fortified place in which to give birth and protect a newborn—and we’re no exception.”

Of course, it’s not just mammals: Birds gather sticks, grass, mud and even bits of trash to create the space in which they will sit to incubate and hatch their eggs—nesting in the most literal sense.

The usual suspects

A long evolutionary trail back to our foremothers isn’t all that’s responsible for the incontestable need to clean out each hole



What is nesting?

It’s the overwhelming desire to ready your home for your impending arrival. The instinct is typically strongest in the later weeks leading up to delivery. However, just because you’re compelled to break out the duster doesn’t mean labor is imminent—that’s an old wives’ tale.

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Abby with Emily



Bio-Oil® helps reduce the possibility of pregnancy stretch marks forming by increasing the skin’s elasticity. It should be applied twice daily from the start of the second trimester. For comprehensive product information please visit bio-oil.com. Bio-Oil is available at pharmacies and selected retailers at the recommended selling price of \$11.99 (2fl.oz). Individual results will vary.



in the bathtub's jet filter with a toothpick. There's also the common culprit behind most of the weird things that happen during pregnancy to consider: hormones.

Pincott explains, "The pregnancy hormones progesterone and prolactin are both strongly associated with kinship, bonding and other warm fuzzy feelings. Prolactin in particular makes us calmer, lowers our sex drive and decreases our yearning for novelty. Generally speaking, it turns our focus inward to family, friends, house and home. Progesterone levels rise after conception and remain high throughout the pregnancy; this hormone thickens the uterine lining and keeps it intact. Prolactin is required for breast-feeding and rises

steeply in the latter months of pregnancy—coinciding with intense nesting."

Other triggers that may contribute to your sudden impulse to wash all of the windows in your house could be excitement and anticipation for your newest family member, as well as feelings of boredom or frustration while you wait. After all, nesting is most common during the final weeks of pregnancy.

More than mere madness

It turns out that there also may be a longer-term reason for these hormones to flood us with that get-prepared-for-baby-now feeling. Studies conducted on rats and rabbits show that the nesting process is an important precursor to their mother-baby bond later on. "When researchers remove or violate the nesting materials in a pregnant rat's home cage, she's likely to become a troubled parent—even dragging, dropping and stepping on her newborn pups," notes Pincott. "If a mother rabbit can't prepare her nest before giving birth, she's generally not successful in raising her babies. Rabbits that fail to build their nest are thought to have a deficiency in prolactin."

However, Pincott cautions that although animal research may shed light on the matter, "Humans haven't been the subjects of many nesting studies. ... For humans, nesting is culturally triggered as much as it is hormonally triggered." It's likely that the power of suggestion from media and

marketing has set off more than one closet cleanout and shopping spree in modern times—an influence with which rats and rabbits don't typically contend.

In one human-focused study from McMaster University, researchers found that nesting serves a very similar purpose in women as it does in animals—namely as a way to control the environment before childbirth. Findings revealed nesting behaviors, characterized as bursts of energy and a compulsion to organize the house, are rooted in a need to protect and prepare for your child. Taking charge of your environment isn't exclusive

to dustpans and décor choices. The researchers also noted that many moms-to-be become more selective about who they choose to spend time with, sticking close to those they trust the most.

The moral of the story

There are bona fide, scientific reasons to explain your out-of-character behavior, and the experience is actually beneficial. Like Pincott says, "Nesting helps us psychologically brace ourselves for the upcoming change in our life. For me personally, changing my habitat was a shocking cue. Confronted with bare walls and a stocked fridge, it hit me: I'm having a baby!"

Remind yourself (and your partner) of this next time you find yourself in a compromised position on the living room floor lint-rolling your carpet. Reassure yourself that you're not weird or crazy. You're simply carrying out an age-old practice dictated by inherited behavior and naturally occurring chemicals in the brain. And you're also probably a touch crazy—but at least you can blame it on the belly.

P&N

SAFE BET

As you prep your abode for its newest resident, you'll want to take some precautions to ensure you and baby stay out of harm's way.

→ **Avoid lifting heavy objects.**

→ **Ask someone else to climb any ladders.**

→ **Steer clear of harsh chemicals, like oven and bathroom cleaners.**

→ **Take frequent breaks.**

Odd bird

When the nesting instinct kicks in, sometimes moms-to-be can't resist the urge to scour tile grout on their hands and knees. Here are some of the wackiest things our Instagram community did while nesting ...

"Scrubbed the inside of the trash can."

—@allybrandkc

"Stopped in the middle of making dinner one night to clean the fridge out and wash the veggie/meat drawers ... because no other time but right then would work?"

—@erin_savas

"Went on Pinterest and found a list of every little thing I could clean, organize or do [before baby] and printed it out. Went through the list three times. There were more than 100 things to do ... I collected two years' worth of diapers, clothes and bath stuff for the baby ... and a year's worth of nursing supplies. OK, so I was pretty much a psycho."

—@georgiagjones
mama

"Painted every room in my house."

—@ally_cummings85

"Decided to paint the grout on our kitchen floor tile. With a toothbrush. While seven months pregnant."

—@emeaser

"In one night I carefully clipped all the tags off of every little bodysuit, washed them in the most expensive gentle baby detergent, and hung up every one of them up on felt baby hangers. There were probably 100 of them!"

—@suzannelang3

"Cleaned and organized every closet in the house, rearranged the kitchen cabinets, painted all the baseboards and organized the attic at eight months pregnant. I'm due in two weeks, and now I'm worn out, ha!"

—@kg_hamer

"Insulated the exterior walls of our house (with my husband), repainted the baby's room with a hand-painted tree, and then—while having contractions—I hacked the living daylight out of our two overgrown lavender bushes."

—@mamabodylove

"With my daughter, I took apart the A/C window units and cleaned them because I didn't want to breathe in mold. (Never mind they were brand-new units.) With my son, I painted, cleaned and rearranged his room 10 times or more."

—@mrsschiska

"Packed up and moved to a different town a week before I gave birth, and washed and rewashed every article of clothing, sheets, blankets or fabric in my house."

—@kenzimarie04

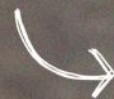
good to know |

If you haven't wanted to go beyond your usual clean routine, don't fret. Some moms nest in different ways than others.

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Kitchen hacks

A few easy tweaks can help your kitchen work harder for you and support your healthy pregnancy goals.

BY MATTHEW KADEY, RD, MS

Yes, you need to consume more calories when there is a bun in the oven. (About 300 daily in the second and third trimesters, in fact.) But eating can quickly spiral out of control if what you're shoveling into your mouth is closer to Apple Jacks than real apples.

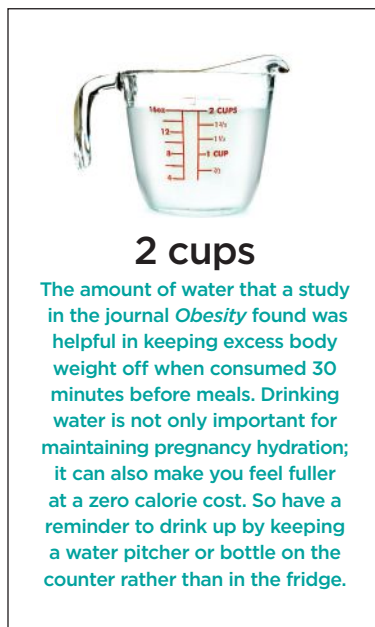
While everyone knows spending too much time in drive-thru lanes ordering combo No. 3 will lead to nutritional and weight gain-related repercussions, there's often a sneakier culprit behind poor eating habits: a toxic kitchen environment.

Yes, everything from lighting to serving habits can have a huge impact on your diet. In short, what's happening in your own home could be derailing your healthy eating intentions without you even realizing it.

The good news is that research shows just a few subtle alterations to how you set up this living space are all that's needed to keep your pregnancy diet on track.

Linger longer

We get it: You've got places to be and things to tick off your to-do list, but research suggests that getting in and out of the kitchen in short order by scarfing down your food could lead to overeating. Case in point: A study in the *Journal of the Academy*



of Nutrition and Dietetics found people who ate their lunch in a blazing nine minutes consumed an average of 88 more calories—and felt less full an hour afterward—than those who enjoyed their meal at a more leisurely 22-minute pace.

Eating your grub at a slower speed makes you more mindful of just how much you're ingesting and gives your brain a better chance of sensing fullness, so you're less likely to stuff too much in. Extra chewing might also trigger the release of hunger-quelling hormones.

YOUR MOVE: Try implementing mealtime strategies

that force you to eat more like a sloth. Ideas include avoiding distractions (like your Instagram feed), embracing sit-down family meals, placing utensils down after each bite and thoroughly chewing your food, and fumbling with chopsticks, which will surely keep you from fast and furious eating. You can also try playing some mellow beats when chowing down—human behavior tends to mimic the type of music playing. Just keep the volume low: A recent study found that people ate more when they couldn't hear themselves chewing, and louder music can lessen the sensory experience of eating.

Play hide-and-go-seek

If you're prone to pregnancy snack attacks, make sure to keep your vice foods out of plain sight.

In a recent study performed by researchers at Cornell University, people who often left snack-style foods (like boxed cereal and cookies) out in the open on their kitchen countertops were more likely to pack on unwanted pounds than those who stashed these items away. In separate research, volunteers who had to walk 6 feet to get their hands on some candy ate about half as much as those who placed it within arm's reach.

On the flipside, people who kept a bowl of fruit visible in the kitchen weighed on average 13 pounds less than those who didn't. It's easy to build up an appetite for things we can see or obtain with minimal effort. We're more inclined to eat the food on display rather than foraging in our cupboards looking for something to munch on. >>





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YOUR MOVE:

It all comes down to eating what is easiest to get at when the hunger monster strikes, so sequester junk foods in your cupboards and the back of the refrigerator, which helps reduce temptation. Replace these with less damaging nibbles like a bowl of grapes on the countertop or bag of baby carrots placed front-and-center in the fridge. You'll trim calories while netting more vital nutrients for mom and baby.

Clean up

A kitchen that looks like a clutter bomb went off could lead to diet meltdown. A separate 2016 Cornell study found that people who were forced to wait in a chaotic kitchen scarfed down twice as many cookies from a bowl than those who spent time in a spick-and-span kitchen. A messy kitchen can lead to feelings of stress and being out of control, which may then stimulate hunger and excessive eating.

YOUR MOVE:

To help put the kibosh on unhealthy snacking, work at keeping your kitchen tidy instead of in disarray. That means saying *sayonara* to random bills and a sink full of grimy dishes, and *bonjour* to a greater sense of self-control and better resistance to temptation for nutritional landmines. After all, housework is like exercise, right?

Downsize your dinnerware

According to the results published in the *International Journal of Obesity*, adults consistently eat 92 percent of the food placed in front of them, even if it is more than they need to satisfy hunger. And because portions have ballooned in recent decades, being a member of what the researchers call "the clean your plate club" could bring about unwanted weight gain.

To that point: A Dutch study found that when participants were given a large sized bowl, they served themselves 77 percent more pasta than when they were provided with a bowl nearly half the size.

YOUR MOVE:

It seems we eat more with our eyes than our stomachs, so consider outfitting your kitchen with smaller sized dinnerware. This could mean replacing those lofty 12-inch dinner plates that are the norm with more diminutive 8- or 10-inch salad plates. Because you are still eating a plateful of food, you'll trick your brain into thinking it's just as satisfied with less.

And consider making those plates red. A study published in the journal *Appetite* discovered that people consumed less when

food was placed on a red plate than when served on a blue or white one. The study authors speculated that because we have learned to associate red with danger and stop, it could act as a cue for consumption control. Adorning your dining area with red placements and napkins may also work to curtail calorie intake.

Power off gadgets

In this digital age, too often our smart-phones are part of the table setting. But you should know that distracted driving isn't the only hazard to your health. Research from Northwestern University in Chicago found that being exposed to blue-enriched light like that emitted by digital sources before and during meals can increase hunger and may spiral into overeating. Staring at a screen when you should be looking at what's on your plate may stimulate brain regions that regulate appetite and mess with internal hunger cues.

In a separate British study, people who ate lunch while distracted by a task on a computer felt less full and consumed about double the calories than those who noshed undistracted. Anytime your brain is elsewhere when eating, you're munching mindlessly—a hazard to not registering how much you have eaten.

YOUR MOVE:

Think of electronic gadgets like your elbows, and keep them off the dining table. Instead, focusing on the sensory aspects of your meals and snacks, such as the taste and texture, can help your body better register fullness. The latest "The Birth Hour" podcast can wait.

Keep your distance

At your next meal, try this suggestion from Cornell University: Keep extra food away from the dining table. The scientists found that when subjects kept serving dishes that included pasta and pudding off of the table, meaning they had to serve themselves from dishes on the kitchen counter or on the stove, they ate an average of 20 percent

WHERE FOOD BELONGS

The kitchen and dining room are meant for eating. The couch? Not so much. Numerous studies have shown that watching TV while you eat may stoke cravings and make you overeat without realizing it. It comes down to distracted eating and being subconsciously influenced by the nutritional druck that commercials are promoting.

fewer calories. The less effort it takes to eat, the easier it is to shovel it in. But if food isn't on the table, you're more likely to pause and ask, *Do I really need a second helping of meatloaf?*

YOUR MOVE:

Dole out a portion of food onto a plate or into a bowl, and then place the rest away from the table. The visual cue of a clean plate will help signal that you may have had enough to eat. This also applies to snack foods like nuts where it's best to portion out a reasonable amount and then put the rest away.

Eat on the bright side

Mood lighting might be romantic, but it's not great for maintaining a healthy pregnancy weight.

A study in the journal *Appetite* discovered that people who unknowingly received super-sized portions while dining in a dark room took in 36 percent more food than their counterparts who were provided smaller portion sizes. Despite the differences in calorie intake, appetite for dessert and level of satiety were unaffected by how much they had consumed. Eating in a dark kitchen can make you less aware of the amount of food you're taking in, which can fool your fullness cues. Dimmer lighting may also loosen your inhibitions about eating too much.

YOUR MOVE:

Because brighter lights make it easier to see how much you're eating (and feel a little more red-faced when gorging or succumbing to temptation), turn up the lights instead of setting the mood with candlelight. **P&N**



Scale back

Most people can't grasp what a recommended portion—like 4 ounces of chicken breast or 1 ounce of cheese—looks like, so outfit your kitchen with a digital scale to gain a better understanding. It may come as a shock to learn that your typical steak serving is a caveman-like 10 ounces (aka more than you probably need).



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Delivery room MVP

Want to have a great labor and delivery experience? Get to know your nurse—and fast! **BY GINNY BUTLER**

When I arrived at the hospital to deliver my first baby, I had no idea what I was walking into. I had not attended any birth-related classes, and I'd never watched an episode of TLC's "A Baby Story" because I was afraid of what I might see. Truly, I was mentally unprepared for delivery.

Luckily, the labor and delivery nurse assigned to me was 100 percent calm and sure—she had helped so many women deliver their babies that she seemed ready for anything. I got to know my nurse right from the start, chatting about her life and her grown children. She was very friendly with my mom and patient with my clueless husband. She commented that we seemed like such a nice family, and I hoped I wouldn't ruin the impression by screaming or swearing during delivery. (I think I behaved myself pretty well, considering

the circumstances.) I was fortunate to arrive at the hospital early in the morning, so I got to keep the same nurse throughout labor and delivery; she spent plenty of time in my room and made me feel watched over and completely cared for. I never felt like she was in a hurry.

Although my OB/GYN did come in for the actual delivery, he was not a major presence in the hospital experience overall; my L&D nurse was the most familiar face until after the birth when I was moved to a recovery room. She was there to monitor, instruct and reassure me every step of the way, and I felt safe in her care.

"I think when you have a good relationship with your nurse, it becomes a more personal experience. It is such a unique and personal moment that a strong bond with your nurse makes it that much better."

—EMILY SLAUGH, RN

What does an L&D nurse do?

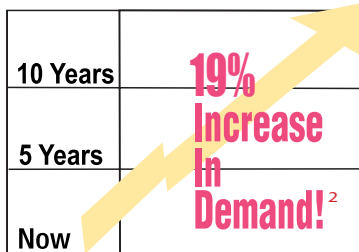
One nurse will be assigned to your room, unless a shift change occurs while you're in labor and the nurses have to make a switch. Your nurse may be assigned to only you, or she may be assisting other patients. (In my experience, you do see a lot of your nurse, so if she's helping anyone else simultaneously, she hides it well.)

L&D nurses are responsible for monitoring your contractions and checking on your baby. Nurses are generally flexible about laboring options and birth plans. As long as you and baby are maintaining healthy vitals, it's your call whether you would like to be in bed with constant monitoring or whether you would like to walk the halls, rock on a birthing ball, or labor in a tub if there's one available. >>

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² <http://www.bls.gov/ooh/healthcare/home.htm> (February 17, 2016)

³ Value depends on graduates' use of services available to them.

Your nurse will be your advocate and connection to the anesthesiologist if and when you desire anesthesia. She will talk you through the labor experience, from early contractions through the transition period until it's time to push. Your nurse will recognize if you or baby begin to show signs of distress and need special assistance—she is well-trained in knowing when it's time to call in your doctor. She is there to assist the OB when he arrives, generally just in time to catch the baby and deliver the placenta. She may help with immediate baby care and perform the initial newborn assessment.

How to bond with your nurse

You've been cultivating a relationship with your OB for months and months, but your nurse—likely someone you've never laid eyes on before—is the person you'll be spending the most time with throughout labor and delivery. It's important to foster a healthy bond with her right from the get-go. So, how do you get off on the right foot?

Brooke Hedin, a mother of four in Idaho Falls, Idaho, shares her secret to a successful patient-nurse relationship: "I really believe a little kindness goes a long way. Be appreciative of the people who are helping you! They love to reciprocate." Treat your nurse as a partner in delivery, and respect her expertise. Of course, if you come into the hospital in the throes of transition, your nurse is not going to expect you to make small talk. However, most mamas arrive with time to talk between contractions. Use this time to get to know your nurse on a personal level, express your hopes for delivery (such as labor positions and medication options), and discuss any worries you have. (Yes, she has seen patients poop during delivery, and no, it's not a big deal.)

Jill Zollinger, a first-time mom who recently delivered in Salt Lake City, Utah, says, "The most important lesson I learned is to be as honest as possible with the nurses." When Zollinger was panicking because she hadn't felt her baby move for a few hours, her nurse listened and resolved her fears. And when Zollinger's first epidural wasn't doing the job, it was her nurse who stepped in and made sure the anesthesiologist came back for a redo. Communicate your concerns, so your nurse knows how to help you.

What not to do

Emily Slaugh, RN, an experienced L&D nurse at Northside Hospital-Forsyth in Cumming, Georgia, shares her secret pet peeve: "It's hard to take care of a patient the way we want when the patient is on her phone constantly or has tons of family in the room when they first get there. I promise they can come back in, but I need to know what's going on so that I can take care of you." It is so important to establish great communication with your nurse—don't let your cellphone or your delivery entourage get in the way of that!

Naturally, you will need to communicate your birth plan to your nurse and give her a written copy if you've brought one with you. However, do be aware that a detailed, three-page plan could incur some eye-rolling. Your nurse will try to meet your birth day expectations ... within reason. Above all, your nurse's or doctor's medical advice should supersede your plan. Maybe you didn't want constant monitoring, but your nurse is worried about baby and needs to keep a closer eye. Or maybe you were dead set on delivering naturally, but your doctor says a C-section is the best way to ensure your safety. Trust the experts!

Treat your nurse with respect and listen to her advice—she's delivered way more babies than you have, guaranteed.



SHOW SOME LOVE

Nurses deserve a little appreciation! If you want to go above and beyond (OK, and earn a few kiss-up points), pack your hospital bag with these extras: a package of Milanos for your L&D nurse and a few thank-you notes to fill out during your recovery—one for your L&D nurse, one for your doctor, and maybe one for a postpartum nurse or the lactation specialist. Include a \$5 Starbucks gift card for extra credit! Your hospital team will definitely appreciate the gesture.

However, you do know your body. If you feel strongly that something is wrong and your nurse is not giving you the help you need, you can ask to see another nurse. Because this could sour your relationship with the nurse assigned to you, make sure you really mean it before you call for a second opinion. Most L&D nurses are wonderful, but, of course, they can make mistakes or have an off day. **P&N**



Do you doula?

If you don't like the idea of depending so heavily on an L&D nurse you've never met before, consider hiring a doula to join your team. A doula does not replace your nurse, but she does act as your advocate with the hospital staff and coach you through labor. While a nurse might have to switch out at the end of her shift, a doula is sure to stay with you for the duration—no matter how long your labor might last.

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Ready and waiting

The birth of Anne Louise. BY KATIE BELL

Our due date came and went without so much as an ache or contraction. I'd never felt better! In the words of my doctor at our last appointment our little girl was "comfy-cozy" where she was, despite my eating copious amounts of eggplant parmesan and walking every hill in our neighborhood multiple times a day. It was decided that if she hadn't come on her own by the following week, we would induce.

Waiting for a baby to arrive is like waiting for Santa to arrive—except you're not sure when he'll actually show up and you can't stop eating all the cookies. Honestly it became quite comical because every night my husband, Taylor, and I would pray my water would break. Every time I moved, Taylor jumped and asked how I was feeling. I sent so many texts to my mom and best girlfriends about every possible labor-is-coming-soon symptom and used an embarrassing amount of exclamation points.

I drank red raspberry leaf tea nonstop all weekend and started having mild contractions that were a bit uncomfortable but wildly exciting. Finally something was starting to happen!

Getting started

At 40 weeks and five days, there was still no sign of Annie budging. My parents and brother came to town, and we all went out for a final meal of my favorite Italian food. When my dad told our waitress I was about to have a baby, she brought me chocolate mousse on the house—and yes, I ate every last bite of it.

At 9 p.m. Taylor and I made our way to the hospital. I was terrified, mostly of all the unknowns of the experience. *Would it be super painful? Would the epidural actually work? What would pushing feel like? Would Annie be a healthy baby?* My incredible husband held my hand and said the most precious prayer as we drove, knowing we would be meeting our baby girl soon. We both cried.

We checked into the hospital and greeted the nurses on the floor with a huge batch of homemade cookies—because who doesn't love cookies? We were shown to our corner room (yay!), and soon I was in the glamorous hospital gown and chatting with our first incredible nurse, Amanda. She calmed our nerves by explaining most everything and encouraged us to try to sleep as much as possible during the night. We watched the birth episodes of both "Friends" and "The Office" (classics!), and then I finally fell asleep.

My contractions started getting more intense during the early morning, and Taylor was so wonderful to hold my hand through each one. We probably slept three or four hours tops.

The next morning we met our incredible nurse with the great hair and even better attitude, Julie. I loved her from the start. She told us how she always pays close attention to details and would explain every little step of the process. She had me at "details."

Julie started the Pitocin drip, which kicked my contractions into high gear. Although my pain was increasing, I was so excited to feel something happening. Soon my doctor (whom I am borderline obsessed with) came in to confirm things were progressing nicely and I was ready for my epidural. Relief flooded my body. Dr. Rupe broke my waters, and then it was time for my epidural, which I was more than ready for by that point, thanks to my low threshold for pain and increasingly intense contractions.

Julie held my hands, and Taylor held my legs as I leaned over the bed with my pillow while the super nice anesthesiologist made all my dreams come true. I was shocked how quickly the medicine took effect but also how I was still able to move my legs.



Pushing through

My parents arrived and remarked on how calm I seemed. I told them they had missed pre-epidural me, and Taylor gave them a quick update on the night before. Taylor and my dad watched my contractions build on the big machine next to my bed while my mom and I chatted. My brother and his fiancé got there, and they all watched *Jaws* while bundled up in blankets.

Hours ticked by, and I kept dilating. My good friend and nurse on the floor, Paige, came in to talk for a bit. Friends, family, movies and a miracle drug? This wasn't so bad after all.

Then, in the early afternoon we had a scare when Julie noticed Annie's heart rate would drop with each strong contraction. She was concerned. Dr. Rupe came and told me they would closely monitor us both, but if things didn't calm down, she would have to perform a C-section. I was terrified but trusted my doctor and Julie. They turned off my Pitocin, and it was up to my body to keep labor progressing.

After being closely monitored for an hour, Julie told us my contractions were building, and Annie's heart rate was doing just fine. Thank heavens!

My dearest friend Ashley came after work and stayed by my side, encouraging me and making us all laugh. I was given

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oxygen to help me rest while I ate Popsicles. Around 5:30 p.m. Julie checked me, and I was at 9 centimeters. She called Dr. Rupe. By the time my doctor arrived, I was at 10 and ready to push!

After a couple test pushes, they told me I was pushing so effectively that our baby would be born in 10 or 20 minutes max. My family, Dr. Rupe and Julie held hands around me while my dad said a prayer for a safe delivery. It was such a special moment, and I felt at peace. I was ready.

They broke down the bed, turned on the bright lights, put my legs in the stirrups, and told me to grab the bars, bear down and push. Julie would say, “Go,” and I would push while they counted to 10 in sets of three. We’d rest for a minute or two and then begin again.

I willed my face to stay relaxed, but with each push I could feel my eyes swelling. Taylor and I had decided he would stay “north of the sheet,” but when the nurses yelled out that she had dark hair, he leaned over to see. We were both momentarily overwhelmed by a flood of emotions, but we quickly pulled it together to keep pushing.

Lots more pushing. Lots more nurses in the room. I joked with the nurses between pushing. Taylor amazed me by being the perfect birth coach—holding my hand, holding my leg to help me push, giving me water to sip. Taylor was my rock of strength and encouragement as I became more and more tired. *You can do this, honey. Our baby girl is almost here. You’re doing so amazing. One more push.*

Julie was supposed to go home at 6 p.m., but she told me she would stay with us until Annie arrived. More pushing. No more talking between pushes—I focused on deep,

restful breaths (all that prenatal yoga came in handy) and prayed for strength. Taylor and Julie said I was in the zone. I didn’t understand why I was still pushing and could feel my epidural starting to wear off.

Dr. Rupe came in a little before the two-hour mark and told me my dad was pacing, so we needed to push harder. I gave my all to the next push but no change. Annie’s heart rate was in some distress, and her shoulders weren’t coming out on their own for some unknown reason. My doctor looked serious and explained that while some doctors would do an emergency C-section, she wanted to try using the vacuum while I gave one final push. If that didn’t work, then I’d be rushed to the OR. I focused on my breathing, knowing I needed all the strength I could muster for this final push.

Taylor, Dr. Rupe, Julie, Paige and what felt like 10 other nurses surrounded me and shouted words of encouragement as I pushed one final time. I felt a great amount of pressure and then heard the sweetest cry at 8:49 p.m. Dr. Rupe held up our precious miracle and placed her on my bare chest. Annie immediately got quiet as she looked up at me. She knew I was her mommy. Taylor cut the umbilical cord as we both cried uncontrollably.

Taylor kissed me through the tears and then said hello to our baby girl. She turned to look at him, and I cried harder. I asked Julie if I could keep her, and I heard a collective “Aw” from the nurses.

As Dr. Rupe stitched me up, she told us that Annie had flipped her body last-minute to be sunny-side up and that she would have had to perform a C-section if my pushing hadn’t been so efficient. She also



added that it would have been 10 minutes of pushing if Annie hadn’t flipped. Of course, Annie insisted on a dramatic entrance into this world.

Paige placed Annie underneath the warmer, and Taylor held her tiny hand. She weighed 7 pounds, 1 ounce and measured 20 1/4 inches long—so dainty and perfect in every way. Soon everyone left the room and turned the bright lights off, leaving us with our baby girl. Our little family. Our perfect gift from God had arrived, and our hearts were forever changed. **P&N**



Every mama has a story to tell

Email your birth story, along with a few photos, to birthstory@pnmag.com. We'll share it on our Birth Day blog (pnmag.com/birthday) and may even print it in an upcoming issue.



Meet the Bells

HOME: Centerville, Tennessee

ANNIE NOW: An almost 6-month-old who adores going for a stroll

FAVORITE FAMILY PASTIME: Spending lazy mornings in bed reading books together

FAMILY PET: Buddy, a toy poodle

MILESTONE MEMORY: Annie's first smile—with two dimples, any grin is a major event.



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Stretch marks the spot

They're unfortunate and often inevitable, but the dreaded streaks can be diminished.

➔ When it comes to being pregnant, stretch marks practically come with the territory. "Stretch marks (*striae distensae*) are bands of scar tissue that form at sites where the skin's ability to stretch is not sufficient to keep up with the rate of growth or expansion of an area," explains Whitney Bowe, MD, a board-certified dermatologist in New York City. "The elastic fibers in the deep layers of the skin stretch out and ultimately snap, leaving the surface of the skin rippled."

Although some mamas-to-be avoid the tiger stripes thanks to good genetics, most of us simply aim to do everything we can to minimize them. But what works and what doesn't? According to Bowe, "Avoiding the use of steroids—both topically and orally—can dramatically reduce your risk of stretch marks, especially in areas where skin is thin, such as the underarms, breasts and inner thighs."

Eating a diet that's rich in protein can help, too. "It provides the building blocks for new collagen and elastic tissue to form and helps stretch marks heal over time," Bowe says.

Specially formulated topical treatments can also reduce the purple and reddish lines. "Creams, oils and shea butter prevent the development of stretch marks by keeping the skin well-hydrated and theoretically allowing it to stretch more easily," says Bowe. Just remember: "The sooner you start rubbing in, the better."

A case of the blues

Blake Lively's ocean-hued ensemble has us feeling all spring-feverish.

PRODUCED BY ERIN SHEA LONG



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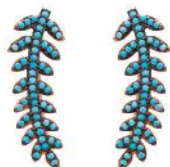
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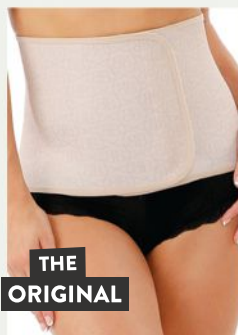
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Baby-safe beauty

Follow these simple steps to pregnancy-proof your skin care routine. **BY TIFFANY R. JANSEN**

There's so much advice out there for expectant women that it's difficult to know what to adopt and what to ignore. Are you doomed to forgo your routine hair color touch-ups for the next nine months? Do you really need to put off visits to the nail salon until after you've stopped breastfeeding? Is your favorite moisturizer temporarily off-limits? And just how dangerous is your acne treatment to your baby?

"You can make yourself absolutely crazy," warns Karen Ashby, MD, OB/GYN at University Hospitals Cleveland Medical Center in Ohio. Or you could do like I did and pretty much dump your entire beauty regimen just to "play it safe." I can only imagine what went through the minds of family, friends and even complete strangers when they saw my graying roots and pimple-riddled visage!

While there are products and treatments you definitely want to avoid, the good news is that most of the things women use in their skin care routines are completely safe during pregnancy. Here's a breakdown of what to keep, what to ditch and what bump-friendly alternatives to add into the mix.

Cosmetics

There's no need to fret about your general cosmetics: makeup, moisturizers, scrubs and toners are all extremely safe.

According to Linda Loretz, chief toxicologist at the Personal Care Products Council, an industry trade group based in Washington, D.C., "Cosmetics and care products are one of the safest categories that the FDA (Food and Drug Administration) regulates" because products are required to be substantiated before they can go on the market. Toxicologists, chemists, cosmetic formulators and microbiologists weigh in on the development process, and then products are subject to numerous types of tests to ensure safety.

Oil cleansers and moisturizers tend to be popular among expectant women, according to Joshua Zeichner, MD, director of cosmetic and clinical research in dermatology at New York City's Mount Sinai Medical Center, because they contain natural ingredients.

"It really depends on the person," says Zeichner, noting that some moms-to-be shun preservatives, fragrances and certain ingredients found in sunscreen, such as oxybenzone, a possible hormone disruptor. Other women, like Loretz, go through their entire pregnancy with their makeup bag completely unaltered. >>

BAG CHECK

"My recommendation is for a woman to bring in her bag of personal care products to review what she's using [and] decide what she should cut out," says Joshua Zeichner, MD. Your practitioner can help determine what's safe and what to put on hold.



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BABY SAFETY RIGHT OUT OF THE BOX



GOOD TO KNOW

Durable infant and toddler products, including most babygear items, are now *required by law* to come with recall-only product registration cards and online registration forms.



WHAT EXACTLY IS A PRODUCT RECALL?

By definition, the word “recall” means “to call back” or “return.” In the United States, however, a product recall indicates that a *potential safety hazard or violation was discovered*, and some form of corrective action must be taken to rectify the problem. That action, or remedy is a repair, replacement or a refund.

IS IT LIKELY THAT I OWN A RECALLED PRODUCT?

Yes... and no.



The chance of you owning at least one recalled product is *HIGH*.

This is what makes recalls a difficult problem for parents.



The chance that you own any specific product being recalled OR The chance that you own the specific product when a recall is announced is *LOW*.

Around 42 % of the 400 recalls The Consumer Product Safety Commission (CPSC) issues every year are typically for children’s products. Compared to the billions of children’s products sold each year, it is a small number, but means the average US household with children aged 12 and younger could own at least one recalled product.



TRASH OR TREASURE?

Secondhand products can be a great cost-saving measure, just not at the expense of safety. It is extremely important to *check for recalls* when buying or using secondhand baby gear.

“ If there is a safety announcement or **RECALL** associated with that product, the manufacturer will be able to contact you directly, to provide details on what to do with your recalled product. ”

STAY ON TOP OF RECALLS!

Register! The best way to make sure the items you own have not been recalled is to register them with the manufacturer.

FOR MORE INFORMATION ABOUT RECALLS VISIT <https://babysafetyzone.org/safety/recalls>



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Beauty

Beauty after birth

Just because baby has finally arrived doesn't mean you can go back to your prepregnancy skin care regimen just yet. If you're breastfeeding, you'll need to run any medications or treatments by your care provider—that's because anything that passes through your bloodstream can be passed onto your nursling through your breast milk. The off-limits lists for expectant and nursing moms vary slightly, so double-check on anything questionable to ensure both you and your wee one stay safe.

Treatments

Steer clear of topical retinoids (a vitamin A medication commonly found in antiaging treatments), as they have been associated with birth defects. Other ingredients to watch out for are salicylic acid and benzoyl peroxide, which can be found in many over-the-counter antiaging products.

Botox and fillers are definite no-no's, and Zeichner recommends avoiding laser treatments as well. "If there's a burn to the skin [or] if there's an infection—some adverse event that needs to be treated—that can have an effect on the pregnancy," he cautions.

An excellent and safe antiaging alternative is topical vitamin C due to its antioxidant properties, which work to calm inflammation of the skin caused by free radicals. The use of vitamin C is linked to improvements in skin tone, texture, fine lines and pigmentation.

Some safe skin correction lines to consider include SkinCeuticals, RoC Multi Correxion, Indie Lee and Manuka Doctor.



Exercise the same amount of caution with over-the-counter products as you do with prescription ones as they are still considered drugs.

Medications

Changes during pregnancy put hormones into overdrive, causing fluctuations in the oil glands. As a result, pregnant women can suffer from serious acne. Unfortunately, many prescription acne medications are not safe during pregnancy, and more studies are necessary to determine the safety of over-the-counter acne treatments.

If you struggle with acne, talk to your dermatologist or practitioner about topical antibiotics like clindamycin and erythromycin, both FDA pregnancy category B (see sidebar on opposite page). A topical product called finacea, typically a treatment for rosacea, can also be used to help reduce acne-related inflammation.

Eczema and psoriasis are two other skin conditions regularly controlled with medication. "Both inflammatory rashes ... are commonly treated with topical cortisone creams," Zeichner says. He recommends holding off on cortisone creams, particularly during the first trimester, and substituting moisturizing products instead.

CHECK IT OUT

Not sure which of your skin care products make the grade? The Personal Care Products Council has a searchable directory of products and ingredients, as well as the science and safety behind them, at cosmeticsinfo.org. You can also look through the Environmental Working Group's Skin Deep database for safety ratings on over 64,000 cosmetic products at ewg.org/skindeep.



Hair and nails

One of the most common questions pregnant woman have is “Can I get my hair colored?” It’s also one of the “don’ts” you’ll hear frequently from well-meaning co-workers and girlfriends.

There’s really nothing to back up the claim that dye and other hair products are harmful during pregnancy. In fact, these products—like other cosmetics—are rigorously tested for safety.

Researchers took a look at hair stylists to determine risks posed by hair products during pregnancy and lactation. And as authors Tara Haelle and Emily Willingham report in their book *The Informed Parent: A Science-Based Resource for Your Child’s First Four Years*, they “found no evidence that congenital anomalies, poor pregnancy outcomes or children’s developmental problems” were linked to them.

Our experts agree that most topical nail products, such as polishes and lotions are probably fine. New evidence does suggest, however, that exposure to chemicals commonly used in nail salons may carry higher risk. “Obviously you want your salon to be well-ventilated,” says Loretz.

If you plan to keep up with your salon treatments, Ashby recommends waiting until after the first trimester.

Still concerned? Switch to a henna-based dye or a nontoxic nail polish for the time being, suggests Zeichner. You may also want to trade in your hair spray for gel or mousse to avoid phthalates, which some animal studies have linked to sexual development interference in males.

Far and away the best thing you can do if you’re concerned about skin care and beauty product safety during pregnancy is consult your dermatologist or health care provider. “Every situation is a little bit different,” Zeichner says, “and you have to discuss the risks and the benefits.”

P&N

How do your skin medications measure up?

In December 2014, the Food and Drug Administration (FDA) developed a new system for categorizing medications based on their risk to the fetus during pregnancy, but it will take several years to fully implement. In the meantime, here’s a list of the current pregnancy categories and what they mean ...

► **CATEGORY A:** Well-controlled studies have shown that drugs in this category pose no risks to the fetus at any time during the pregnancy. Unfortunately, very few medications fall under this category.

► **CATEGORY B:** These drugs have not been seen to pose risk to the fetus either in animal studies or observational studies of pregnant women. *Examples: clindamycin, erythromycin, finacea*

► **CATEGORY C:** Adverse effects in the fetus have been found in animal studies, but there have been no well-controlled human studies. Or there’s a lack of strong data from either animal or human studies, leaving the risks of taking the drug unknown. *Examples: benzoyl peroxide, salicylic acid*

► **CATEGORY D:** Past studies have shown fetal risk in animals and humans; however, the benefits of taking the drug may outweigh the potential risks. *Example: methotrexate*

► **CATEGORY X:** These are medications you should avoid at all costs during pregnancy and lactation. *Examples: isotretinoin (Accutane), tretinoin (Retin-A)*

► **CATEGORY N:** The drug has not yet been classified by the FDA.

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PREGNANCY PEST CONTROL

Something bugging you? We've rounded up solutions to the most frequent prenatal annoyances.

BY SARAH GRANGER

Although growing a baby is an awesome feat, the side effects are plentiful—and, unfortunately for the mamas carrying those wee ones, they're mostly pretty unpleasant. (Heavier-than-normal vaginal discharge, we're looking at you.) Read on for a bevy of ways to exterminate some of the most common offenders—or at the very least keep them under control.



Nausea + vomiting

By now, you might have discovered that the term “morning sickness” is a little misleading. Although some women experience nausea and vomiting primarily in the early hours, for many others it’s an all-day affair. Officially, it’s called “nausea and vomiting of pregnancy,” or NVP for short.

NVP tends to rear its ugly head around the sixth week of pregnancy, but it’s not unheard of for it to arrive sooner. Luckily, it subsides for most women around the close of the first trimester. The severity swings within a wide range: You could find yourself anywhere from mildly nauseated to wildly ill. If you’re having trouble keeping food down, eating healthily—or

even eating at all—can be a real challenge. Do your best to maintain a nutritional diet, but if all you can stomach is saltine crackers, that’s OK for now. Hopefully, the sickness will pass with time, and your prenatal vitamin can help fill in the nutritional gaps.

Medications and supplements (such as vitamin B6) can offer relief but should be taken under the supervision of a medical professional. Throughout your bout with NVP, stay in touch with your care provider about how often you’re feeling sick, what you’re able to eat and whether your condition is improving with time. In rare cases, NVP can become severe; in extreme instances, it can be dangerous for you and your baby.

THREE TRICKS TO TRY

Our best advice for easing the quease.

1) Eat small, frequent meals throughout the day. A mix of protein and complex carbs—think nut butter on

whole-wheat toast—is best, but do what you can. Keeping something in your stomach usually helps. Because it’ll likely be empty when you wake up in the morning, store some crackers by the bed and nibble a few before attempting to start your day.

2) Make ginger your new best friend. Remember how your mom used to give you ginger ale to drink when you were sick? Same idea. Ginger has long been known to ease tummy troubles, and it’s available in a variety of forms for expectant moms: teas, hard candies, gummies, you name it. Just be sure your treats are made with real ginger. (Alternately, some moms also swear by peppermint.)

3) Let your nose call the shots. Smells can be a big player in the game of nausea. Things you previously enjoyed the aroma of could have you heaving once baby joins the party. (Coffee is a common offender, as are fatty or fried foods.) Once you’ve figured out what’s pushing your buttons, avoid it like the plague, and reach for soothing scents instead. Studies show a sniff of lemon can relieve sickness, and diffusing certain essential oils can be helpful as well.



Why me?

Although several factors are believed to possibly influence NVP (fluctuating hormones ranking high on that list), it’s unclear exactly what causes it and why some women suffer more than others. However, if you can check “yes” to any of the below, your odds of experiencing NVP are higher than if you’d been able to answer “no.”

- You’ve had NVP in a previous pregnancy.
- You have a history of motion sickness.
- You have a genetic predisposition to NVP. (If your mom and/or sister(s) suffered from NVP, there’s a higher likelihood you will, too.)
- You have a history of migraine headaches.
- You’re pregnant with multiples.
- You’re having a girl. (For unknown reasons, moms carrying daughters tend to suffer from NVP more often.)

QUICK TIP: Wristbands designed to quell seasickness can combat NVP, too. Pick some up if you’re dealing with frequent nausea.



The no. 1 way to help ease the woes of pregnancy?

→ **Take your prenatal vitamin on the regular. If swallowing a large pill isn’t going to work, try chewable, liquid or mini vitamins instead.**





Constipation + hemorrhoids

About half of all expectant women find that at some point in their pregnancies things aren't moving through quite like they used to. Gina Haldeman, CNM, a midwife in Alexandria, Virginia, and creator of the Step by Step Pregnancy Care App, explains: "The hormone progesterone is greatly increased in pregnancy, and this has an effect on the smooth muscle tissues." Because your intestines fall into that category, your digestive system might be a bit slower than you'd like.

For many gals, the fix is simple. "Taking a daily stool softener can make a world of difference," says Haldeman. Pregnancy-safe varieties are widely available, so don't hesitate to ask your care provider for a recommendation if you need to get back on track. Increasing the amount of fiber in your diet, drinking plenty of fluids and exercising regularly will also help.

Constipation sometimes leads to an even peskier problem—hemorrhoids. These little balls of joy are essentially varicose veins of the anus. Although straining to move your bowels while constipated often produces them, there's another issue at play, too. The pressure of your expanding uterus on certain veins slows the return of blood from the lower half of your body to the heart, making varicose veins more likely anywhere below the belt.

You can generally treat hemorrhoids on your own, but if you notice any rectal bleeding or they don't clear up within a week, loop in your care provider. (Many over-the-counter products are OK to use while expecting, but they shouldn't be used for longer than seven days. If you want to try one, call your practitioner's office for a recommendation.)

Here are a few ways to lessen the pain until the bulge passes:

■ **Wipe the slate clean.** Sub out regular toilet tissue for moistened wipes. (You'll find flushable ones in the same aisle as the tissue.)

■ **Compress the problem.** A cold compress soaked in witch hazel will do wonders for easing the pain and itching.

■ **Soak the sore area.** Sit in warm water in the tub for 10 to 15 minutes a few times each day. If you can't hop in the tub, try a sitz bath that fits on the toilet instead. (Pick one up at your local drugstore.)

■ **Practice prevention.** Doing daily Kegel exercises, avoiding sitting or standing for long stretches of time, and trying not to strain on the toilet can all help prevent the predicament in the first place.

WELL, THAT STINKS

When your gastrointestinal tract slows down, air tends to get caught in the digestive tract, leading to unpleasant flatulence, bloating and burping. Follow these tips to keep from, er, blowing up.

EAT SMART. Avoid beans, cabbage, broccoli, Brussels sprouts and other gas-causing foods. Sugar (even naturally occurring fructose) and carbonation are also bad news, as are high-fat and fried fare.

AVOID THE BIG GULP. Try to ingest less air when eating by limiting conversation and drinking during meals. Trade in your traditional three meals a day in favor of several small meals, and take the time to thoroughly chew each bite.

MAKE YOUR MOVE. A brisk walk can encourage gas to make its way through the tract and relieve bloating. (Comfortable, loose clothes will also help.)

PASS WITH CAUTION. Some gas will be unavoidable, so simply strive to handle it with grace. If you can make an exit before the gas does, your co-workers will appreciate it. If you can't? Well, it happens.



Heartburn

Digestion might be in turmoil up top, too. Although it's often worst in the last trimester, heartburn can flare up anytime during pregnancy. There are some steps you can take to prevent it:

- *Keep weight gain within the recommended range.*
- *Avoid foods known to cause heartburn. (See sidebar for list.)*
- *Eat small, frequent meals.*
- *Eat slowly.*
- *Drink before and after meals, but not during (unless necessary).*
- *Stay upright after meals.*
- *Elevate your head while sleeping.*
- *Don't eat late at night or near bedtime.*

You might also find that liquids—soups, smoothies, yogurts and the like—are less likely to light a fire within. If heartburn does strike, chew on TUMS for relief, or try a stick of sugarless gum. (Artificial sweeteners should be used in moderation while expecting, but the minimal amount found in gum shouldn't pose a problem.) A glass of milk can quiet the burn, too, for some people. If it's a recurring problem, your OB or midwife might recommend a medication that helps control acid production.



Burn, baby, burn

Frequent offenders when it comes to heartburn:

Fatty foods
Fried foods
Spicy foods
Garlic
Onion
Chocolate
Citrus fruits
Peppermint
Tomatoes
Caffeinated beverages
Carbonated beverages

QUICK TIP:

Cheese and other high-fat dairy products trigger heartburn for some people. If you've eliminated the usual offenders but still feel the burn, try cutting the dairy in your diet. (Just be sure you're getting plenty of calcium from other sources.)



Fatigue + exhaustion

Here's a hard truth: You're going to be more tired than usual when you're expecting, probably notably so in the first and third trimesters. There are many reasons for this—fluctuating hormones, an increase in blood production, and lower-than-usual blood sugar levels and blood pressure among them—and there's really no quick fix to make it better. You're just going to be fatigued.

However, there are things you can do to slightly improve your situation. Rest as much as you can. If you're pooped, opt for a Hulu binge rather than a cleaning binge. (Or, better yet, read a book! Screens have

a way of making true rest elusive.) Don't be afraid to take a nap or go to bed early when the opportunity presents itself.

As with all maternity woes, a healthy diet—making sure you're getting enough calories daily and hitting your iron and protein quotas while you're at it—and regular exercise will help. Exercising seems counterproductive when it comes to exhaustion, but it doesn't have to be something intense. A 30-minute walk counts as exercise when you're tired. Head outside for the trek, and your mood will thank you. Fresh air and sunshine can do wonders for both your energy and your outlook.



Doc knows best

Really, she does. We stress the importance of consulting with your care provider frequently because it's important to communicate your symptoms to someone who is familiar with your unique situation. Not all pregnancies are created equal, and you should have someone who knows your medical history guiding your decisions. The internet can be helpful, but it can also be hurtful—let a human walk you through the weeds.



FOR PEE'S SAKE

If you suspect you might have a urinary tract infection (UTI), which are more common in pregnancy, reach out to your practitioner for treatment. “The key is for pregnant women to hydrate well,” advises Gina Haldeman, CNM. “Stay in communication with your health care provider if you notice burning with urination.”



Second best

Did you notice that most of these pregnancy pests show up in the first or third trimester? The second trimester is generally the least troublesome time span, so it's a great time to get stuff done. It's also prime traveling time if you hope to hit the road (hello, babymoon!) before newbie arrives.



Restless leg syndrome + leg cramps

If your legs are keeping you up at night, you're not alone: *The Journal of Midwifery and Women's Health* reports that up to 30 percent of expectant women are affected by leg cramps during pregnancy, and up to 26 percent experience restless leg syndrome (RLS).

Leg problems generally appear in the second or third trimester. Both calf cramps and RLS stump doctors—there's no definitive cause for either of them during pregnancy, but there are things you can do to ease and possibly prevent both problems.

When it comes to leg cramps, weight gain, swelling and fatigue might be to blame. Although you can experience them during the day, nighttime is when they tend to stand out, with the spasms sometimes even waking you from a dead sleep. To help prevent them, stretch your calves before bed, wear support hose or socks during the day, drink ample fluids, and be sure you're getting plenty of calcium and magnesium in your diet. (Look to dairy and bananas to boost your intake.)

RLS isn't as easily fixed. It's characterized by strange, unpleasant sensations in the legs. Words like painful, irritating and throbbing are often thrown around when trying to describe the feelings, but perhaps the moniker itself offers the best descriptive: restless. You just feel the need to move your legs—and not in a good way.

The symptoms of RLS aren't limited to nighttime; they can pop up after any period of inactivity, such as after riding in the car or watching a movie. Unfortunately, most of the meds approved for RLS are off the table during pregnancy. Soaking their legs in warm water before bed helps some moms, as does maintaining a healthy

diet and getting plenty of exercise. Low levels of iron or magnesium might be to blame, so have your doctor check those if you're bothered. A supplement or diet adjustment might help.

Other tricks to try: gentle leg massages (put your partner to work!) and establishing a good nighttime routine. Don't climb into bed until you're ready to go to sleep, because the longer you lie there, the jumpier your legs might be. When you're having an episode of RLS, get up and move around a bit to see if it calms things down.

QUICK TIP:

Got spider veins in your legs? Try compression tights, recommends Naz Saedi, MD. "They work wonders for many of my patients, and it's a really simple solution."

That tingly feeling

If you're experiencing "numbness, burning or tingling down the leg, you might be facing sciatica, an all-too-common pregnancy condition," warns Evelyn Haworth, DC, a chiropractor in Chicago. "The sciatic nerve is formed by five nerve roots that come together after exiting the spine," she explains. "If any of the nerve roots or sciatic nerve are pinched, it can result in sciatic nerve pain."

What would cause those nerves to get pinched? A number of baby-related factors. Haworth cites weight gain, water retention, uterine expansion and poor posture (due to your growing abdomen and breasts) as contributors, and your baby can also position herself in such a way later in pregnancy that she presses against the nerve. Sciatica is most prevalent during the third trimester, but Haworth has a few tips for dealing with it.

- Try to gain weight slowly.
- Take breaks, and get off your feet periodically.
- Avoid lifting heavy objects.
- Sleep on a firm mattress—lie affected side up with a pillow between your slightly bent knees.
- Wear a pregnancy belt when your bump begins to protrude.
- Ask your doctor or chiropractor to recommend additional exercises and treatments.



A close-up photograph of a woman with blonde hair and a red flower earring, looking down at a newborn baby. The baby is sleeping peacefully in a blue and white horizontally striped Baby K'tan carrier. The carrier is worn like a t-shirt, with the baby's head and arms visible. The woman's hands are gently holding the baby's feet.

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In the nose

Many gals suffer from rhinitis of pregnancy, which is a fancy way of saying they've got an unexplained stuffy nose. If your doctor has ruled out allergies or an infection and you're still sniffly, you might just be part of the 30 percent who experience this condition. Thankfully, it'll clear up on its own soon after you give birth, and you can treat it the same way you would a common cold: with steam, saline drops, a humidifier and elevation.



Acne

Sure, it's small potatoes in the grand scheme of things, but the acne that often accompanies a baby on board has exasperated many a mom-to-be. (It's those trouble-causing hormones, at it again.)

"Simply keeping up with your skin care routine can help prevent acne from spiraling out of control," says Naz Saedi, MD, a dermatologist in Philadelphia. So, even when you're fighting exhaustion, take two minutes to wash your face before bed and in the morning.

Keep in mind, though, that your old standbys for pimple treatment might be temporarily off-limits. Certain common ingredients, such as salicylic acid, benzoyl peroxide and retinoids, are not baby-safe. Luckily, there are many approved products on the market that will do a fine job of keeping your skin in line. "Ask your dermatologist to make sure that the products you are using are safe," advises Saedi. (For more on what's a no-no during pregnancy—as well as advice on what to use instead—flip to page 52.)

Ditch the itch

Your skin might get pretty itchy as it stretches to accommodate your growing babe. Luckily, there's an easy fix: "Moisturize!" advises Naz Saedi, MD. "It can really help to reduce itching and irritation."



Swelling

About a quarter of the weight you gain during pregnancy will be made up of the extra fluids your body will accumulate. In fact, you'll be producing about 50 percent more blood than usual. This fluid retention often results in edema, more commonly known as swelling. The legs, ankles and feet usually bear the brunt of it, but it's also common in the hands and face. Edema tends to peak in the third trimester.

Certain factors can make swelling worse, such as heat, spending a lot of time standing and a sodium-heavy diet. Avoiding caffeine and increasing their potassium intake can help ease the symptoms for some women, as can rectifying the troublesome situations noted above. (We know you can't control the weather, so simply limit your time outside if it's warm and you're inflating faster than your pool float.)

A few more tips: Make water your new best friend by drinking lots of it and hopping in it to rest or swim if you have access to a pool. If it's your ankles or feet that are puffing up, elevate your feet when you're sitting or lying down. And don't even think about reaching for a pair of heels—this is the time for comfortable, supportive shoes. You might be tempted to grab a pair of flip-flops, but they don't offer a lot of support, so flats with a good arch and padding are a better choice.

While some swelling is normal, sudden or severe swelling could be a sign of trouble (particularly if it's in the face or hands). Contact your practitioner if you have concerns. **P&N**

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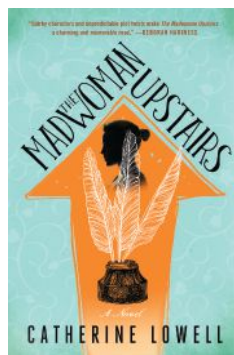
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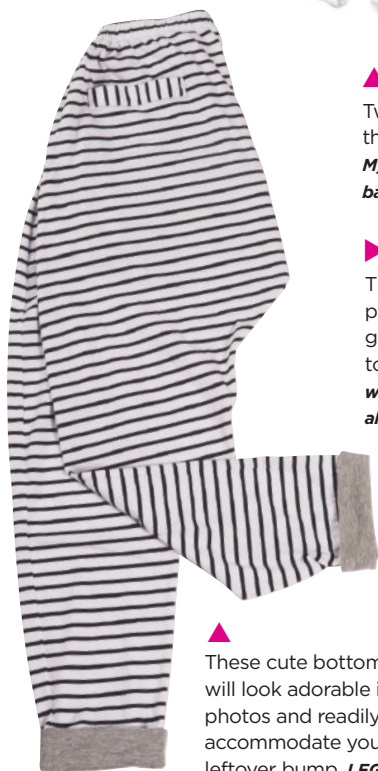
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▲ Pro tip: Pack a diaper for every hour you'll be away. **Parasol Co. diapers**, \$22, parasolco.com



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Slow and steady

Ease into the change by modifying baby's schedule gradually. "Adjust the morning and afternoon naps by 30 minutes to begin with, and add another 30 minutes by the third day," suggests Alysa Dobson, a certified child sleep consultant with SleepWell Baby (sleepwellbaby.ca). "By the end of the week, your little one should easily switch over to the new schedule."

Light idea

"Sleep is regulated by our circadian rhythm (our body's internal clock), and that clock is controlled by light and darkness," explains Dobson. Having lights on in the morning when it's time to wake up and closing the blinds to darken the nursery when it's time to sleep will help baby acclimate.

Routine checkup

Don't underestimate the importance of maintaining a familiar schedule. "Children thrive when parents provide a structured environment, so keeping your everyday routines consistent will help," Dobson notes. "Structure your day with regular playtimes, mealtimes and presleep routines—all per the new time."



Cry baby

As much as it pains you to see your wee one distraught, crying is an infant's primary way of communicating—so a bit of wailing isn't necessarily a bad thing. **BY JEN WITTES**



If a baby fails to offer a strong cry immediately following birth, we worry. If that same baby—once home—cries a whole lot, we worry!

Though everyone knows that infants cry, new parents in particular often feel uncertain about what baby's cries mean, how much crying is normal and when to be concerned. Of course, this learning curve sharpens as we realize that the spectrum of “normal” is vast and that every child is different.

A means of survival

The most important thing for a new parent to remember is that crying is not only normal—it's good! It's how a very vulnerable infant (who can't yet move, feed or understand that people who leave the room come back) expresses herself.

As James J. McKenna, PhD, director of the Mother–Baby Behavioral Sleep Laboratory and professor and endowed department chair of anthropology at the University of Notre Dame, says, “When all is considered, it is dangerous to be an infant ... Crying is the infant's primary mode of communication, and it functions not just to accommodate infant needs but

[also] to bring the caregiver close. Proximity to the caregiver is critical to the infant's survival.”

The closeness that McKenna refers to means many things. Physical closeness both protects the infant from possible danger and helps immature biorhythms regulate. At the same time, emotional closeness facilitates trust and emotional well-being. It also allows mamas and papas to better understand their babes.

Babies have feelings, too

Another benefit of crying, for the infant, is the discharge of built-up energy. Much like how an adult may feel better after “a good cry,” the release relaxes baby. “Charge of emotion builds up—anyone, even a baby, needs to relieve that tension,” notes Dale Rosin, DO, a child psychiatrist practicing in Somerville, New Jersey. “Sometimes the baby needs to get out feelings. Feelings from birth, feelings perhaps transferred from a new mother's anxiety.”

Observe a baby's face for any 5-minute period, and it should be no surprise that she is intensely sensitive. You can watch her express worry, frustration, euphoria, love, contentment and loneliness. Crying helps her let those feelings out.

Not sure why baby is crying?

Run down the list ...

- Lonely
- Wet
- Hungry
- Gassy
- Too cold
- Too hot
- Scared
- In pain or sick

The language of infants

Many wonder whether different types of cries mean different things. Is there a universal guide to interpreting an infant's cries?

“I think, yes,” says Tammy Johnson, a birth and postpartum doula, lactation counselor and parent educator in Burnsville, Minnesota. “Just as there are vocalizations we, as humans,

make universally when communicating or experiencing situations—such as the vocalizations during the stages of labor or even the different sounds men and women make during sex—there tend to be universal truths in the type of sounds heard in crying.”

A shrill cry might mean panic or fear. A sharp cry often signifies pain. A whiny and persistent cry could indicate hunger; a sad cry, loneliness.

This breakdown of how cries usually sound gives an idea on how one might interpret the cries by listening, empathizing and paying attention.

“If you view a child crying too mechanically, you're not in emotional contact,” explains Rosin. Emotional contact refers to one of the kinds of closeness McKenna described as crucial to survival. That closeness, that bond, is exactly what will allow a parent to become an expert at interpreting different cries. >>

DID YOU KNOW?

Babies don't cry actual tears until 3 to 12 weeks of life because their tear ducts are not yet fully developed.

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When to worry

In my previous work as a postpartum doula, my golden rule was to trust a mother's intuition. An emotionally connected mother will know when something is cause for concern, and in the face of such certainty, no doctor or doula or in-law should doubt her.

"Crying in the presence of other symptoms, like many attempts to feed a baby with refusals or pulling away, for instance, would be cause for concern," cautions Johnson. "It might mean the baby is under the weather; it might mean the baby has thrush."

Rosin adds that it may be time to worry if a child cries and cries without relief and doesn't stop. This could mean pain, such as an ear infection. It could also be colic ...

And then there's colic

Colic is another story. Should parents be concerned if they have a colicky baby? Concerned for their sanity, perhaps. Although the term "colic" dates back many years, it is still somewhat of a mystery. Generally speaking, it can be defined by the "Rule of Threes":

- Starts at 3 weeks of age or older.
- Lasts for approximately three hours in a stretch.
- Happens at least three days per week.
- Lasts for longer than three weeks.

Anything else can be considered a rough patch or developmental growing pains.

Colic is frequently described as "tummy trouble" and is often used to describe trapped gas, even in adults. But if you ask a family deep in the trenches of infant colic, they will vehemently express that it is not "just bad gas." They have likely burped endlessly and tried gripe water, probiotics, different feeding positions and so on.

For the families who are certain that their baby's colic has nothing to do with gas, take heart. New findings about colic are coming to light all the time. Some studies have linked incidents of colic with individuals who later develop migraine headaches. Given a colicky baby's

sensitivity to movement, noise and light, this is highly possible.

Whatever the potential, yet still unconfirmed, cause of colic—be it gas, early onset migraines or respiratory reflex confusion—it is imperative that the parents practice good self-care and heed the following advice:

- 1 Try to remain calm.
- 2 Take turns dealing with an inconsolable child.
- 3 Get fresh air.
- 4 Take measures to get rest.
- 5 Wear the baby, both during episodes of colic and throughout the day. The upright position will help with gas, the intimate snuggle will eliminate sensory overstimulation, and the proximity to a parent will help regulate out-of-control respiratory impulses.

How we react

For at least the first year of a child's life, it is imperative that the caregiver responds to an infant's cries. This in part shapes the way in which the child will view the world. *Can I trust those whom I'm closest to? Do I know that my voice will be heard? Am I able to ask for help when I need it?*

That doesn't mean there is harm in waiting a breath to see if your little one settles down on her own. Gradually minimize involvement (think phasing out rocking back to sleep in favor of a gentle hand on the back), or give yourself a 2-minute breather during a particularly intense crying session.

And keep in mind that the goal isn't to eliminate the crying, but rather to respond to it. "There are two extremes in which parents might continuously handle crying in an ineffective way," explains Rosin. "The first is to rush in and frantically try to put a stop to it. The other extreme is adopting the idea that you have to let a baby cry alone."



Rosin points out that somewhere in the middle is more reasonable. You can allow your tot to cry while letting her know, via a gentle touch or soothing word or response to a basic need, that you are there.

Remember that your own intuition is your biggest teacher in terms of understanding, responding to and coping with your baby's cries. Never doubt that you know your baby best. This confidence in your bond will see you through. **P&N**

REMEMBER: Your baby is not trying to manipulate you when she bawls, nor is she even capable of doing so. At some point late in the first year, she might experiment with cause and effect. When that time comes, teach her that the effect of using her voice is being heard, being understood and being cared for.



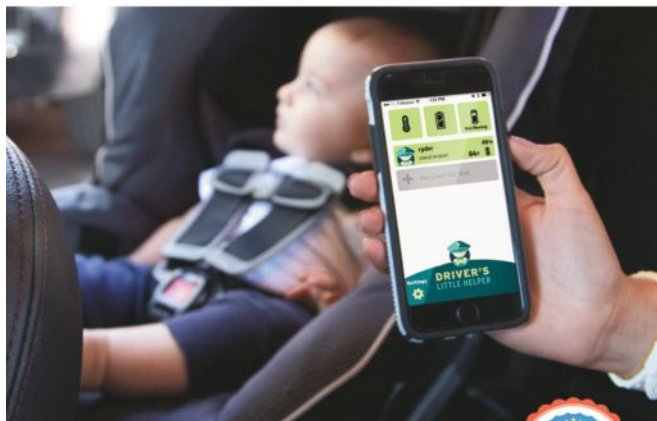
Watch closely

Learning baby's feeding cues (rooting, placing hand to mouth, sucking clothing or fingers, vocalizing) is perhaps even more important than learning her different cries. Getting an overexcited, extremely hungry and upset baby to settle down for a meal is difficult. Try to catch the cues before your hungry hippo gets frustrated!



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Breastfeeding on the fly

Between the airline check-in desk and baggage claim, there aren't many options for moms in need of a place to pump or nurse. Find out how to navigate common airport obstacles, so you can confidently provide for your babe. **BY SARA NOVAK**



If you're a mom who travels often (whether for business trips or family vacations), you likely have at least one memorable tale of nursing or pumping in an airport. From cramming into a tiny bathroom stall to futilely trying not to expose yourself in a busy terminal, surviving as a lactating jet-setter makes navigating TSA checkpoints seem like child's play.

Although pediatricians stress that breast milk boasts benefits that can last a lifetime—including increasing resistance to disease and infection early in life and reducing the risk of obesity, diabetes, asthma and other illnesses long-term—it's a struggle for frequent flyers.

Out of place

The lack of pumping-appropriate rooms in airports makes it difficult for traveling moms to meet their breastfeeding goals. Working moms who need to express themselves en route to their destinations are often forced into particularly

uncomfortable, unsanitary situations without any privacy, seating or space.

New mom Cathy Gessert is a financial executive in San Francisco who travels for work each week from the Bay Area to Denver and Boston. For the most part, Gessert pumps before arriving at the airport, but she recalls a time when she had no choice but to pump before boarding her six-hour flight home and tucked into a pocket-sized restroom in Boston Logan International Airport.

"The bathroom had just two stalls," remembers Gessert, who hung her pump on the door hook, so it wouldn't touch the

grimy floor. "As I was pumping a flight arrived. People began forming in a line outside of the stalls. ... It was an awkward experience."

Amanda Malone Kink, a new mom from Baltimore, remembers her experience pumping in a family restroom. It was early in the day, so unlike Gessert, she wasn't so worried about lines outside of her stall and, luckily, the facility was relatively clean. But the bathroom didn't have anywhere to sit comfortably or place her pump, so she was forced to stand at the sink while expressing milk.

"Of course, I failed to properly lock the bathroom door," says Kink with a laugh. Sure enough, as she stood at the sink steadying her pump, completely exposed, a member of the cleaning crew poked her head in the door.

Making room

Gessert and Kink aren't alone in their struggle to find a passable place to pump while traveling. In fact, research shows that many U.S. facilities are far from breastfeeding-friendly. A study published in *Breastfeeding Medicine* found that only eight airports out of the 100 studied contained sufficient lactation rooms.

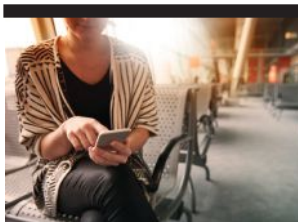
According to study author Joan Ortiz, RN, BSN, IBCLC, president of the Limerick Workplace Lactation Program in Burbank, California, a proper lactation room should be a sanitary, private room (other than a bathroom) that contains a place to sit, a table to place the pump and an electrical outlet to plug it in.

Finding somewhere to nurse baby is often less difficult because moms can use a nursing cover for added privacy, but Ortiz contends that when you're pumping, having a private lactation room is a necessity.

Certain airports, including San Francisco International, San Jose International, Minneapolis-St. Paul International,

KNOW YOUR RIGHTS

Federal law permits moms to breastfeed in public in every state.



tip

Dress for success: Breastfeeding in public is a lot easier when you're sporting loose clothing that provides easy access to your girls. Choose blouses that unbutton, feature discreet panels or zippers, or have wide necklines that stretch.

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Baltimore Washington International, Indianapolis International, Akron–Canton Regional, Dane County Regional and Pensacola Gulf Coast Regional provide facilities that meet sufficiency standards. However, researchers also found that many airports included in the study consider unisex or family bathrooms, which typically lack appropriate seating, satisfactory places to pump.

The shortage of appropriate facilities has forced women like Megan Rumney, a mother of two from Severna Park, Maryland, to stop breastfeeding altogether. Rumney, who travels weekly for her job as a sales executive, found pumping in airports to be too difficult.

“When my second child came along, I gave up breastfeeding before I wanted to because I couldn’t deal with it anymore,” she admits. “Some airports have gotten better in recent years, but we still need to do more.”

Thankfully, change is in the making. New laws, such as the Friendly Airports for Mothers Act (FAM Act), which was introduced by U.S. Sen. Tammy Duckworth, a democrat from Illinois, when she was a House Representative in 2016, are designed to address some of the obstacles facing traveling moms. The FAM Act would ensure that breastfeeding moms traveling through medium and large airports—including 60 of the nation’s major airports—have access to clean and convenient lactation rooms within two years of the law’s passage. The legislation would enable airports to use federal airport improvement funds to comply.

“My daughter, Abigail, is going to be turning 2 years old soon, and she is an incredible source of joy for my husband, Bryan, and me. But when we had Abigail, I quickly learned that flying with my daughter added an entirely new and unexpected challenge,” says Duckworth. “Finding a clean and private space to



breastfeed or pump in an airport can be burdensome and stressful, if not impossible. I’ve also heard from countless other mothers about their frustrating and disheartening air travel experiences—it’s not uncommon for us moms to be directed to a bathroom or janitor’s closet to express breast milk.”

The congresswoman hoped to advance the legislation, which passed the Senate with broad bipartisan support last year, through the House of Representatives and to the President’s desk by the end of 2016. Although the House did not address the FAM Act by the end of the year, Duckworth remains committed to championing the legislation in the next Congress.

In the meantime, Ortiz encourages breastfeeding moms to get creative when airports don’t provide suitable areas for breastfeeding or pumping. “Airports usually have white courtesy phones in terminals,” she says. “When you can’t find a place to pump, pick up the phone and ask for a private room (besides a bathroom) like a conference room or prayer room.”

Ortiz also suggests requesting access to the airport’s executive lounge. She notes that if you tell them you need to



PARCEL OUT

Companies like **Milk Stork** make it easier for traveling moms to transport breast milk home safely. Simply pump a day’s worth of milk, pack it in the provided box (with a built-in cooler), and schedule a FedEx pickup. Because your milk keeps for up to 72 hours in the provided packaging, moms can avoid dumping breast milk while traveling.

pump or breastfeed, they’ll often let you in for free or just charge you for a day pass, which in some cases might be worth it.

Do a little research before your trip on the best places to pump at the airports you’ll be traveling through. If you’re lucky, being inventive and having a plan may save you from pumping with one foot on a bathroom stall door. **P&N**

BRAVA, MAMAVA!

If you’ve recently traveled to LaGuardia or Hartsfield-Jackson Atlanta International Airports, you may have seen (or even used) a Mamava pod. These freestanding lactation suites are cropping up at airports—17 so far!—as well as zoos, shopping malls, stadiums and more around the country and are a welcome sight for milk-making moms.

“Mamava pods are designed with food prep in mind,” explain co-founders Sascha Mayer and Christine Dodson. “They have two smooth benches, a pull-down table to place a pump, and an outlet with a USB port for plugging in pumps and charging mobile devices.”

With the key essentials checked off, what more could moms ask for? “They are big enough to fit

luggage, your partner or other kiddos,” add Mayer and Dodson. “Ever been a breastfeeding mom traveling solo with baby and a runner of a toddler? An enclosed space to feed is more than welcome to keep that toddler nearby!”

Check to see if your destination has pods for pumping by downloading the Mamava app (free for iOS and Android) or visiting mamava.com/locations.





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My partner and I are well aware that when we send our baby to day care this spring she'll undoubtedly bring runny noses, coughs and stomach bugs home with her, but we'd like to try to prevent whatever illnesses we can. Any tips for boosting her immunity and/or minimizing germ-sharing?

A: From the infection standpoint, it is important to understand that most illnesses in the day care, preschool and early elementary years are caused by viruses. These germs cause colds, coughs, runny noses, ear infections, diarrhea, vomiting, fevers and rashes. All of us have seen and been infected with many, if not most, of these germs during our own early years. They are a normal part of growing up and developing one's own healthy immune function, regardless of how disruptive, inconvenient and unpleasant they are to family, work and life. These infections help us develop our immune function and our ability to be healthy and well in our teen and adult years.

The infections that we want to prevent —and are fortunate enough to have the means to do so—are the serious bacterial and viral infections. They're avoided with basic sanitation and vaccines. Many, if not most, of the serious infections (meningitis, measles, mumps, whooping cough and more) will be prevented with the routine childhood immunizations. Basic sanitation is also key.

Some things to look for when looking at day care centers include:

- **A staff that is routinely updated and educated on infections and infection control.**
- **A dedicated and separate staff that cares for diapered children.**
- **A dedicated and separate staff**

that cares for nondiapered children.

- **A staff that allows for no more than four infants per caretaker.**
- **Established and followed cleaning policies for common-use toys, mats and equipment.**
- **Separate food preparation and diapering spaces and sinks.**
- **Established and enforced policies on when sick children should not attend.**
- **Established and enforced policies for children who become sick while at the center.**
- **Health and vaccine requirements for caregivers.**
- **Health and vaccine requirements for attendees.**
- **Policies for animals and pets at the center.**

We need to vaccinate our children against the most serious and life-threatening germs, and we have to live through the usual and many minor illnesses that all children have. We need to accept that infants and young children will have illnesses, but we also need to accept that these illnesses are milestones in normal growth and development. Back-up child care will make this part of the early years much easier!

—**LEIGH B. GROSSMAN, MD**, medical alumni professor of pediatric infectious disease at the University of Virginia School of Medicine and editor of *The Parent's Survival Guide to Daycare Infections*

Is there any harm in feeding my baby pouched food?

A: There is a time and place for everything. Children need to learn how to eat fresh food at a table, during family meals, using utensils. But with busy days, on-the-go lifestyles and travel, mealtimes for many are not as I just described. Schedules are tight, children are not eating enough vegetables and fruits, and we need a solution. The convenience of pouches makes mealtimes easier.

That said, there are a few reasons pouches should supplement—not replace—teaching babies to eat from a spoon:

➔ Babies learn a lot from spoon-eating. It's a sensory ride from the taste, smell, sight and touch of food; an oral-motor, muscular and coordination exercise; and a social experience with conversation and interaction.

➔ Using utensils sets an appropriate eating pace, helping to curb overeating. When the spoon is completely replaced with easy-to-use spouts found on pouches, children guzzle down their food, cutting minutes from mealtime. This may leave an unsatisfied feeling, fueling overeating.

➔ When babies eat in the highchair or near the table, it teaches them good mealtime habits. It emphasizes that there is a time and a place for meals and that eating is important. This will lend to an easier transition to family meals.

When you do need to rely on pouches, knowing how to shop for the best options will ensure your baby is getting the nutrition he needs to start a healthy lifestyle. Here are a few quick tips:

- ➔ Look for "cold puree" on the label. Gentle cooking methods retain the maximum nutrients, which is important because certain techniques that use lots of heat actually cook away the natural color, flavor and nutritional value.
- ➔ Read the front and back of the pouch. Skip pouches with additives that you wouldn't use at home.
- ➔ Look for blends with vibrant colors and varied flavors to excite baby's palate. Avoid options that have been diluted with water or fruit juice.
- ➔ Choose some vegetable-only purees. The problem with feeding babies solely fruit-based purees, even though they may be more receptive to the tastes initially, is that it's easy for them to get hooked on the sweet flavors.

—**NICOLE SILBER, RD, CSP, CLC**, pediatric nutrition expert in New York City (nicolesilber.com)

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If the shoe fits ...

Three expert tips for selecting your toddling tot's first pair of kicks.

- 1** "First shoes should be lightweight and flexible to best allow your baby to learn coordination skills," says Ben Spitalnick, MD, FAAP, president of the Georgia Chapter of the American Academy of Pediatrics. Think cloth or soft leather with a nonskid sole.
- 2** "Have a professional measure your baby's foot to help ensure correct fit, and be sure to measure both feet, as there may be a small difference," advises Spitalnick, who adds you should select a pair based on the foot that measures bigger.
- 3** "Every month you can do the 'thumb test' to see if he's outgrown his shoes," Spitalnick explains. After all, those chubby feet will grow quickly! "If you pinch the tip of the shoe, your baby's longest toe should be about an adult thumb's width from the front of the shoe."

Do babies need shoes when learning to walk?

"Shoes can get in the way of learning early walking skills, such as balance, so walking is best learned in bare feet," notes Ben Spitalnick, MD. "Shoes are important, however, to protect little feet from harmful surfaces, especially when walking outside or on other rough terrain."

Speed racers

Five joggers worth giving the run around.

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Take a turn

The front wheel locks in place for long runs, swivels 360 degrees for everyday use or swivels a mere 30 degrees for neighborhood jogs that call for more frequent turns. **Bumbleride Speed**, \$549, bumbleride.com

WHAT WE LOVE ...

- ▶ All wheel suspension for a smooth push
- ▶ Lightweight aluminum frame
- ▶ UPF 45+ canopy—with extension



Think straight

This sporty selection features a fixed front wheel for the more avid runner, and its aerodynamic design ensures the ride lives up to its name. **Thule Glide**, \$375, thule.com

WHAT WE LOVE ...

- ▶ Near flat recline for on-the-go naps
- ▶ Multiposition canopy
- ▶ Adjustable handlebar



Slim fast

If space is a hot commodity, you might want to steer toward this compact contraption, which boasts the smallest fold of any performance jogging stroller.

gb X1 Urban Runner, \$350, babiesrus.com

WHAT WE LOVE ...

- ▶ Small footprint for travel and storage
- ▶ Easy switch front wheel lock
- ▶ Convenient hand brake

For real parent reviews of the joggers featured here (and more!), visit pnmag.com/strollers.



All-terrain vehicle

For ultimate flexibility, this versatile pick is built to seamlessly transition from city sidewalk strolls to off-the-beaten-path adventures. **Mountain Buggy Terrain, \$600, mountainbuggy.com**

WHAT WE LOVE ...

- ▶ Fast one-hand fold
- ▶ Reversible seat liner to change up the look
- ▶ Retractable leg extension



Workout buddy

Every jogger comes with a fitness kit and a free week of Stroller Strides classes by Fit4Mom, so you can get a move on with local mamas and minis. **BOB Stroller Strides, \$520, bobgear.com**

WHAT WE LOVE ...

- ▶ Seat pockets to stash essentials
- ▶ Large viewing window to see baby
- ▶ Front wheel locks or swivels

P&N



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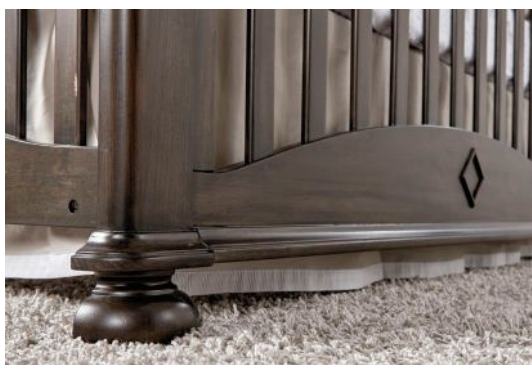
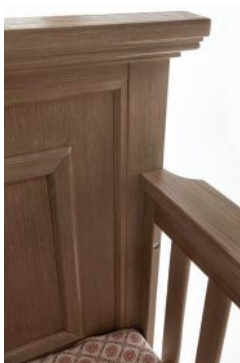


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"I hoped for Rosie's nursery to feel light and airy, but I also used more saturated colors to create depth and warmth."



Coming up Rosie

We're swooning over this colorful garden spot—and looking longingly ahead to sunnier weather.

PRODUCED BY LACEY MAJOR • PHOTOGRAPHY BY LINDSEY ORTON

When Natalie Hurst of Salt Lake City, Utah, found out that her fourth baby would be her first daughter, she was thrilled—not just about the baby herself but also with the prospect of designing a space for little Rosie in their home. An interior designer by trade, Hurst says, "I knew I wanted a room that felt feminine and fresh. After three boys, I couldn't wait to create a girly nursery, but I didn't want the space to feel too frilly or dated." She found her color palette, decided on a style and set to work building a budget-friendly dream dwelling. (Spoiler alert: She nailed it!) Here, she shares a few tips for designing a stylish yet serviceable baby room.



THE HUE DEAL

The pretty floral print on the curtain fabric set the tone for the rest of the room. "I pulled the greens and pinks from the fabric and added some pretty gold accents with white anchor pieces," says Hurst. She had her eye on the fabric long before baby Rosie was in the picture. "I remember running across it before I was even expecting and thinking, *Someone needs to use this in a little girl's room!*"

Make it your own

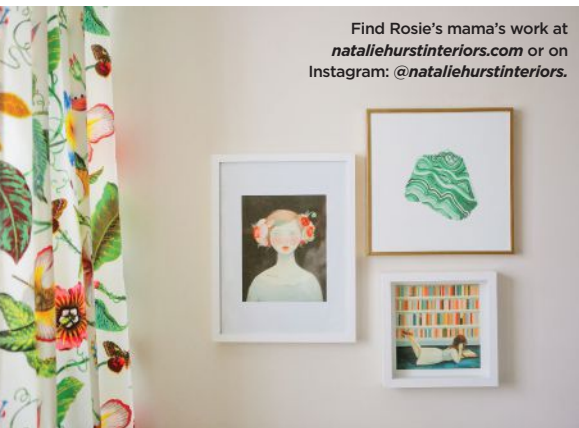
A few fine finds to get you started on a similar nursery design.



Stray Dog Designs
Tristan side table, \$545,
straydogdesigns.com



Itsy Belle Studio for
Minted Pike Place
Boquet pillow, \$44,
minted.com



Find Rosie's mama's work at nataliehurstinteriors.com or on Instagram: [@nataliehurstinteriors](https://www.instagram.com/nataliehurstinteriors).

"I chose pieces and accessories that could grow with Rosie and be used over and over as she gets older."

Getting hands-on

"I'm not usually much of a DIYer, but knowing we were temporary renters and sticking to small budget, I had to get creative. The shelves are from IKEA, and I spray painted the metal brackets gold. I replaced the worn hardware on the dresser with more modern gold pulls. I knew I wanted the look of a Lucite and brass curtain rod but had to find a budget-friendly option, so I ordered an acrylic rod from a plastics factory in Texas super cheap. Then I found shower curtain rod hardware from Home Depot to cap the ends."

Creating a vision

"When creating a nursery, think of things you'd love to share with the baby and things you'd love to do with her in the space. I used art and accessories with some of my favorite colors that highlighted things that are important to me and that I hope become important to my daughter—like a love of reading, flowers, travel, family and creating beautiful things."



Nursery / GOOD GEAR



Staying within budget

"I found the dresser on Craigslist for \$250 and loved the white and natural wood right away. The gold Moroccan pouf was another Craigslist find. I also found really nicely priced art on Etsy and Society6. And maybe my favorite: The fabulous gold baskets were a steal (like \$20!) at H&M Home."

Seeking rest

"My essentials for a nursery include a glider that is big enough and comfortable enough to fall asleep in (and possibly spend most of the night in) and a pouf or ottoman to put your feet up on. Also, the pouf can double as extra seating for siblings. Nursing takes a long time!" **P&N**



"I mixed new things with vintage finds and family heirlooms, so the space still felt comfortable and familiar."



The Aestate
Malachite art print, from \$12,
theaestate.etsy.com



Lamps Plus
Lula table lamp, \$70,
lampsplus.com



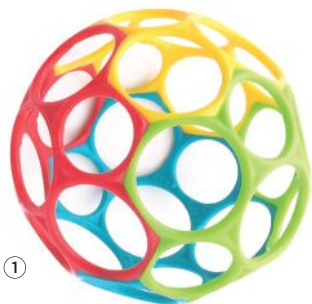
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landofnod.com

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West Elm
lacquer tray, \$34,
westelm.com

Have a drool-worthy baby room at your house? We want to see! Email a few photos to editor@pnmag.com with "Nursery" in the subject line.



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Savvy savings

Ten must-haves under \$10. PRODUCED BY CHANTEL NEWTON

1 | Get a grip on playtime with a toy that revs baby's motor skills. **Oball classic ball**, \$7, babiesrus.com

2 | Even the messiest eaters are covered, thanks to a generously sized bib. **Bumkins bib**, \$7, bumkins.com

3 | Keep bottle parts clean and in one neat place. **Born Free dishwasher basket**, \$9, newbornfree.com

4 | A spoon that's gentle on baby's gums serves up tasty purees. **BÉABA silicone spoon**, \$6, beabausa.com

5 | Count on a pachyderm pal to protect little noggins from the bathtub faucet. **Munchkin spout guard**, \$7, munchkin.com

6 | Pack plenty of sustenance with a duckling that fits the bill. **Piyo Piyo formula and snack container**, \$8, babiesrus.com

7 | All of the safety perks, plus a few extra chuckles. **The Wittle Co. car decal**, \$7, thewittleco.com

8 | This smart nipple makes it easy to switch from breast to bottle and back again. **Philips Avent glass bottle**, \$9, philips.com/avent

9 | Give tots a soothing solution that supports oral development. **Chicco NaturalFit orthodontic pacifiers**, \$6 for set, chiccousa.com


10 | When it comes to massaging sensitive gums, this bunny is all ears. **MAM oral care rabbit**, \$6, amazon.com



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*“Motherhood is a choice
you make every day,
to put someone else’s
happiness and well-being
ahead of your own,
to teach the hard lessons,
to do the right thing even
when you’re not sure
what the right thing is ...
and to forgive yourself,
over and over again, for
doing everything wrong.”*

—DONNA BALL, *At Home on Ladybug Farm*

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