# The Expectant Father

## Facts, Tips, and Advice for Dads-to-Be

SECOND EDITION

Armin A. Brott and Jennifer Ash

An information-packed, month-by-month guide to all the emotional, financial, and, yes, even physical changes the father-to-be may experience during the course of his partner's pregnancy—now fully updated and expanded. Incorporating the wisdom of top experts in the field, from obstetricians and birth-class instructors to psychologists and sociologists, the Second Edition of *The Expectant Father* includes the latest research and is filled with sound advice and practical tips for men, such as:

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- Special ways to prepare if you're adopting a baby
- How to juggle your work and family roles
- How to make sense of your conflicting emotions
- What childbirth classes *don't* teach you
- How to manage if you are expecting twins—or more
- Ways to support and encourage your partner throughout the pregnancy
- How to deal with the obstacles society places in the way of involved fathers

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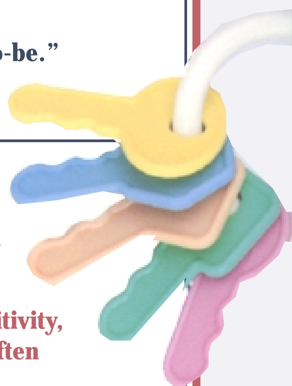

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—Pamela Abrams, Editor in Chief, *Child* magazine

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# Introduction

When my wife and I got pregnant with our first child, I was the happiest I'd ever been. That pregnancy, labor, and the baby's birth was a time of incredible closeness, tenderness, and passion. Long before we'd married, my wife and I had made a commitment to participate equally in raising our children. And it seemed only natural that the process of shared parenting should begin during pregnancy.

Since neither of us had had children before, we were both rather ill-prepared for pregnancy. Fortunately for my wife, there were literally hundreds of books and other resources designed to educate, encourage, support, and comfort women during their pregnancies. But when it finally hit me that I, too, was expecting, and that the pregnancy was bringing out feelings and emotions I didn't understand, there simply weren't any resources for me to turn to. I looked for answers in my wife's pregnancy books, but information about what expectant fathers go through (if it was discussed at all) was at best superficial, and consisted mostly of advice on how men could be supportive of their pregnant wives. To make things worse, my wife and I were the first couple in our circle of close friends to get pregnant, which meant that there was no one else I could talk to about what I was going through, no one who could reassure me that what I was feeling was normal and all right.

Until fairly recently, there has been precious little research on expectant fathers' emotional and psychological experiences during pregnancy. The very title of one of the first articles to appear on the subject should give you some idea of the medical and psychiatric communities' attitude toward the impact of pregnancy on men. Written by William H. Wainwright, M.D., and published in the July 1966 issue of the *American Journal of Psychiatry,* it was called "Fatherhood as a Precipitant of Mental Illness."

As you'll soon find out, though, an expectant father's experience during the transition to fatherhood is not confined simply to excitement—or mental illness; if it were, this book would never have been written. The reality is that

men's emotional response to pregnancy is no less varied than women's; expectant fathers feel everything from relief to denial, fear to frustration, anger to joy. And for anywhere from 22 to 79 percent of men, there are physical symptoms of pregnancy as well (more on this on pages 64–68).

So why haven't men's experiences been discussed more? In my opinion it's because we, as a society, value motherhood more than fatherhood, and we automatically assume that issues of childbirth and childrearing are women's issues. But as you'll learn—both from reading this book and from your own experience—this is simply not the case.

## Who, Exactly, Has Written This Book?

When Jennifer Ash (who is not my wife) approached me about collaborating with her on *The Expectant Father,* we agreed that the goal was to help you—the father—understand and make sense of what you're going through during your pregnancy. The rationale was simple: the more you understand about what you're going through, the better prepared you'll be and the more likely you'll be to take an interest in—and stay involved during—the pregnancy. Research has shown that the earlier fathers get involved (and what could be earlier than pregnancy?), the more likely they are to be involved after their children are born.

All that's very nice, of course, but it's clearly dependent on your partner's *being* pregnant. So a good understanding of *her* perspective on the pregnancy—emotional as well as physical—is essential to understanding how *you* will react. It was precisely this perspective that Jennifer, along with my wife and a number of other expectant and new mothers I interviewed, provided. Throughout the process of writing the book, all of these women contributed valuable information and comments, not only about what pregnant women are going through but also about the ways women most want men to stay involved and the impact that that involvement had on the entire pregnancy experience.

## A Note on Structure

Throughout the book I try to present straightforward, practical information in an easy-to-absorb format. Each of the main chapters is divided into four sections, as follows:

### What's Going On with Your Partner

Even though this is a book about what you as an expectant father are going through during pregnancy, and how you can best stay involved, we felt that it was important to start each chapter with a summary of your partner's physical and emotional pregnancy experience.

### What's Going On with the Baby

You can't very well have a pregnancy without a baby, right? This section lets you in on your future child's progress—from sperm and egg to living, breathing infant.

### What's Going On with You

This section covers the wide range of feelings—good, bad, and indifferent—that you'll probably experience at some time during the pregnancy. It also describes such things as the *physical* changes you may go through and the ways the pregnancy may affect your sex life.

### Staying Involved

While the "What's Going On with You" section covers the emotional and physical side of pregnancy, this section gives you specific facts, tips, and advice on what you can *do* to make the pregnancy "yours" as well as your partner's. For instance, you'll find easy, nutritious recipes to prepare, information on how to start a college fund for the baby, valuable advice on getting the most out of your birth classes, great ways to start communicating with your baby before he or she is born, and tips about how to be supportive of your partner and how to stay included in the pregnancy.

The book covers more than the nine months of pregnancy. We've included a detailed chapter on labor and delivery and another on Cesarean section, both of which will prepare you for the big event and let you know how best to help your partner through the birth itself. Perhaps even more important, these chapters prepare you for the often overwhelming emotions you may experience when your partner is in labor and your child is born.

We've also included a special chapter that addresses the major questions and concerns you may have about caring for and getting to know your child in the first few weeks after you bring him or her home. If someone hasn't bought you them already, I'd recommend that you rush right out and get copies of *The New Father: A Dad's Guide to the First Year* and *A Dad's Guide to the Toddler Years.* These books pick up where this one leaves off and continue

the process of giving you the skills, knowledge, confidence, and support you'll need to be the best possible dad.

We end this book with a chapter called "Fathering Today," in which you'll learn to recognize—and overcome—the many obstacles contemporary fathers are likely to encounter along the road to being an actively involved dad.

As you go through *The Expectant Father,* remember that each of us brings different emotional baggage to the whole pregnancy process, and that none of us will react to the same situation in exactly the same way. You may find that some of the feelings described in the "What's Going On with You" section in the third-month chapter won't really ring true for you until the fifth month, or that you already experienced them in the first month. You may also want to try out some of the ideas and activities suggested in the "Staying Involved" sections in a different order. Feel free.

## A Note on Terminology

### Wife, Girlfriend, Lover, He, She . . .

In an attempt to avoid offending anyone (an approach that usually ends up offending everyone), we've decided to refer to the woman who's carrying the baby as "your partner." And because your partner is just as likely to be carrying a boy as a girl, we've alternated between "he" and "she" when referring to the baby.

### Hospitals, Doctors . . .

Naturally, not everyone who has a baby delivers in a hospital or is under the care of a medical doctor. Still, because that's the most frequent scenario, we've chosen to refer to the place where the baby will be born as "the hospital" and to the people attending the birth (besides you, of course) as "doctors," "nurses," "medical professionals," or "practitioners"—except, of course, in the sections that specifically deal with home birth and/or midwives.

As a rule, today's fathers (and prospective fathers) want to be much more involved with their children than their own fathers were able to be. It's my firm belief that the first step on the road toward full involvement is to take an active role in the pregnancy. And it's our hope that when you're through reading *The Expectant Father*—which is the book Jennifer wishes she could have bought for her husband when she was pregnant and the one I wish I'd had both times my wife and I were pregnant—you'll be much better prepared to participate in this important new phase of your life.

## Some Special Additions to This Edition

It's hard to believe that it's already been five years since the first edition of *The Expectant Father* was published. Over that time I received hundreds of letters and e-mails from readers offering comments and suggestions for how to make this book better. I've incorporated many of those suggestions into this edition and believe that the book is greatly improved as a result.

Throughout, for example, we've added information for adoptive fathers. Although your partner may not actually be carrying a baby, the two of you are still very much "psychologically pregnant." There's a lot of research, in fact, that suggests that in the months leading up to the adoption of their child, expectant adoptive fathers deal with many of the same emotional and psychological issues that biologically expectant fathers do.

In addition, we've added some information specifically geared toward expectant fathers of multiples—twins, triplets, and so forth—and we've greatly expanded the Resources section to include the latest from the Internet and elsewhere.

## We Need Your Help

I'd love to hear your experiences, feelings, comments, and suggestions, and I'll try to incorporate them into future editions of this book. You can contact me in writing c/o Abbeville Press (the address is on the copyright page of this book), or by e-mail at armin@MrDad.com. And please check out my Web site (www.mrdad.com).

Good luck as you start this new and wonderful chapter in your life!

# The First Decisions

Among the first major questions you and your partner will face after learning you are pregnant are *Where are we going to have the baby?, Who is going to help us deliver it?,* and *How much is it all going to cost?* To a certain extent, the answers will be dictated by the terms of your insurance policy, but there are nevertheless a range of options to consider. As you weigh all your choices, give your partner at least 51 percent of the votes. After all, the ultimate decision really affects her more than it does you.

## Where and How

### Hospitals

For most couples—especially first-time parents—the hospital is the most common place to give birth. It's also the safest. In the unlikely event that complications arise, most hospitals have specialists on staff twenty-four hours a day and are equipped with all the necessary machinery and medications. And in those first hectic hours or days after the birth, the on-staff nurses monitor the baby and mother and help both new parents with the dozens of questions that are likely to come up. They also help fend off unwanted intrusions. If you have a choice among several hospitals in your area, be sure to take a tour of each of them before making your decision. In many cases, though, your decision will be made for you—either by your insurance company or by the doctor or midwife who'll be delivering your baby. Some couples choose another option; they select a practitioner who's associated with the hospital where they want to deliver their baby.

Many hospitals now have birthing rooms that are decorated to look less like a hospital and more like a bedroom at home, although the effect is really more like a nice motel room. The cozy decor is supposed to make you and your partner feel more comfortable. But with nurses dropping by every hour or so, and with the wood furniture cleverly concealing sophisticated monitoring equipment and the cabinets full of sterile supplies, it's going to be hard to forget where you are. And remember, at some hospitals birthing rooms are assigned on a first-come-first-served basis, so don't count on getting one—unless you can convince your partner to go into labor before anyone else does that day. In other hospitals *all* the labor rooms are also birthing rooms, so this won't be an issue.

## Birthing Centers

Staffed by certified nurse-midwives (CNMs), these facilities tend to offer a more personal approach to the birthing process. They look and feel a lot like home and are generally less rigid than hospitals and more willing to accommodate any special requests your partner or you might have. Birthing centers are designed to deal with uncomplicated, low-risk pregnancies and births, so expect to be prescreened. And don't worry: if something doesn't go exactly as planned, birthing centers are always affiliated with a doctor and are usually either attached to a hospital or only a short ambulance ride away from one. If you can't find one on your own or through friends or family, contact the National Association of Childbearing Centers in Perkiomenville, PA, (215) 234-8068, or ReachNACC@BirthCenters.org.

## Home Birth

With all their high-tech efficiency and stark, impersonal, antiseptic conditions, hospitals are not for everyone. So, if you or your partner don't feel particularly comfortable in hospitals, and you're not anticipating any complications during pregnancy, home birth can be a more relaxed option to consider. Home birth has been around forever but has been out of favor in this country for a long time. It is, however, making something of a comeback as more and more people (most of whom aren't even hippies) decide to give it a try. Here are some of the reasons why you might want to consider a home birth:

- The surroundings are more familiar.
- You've already had one or more uncomplicated hospital births.
- Helpers (usually nurse-midwives) are experienced mothers; nurses in hospitals may have no personal experience with birth. Keep in mind that

you may not be able to have a certified nurse-midwife at the birth. Many can't get malpractice insurance unless they work at a hospital or birthing center.

- The birth is more likely to go exactly as you want it than it might anywhere else.
- Your partner is going to be treated less like a patient than she would be in a hospital.
- The two of you can pay attention to the spiritual aspects of the delivery, an intimate matter that you might be discouraged from, or feel embarrassed about, in the hospital.
- It's cheaper. (This, however, should not be your only reason.)

If you're thinking about a home birth, be prepared. Having a baby at home is quite a bit different from the way it's made out to be in those old westerns. You'll need to assume much more responsibility for the whole process than if you were using a hospital. It takes a lot of research and preparation. At the very least, you're going to need a lot more than clean towels and boiling water.

My wife and I thought about a home birth for our second baby but ultimately decided against it. While I don't consider myself particularly squeamish, I just couldn't imagine how we'd avoid making a mess all over the bedroom carpet. What really clinched it for us, though, was that our first child had been an emergency Cesarean section; fearing that we might run into problems again, we opted to be near the doctors.

Making the decision to give birth at home does *not* mean that your partner can skip getting prenatal care or that the two of you should plan on delivering your baby alone. You'll still need to be in close contact with a medical professional to ensure that the pregnancy is progressing normally, and you should make sure to have someone present at the birth who has plenty of experience with childbirth (no, not your sister or your mother-in-law, unless they happen to be qualified). So if you're planning on going this route, start working on selecting a midwife right now (see the Resources section for help in finding a midwife and page 19 for some questions to ask).

## Natural vs. Medicated Birth

In recent years giving birth "naturally"—without drugs, pain medication, or any medical intervention—has become all the rage. But just because it's popular doesn't mean it's for everybody. Labor and delivery are going to be a painful experience—for both of you—and many couples elect to take

### When *Not* to Have your Baby at Home

There's a lot of research indicating that an uncomplicated, planned home birth (as opposed to the unplanned kind) is at least as safe as a hospital birth. Still, home birth isn't for everyone, because things can happen during your pregnancy that might make giving birth at home unnecessarily risky. If, for example, your partner goes into labor prematurely, if she's carrying twins (or more), or if you find out that the baby is breech (feet down instead of head down), you'll probably want to reconsider the hospital. The same is true if your partner develops preeclampsia, a condition that affects about 10 percent of pregnant women and that can have very serious complications if it's not detected and treated early (see page 57 for more on this).

You'll have to think about the hospital option if your partner suffers from diabetes, has a heart or kidney condition, has had hemorrhaging in a previous labor (a quick blood transfusion can be conducted at the hospital), has had a previous Cesarean section, or smokes cigarettes regularly. While plenty of people with these and other conditions have delivered perfectly healthy babies at home, the chances that complications can develop are significant, and you and your partner should make every effort to ensure the safest possible delivery.

advantage of the advances medical science has made in relieving the pain and discomfort of childbirth. Whichever way you go, make sure the decision is yours. Proponents of some childbirth methods (see pages 135–37) are almost religiously committed to the idea of a drug-free delivery, to the extent that they often make women who opt for some kind of pain medication feel as though they're failures. So don't let your friends, relatives, or anyone else pressure you into doing something you don't want to do.

And be flexible. You and your partner may be planning a natural childbirth, but conditions could develop that necessitate intervention or the use of medication (see pages 190–91). On the other hand, you may be planning a medicated delivery but could find yourself snowed in someplace far from your hospital and any pain medication, or the anesthesiologist may be at an emergency on the other side of town.

### What to Ask Your Prospective Practitioner

Besides a medical school degree, OB/GYNs may share little in common. Each will have a slightly different philosophy and approach to pregnancy and birth. The same (except for the medical school part) can be said for midwives. So before making a final decision about who's going to deliver your baby, you should get satisfactory answers to the following questions:

**ESPECIALLY FOR OB/GYNS**

- How do you feel about family members and/or coaches attending the delivery? Are you enthusiastic about it or just tolerant?
- Do you recommend any particular childbirth preparation method (Lamaze, Bradley, and so on)?
- At which hospital(s) do you deliver your babies?
- Are you board certified?
- Do you have any specialties or special training?
- How many partners do you have and how often are they on rotation? What percent of your patients' babies do you deliver? What are your backup arrangements if you can't be there?
- How many sonograms do you routinely recommend?
- Do you perform amniocentesis yourself?
- What percentage of your deliveries are Cesarean?
- Do you permit fathers to attend Cesarean sections?
- What is your definition of a "high-risk" pregnancy?
- What is your policy on inducing labor?
- How often do you perform an episiotomy?
- How do you feel about the mother lifting the baby out herself if she wishes?

## Who's Going to Help?

At first glance, it may seem that your partner should be picking a medical practitioner alone—after all, she's the one who's going to be poked and prodded as the pregnancy develops. But considering that more than 90 percent of today's expectant fathers are present during the delivery of their children, and that the vast majority of them have been involved in some significant way during the rest of the pregnancy, you're probably going to be spending a lot of

- How do you feel about the father assisting at the birth?
- Do you routinely suction the baby during delivery?
- Do you usually hand the naked baby straight to the mother?
- Do you allow the mother or father to cut the umbilical cord?

**ESPECIALLY FOR MIDWIVES**

- Are you licensed?
- How many babies have you delivered?
- Which physicians are you associated with?
- How often does a physician get involved in the care of your patients?
- What is the role of the physician in your practice?
- What position do most of the women you work with adopt for the second stage of labor?

**FOR BOTH OB/GYNS AND MIDWIVES**

- What are your rates and payment plans?
- What insurance, if any, do you honor?
- What percentage of your patients had natural, unmedicated births in the past year?
- Are you willing to wait until the umbilical cord has stopped pulsating before you clamp it?
- Can the baby be put to the breast immediately after delivery?
- Are you willing to dim the lights when the baby is born?
- How much experience have you had with twins or more? (This is a very important question if you and/or your partner have a family history of multiple births or if you suspect that your partner is carrying more than one baby.)

time with the practitioner as well. So if at all possible, you should feel comfortable with the final choice, too.

## Private Obstetrician

If your partner is over twenty, she probably has been seeing a gynecologist for a few years. And since many gynecologists also do obstetrics, it should come as no surprise that most couples elect to have the woman's regular obstetrician/gynecologist (OB/GYN) deliver the baby.

Private OB/GYNs are generally the most expensive way to go, but your insurance company will probably pick up a good part of the bill. Most private OBs, however, aren't strictly private; they usually have a number of partners, which means that the doctor you see for your prenatal appointments might not be the one in attendance at the birth. So make sure that you are aware of and comfortable with the backup arrangements—just in case your baby decides to show up on a day when your doctor is not available. Labor and delivery are going to be stressful enough without having to deal with a doctor you've never met before.

Researcher Sandra Howell-White found that women who view childbirth as risky, or who want to have a say in managing their pain or the length of their labor, tend to opt for obstetricians.

## Family Physician (FP)

Although many FPs provide obstetrical care, not all do, so check with yours to see whether he or she does. If not, he or she will refer your partner to someone else for the pregnancy and birth. One of the big advantages of going with your family doctor is that after the birth, he or she often can see your partner and baby on the same visit. The time saved running around from doctor to doctor will be welcome.

Like most doctors, FPs are frequently in group practices, and there's no guarantee that the doctor you know will be on call the day the baby comes. So, if you can, try to meet with the other doctors in the practice, as well as with any OB/GYN your family doctor might work with.

## Midwife

Although midwives are not as common in the United States as they are in Europe, they're becoming increasingly popular. And you might want to consider bringing one into the process, even if your partner has a regular OB.

In Howell-White's study, women who expect their partners to be actively involved in labor and delivery and who place a high value on getting information on the birth process are more likely to opt for a midwife. Interestingly, so are women who have no religious affiliation.

Certified nurse-midwives (CNMs) are licensed nurses who have taken a minimum of two or three years of additional training in obstetrics and passed special certification exams. They can deliver babies in hospitals, birthing centers, or at home. But because their training is usually in uncomplicated, low-risk births, CNMs have to work under a physician, just in case something comes up.

Some states have created a new designation, certified midwife (CM), which allows practitioners who aren't nurses, but who go through the same training and take the same exams as CNMs, to work as midwives.

Many standard OB/GYN practices, recognizing that some of their patients might want to have a midwife in attendance at the birth, now have a CNM (or in some cases a CM) on staff. Officially, then, your partner is still under the care of a physician—whose services can be paid for by insurance—but she'll still get the kind of care she wants.

If you're considering using a CNM or a CM, the American College of Nurse Midwives can put you in touch with one in your area and fill you in on any applicable regulations. Call 1(888)MIDWIFE or check out their Web site, www.midwife.org.

There are also plenty of midwives out there who are neither certified nor licensed. Lay midwives have a lot of experience working with pregnant women and may even have a lot of specialized training. But they're not regulated and may not have passed any specific midwife exams, which means that in most cases they aren't certified to work in hospitals or birthing centers, but only in home settings. Like CNMs or CMs, lay midwives must work with a physician, in case of an emergency. The Midwives Alliance of North America, at www.MANA.org, can help you find out more about lay midwives and make contact with one near you.

And finally, whether you're considering a midwife or not, you still might want to start thinking about a doula at this point. If you don't already know what a doula is, see pages 138–40.

## Bills

Having a baby isn't cheap. Even if you have good insurance, the 20 percent (plus your deductible) that most policies make you pay can still add up in a hurry. In the sections that follow, you'll get an idea of how much a typical—and a not-so-typical—pregnancy and childbirth experience might cost. It's a good idea to look over your insurance policy, find out about how much it will be picking up, and start figuring out now how you're going to pay for the rest of it.

Putting together a budget can be important even if you're adopting. In many cases, adoptive parents are in close contact with the birth mother throughout her pregnancy and delivery. You and your partner might go to the doctor's appointments, see the ultrasound, hear the baby's heartbeat, and pick up the bills—most of which won't be reimbursed by your insurance company—for

everything. If you're doing an international adoption, you won't have to worry about covering the birth mother's medical expenses, but you'll probably need to budget in the cost of several overseas trips. In addition, you'll need to take into account the many other adoption-related expenses you're likely to incur, including agency fees, attorney's fees, and the home study you'll have to go through.

## Pregnancy and Childbirth

Most doctors charge a flat fee for your partner's care during the entire pregnancy. This generally covers monthly visits during the first two trimesters, biweekly visits for the next month or so, and then weekly visits until delivery. But don't make the mistake of thinking that that's all you'll pay. Bills for blood and urine tests, ultrasounds, hospital fees, and other procedures will work their way into your mailbox at least once a month. Here's what you can expect to pay (before your insurance pays its part) for having your baby:

### OB/GYN

$2,500 to $6,500 for general prenatal care and a problem-free vaginal delivery. Most doctors will meet with you to discuss their rates and the services they provide. For a list of important questions to ask, see pages 18–19. In addition, be sure to discuss which insurance plans, if any, they participate in (it might actually be easier to start with the doctors your insurance covers and choose from there). You should also ask whether they'll bill your insurance company directly or will want you to make a deposit (most will want to collect about 25 percent of the anticipated bill up front); whether you can make your payments in installments; and whether they expect their fee to be paid in full before the delivery.

### MIDWIFE

The average cost of a delivery by a midwife is $1,500 to $4,000, but it can vary greatly depending on where you live. If you're delivering at home, you'll also need to add the cost of the supplies the midwife thinks you'll need for the birth (sterile pads, bandages, and so on).

## Lab and Other Expenses

- Blood: Over the course of the pregnancy, you can expect to be billed anywhere from $100 to $1,000 for various blood tests.
- Ultrasound: At least $200 each. In an ordinary pregnancy, you'll have between none and three.

## Prenatal Testing

If you and/or your practitioner decide that you're a candidate for amniocentesis or any other prenatal diagnostic test, you can expect to pay $800 to $1,200. In most cases genetic counseling is required beforehand, and that costs an additional $300 to $500. If you're having any prenatal testing done just because you'd like to find out the sex of the baby or want reassurance of its well-being (and not because you're in a high-risk group), your insurance company may not pay for it. But if your partner is 35 or older, they probably will pay for testing.

## At the Hospital

- If you're paying for it yourself, a problem-free vaginal delivery and a twenty-four-hour stay in a hospital will run anywhere from $1,500 to $2,500, depending on where you live.
- If you're planning to spend the night in the hospital with your partner, add about $200 per day.
- Anesthesiologists usually charge from $750 to $1,500, depending on what they do and the time spent doing it.

## If Your Partner Needs a Cesarean Section

If your partner ends up having a C-section, all bets are off. It's considered major surgery, and it is expensive. The operation, which your OB/GYN will perform, is not included in his or her flat fee, and you'll have to pay for at least two other doctors to assist, plus a pediatrician, who must be in attendance to care for the baby. In addition, a C-section entails a longer recovery period in the hospital—usually four to five days—as well as extra nursing care, pain medication, bandages, and other supplies. If the baby is in good health, you can probably take him home while your partner stays in the hospital, but chances are you'll want the baby to stay with your partner, especially if she is breastfeeding. The baby's additional time in the nursery costs more, too. In our case, by the time all the bills had been paid, we (actually, mostly our insurance company) had shelled out more than $15,000 for the birth of our first child. That alone was just about enough to make us decide on a home birth for the second one (although we ultimately opted against it).

## An Important (and Possibly Profitable) Word of Advice

Make sure that you and your partner check your birth-related bills very carefully. Hospitals can make mistakes, and they are rarely in your favor. After we'd recovered from the shock of the C-section bills (which started off at closer to $17,000),

**Your Rights to Free and Subsidized Medical Care**
Many state health departments operate free health clinics. In addition, hospital emergency rooms are required by federal law to give you an initial assessment—and any required emergency care—even if you can't afford to pay.

we asked a doctor friend to go over them with us. He found that we'd been charged for a variety of things that hadn't happened and overcharged for a lot of the things that had. For example, we'd been billed $25 for a tube of ointment that the hospital's own pharmacy was selling for $1.25. And for the second pregnancy, our nit-picking review of the bills cut about 20 percent off the total.

Now here's the profitable part. Since your insurance company will probably be paying for most of your bills, they'll be ecstatic if your review ends up saving them money. In fact, some insurers are so thrilled that they'll actually give you a percentage (sometimes as much as half) of the money they save. Naturally, though, you'll have to ask for your reward. So, read your policy carefully and, if you still have questions, talk to your agent or one of the company's underwriters.

And while you're reading your insurance policy, here are a few other things to look out for:

- **How long before the birth does the insurer need to be notified about the pregnancy and estimated due date?** Not complying with the carrier's instructions could mean a reduction in the amount they'll pay for pregnancy and birth-related expenses.
- **When can the baby be added to the policy?** Until the baby is born, all pregnancy- and birth-related expenses will be charged to your partner. After the birth, however, your partner and the new baby will be getting separate checks (all baby-related expenses, such as medication, pediatrician's exams, diapers, blankets, and various other hospital charges, will be charged to the baby). Some carriers require you to add the baby to your (or your partner's) policy as far in advance as thirty days before the birth; most give you until thirty days after. Again, failing to follow the insurer's instructions carefully could result in a reduction of coverage.

## Low-Cost Alternatives

### Obstetrical Clinics

If you live in a city where there is a large teaching hospital, your partner may be able to get prenatal care at its obstetrical clinic. If so, you'll spend a lot less than you would for a private physician. The one drawback is that your baby will probably be delivered by an inexperienced—yet closely supervised—doctor or a medical student. This isn't to say that you won't be getting top-quality care. Clinics are often equipped with state-of-the-art equipment and the young professionals who staff them are being taught all the latest methods by some of the best teachers in the country.

THE 1ST MONTH

# Salad Days

## What's Going On with Your Partner

### Physically

- Morning sickness (nausea, heartburn, vomiting)
- Food cravings or aversions
- Dizziness, irritability, headaches
- Fatigue
- Breast changes: tenderness, enlargement

### Emotionally

- Thrilled—or stunned or even a little frightened—that she's pregnant
- A heightened closeness to you
- Apprehension about the nine months ahead
- Mood swings and sudden, unexplained crying

## What's Going On with the Baby

It's going to be a busy first month. About two hours after you had sex, the egg is fertilized, and after a full day or so there is a tiny bundle of quickly dividing cells. By the end of the month the embryo will be about ¼-inch long and will have a heart (but no brain), as well as tiny arm and leg buds.

## What's Going On with You

- **Thrills**
- **Relief . . . and Pride**
- **Irrational Fears**

## Staying Involved

- **Exercise** (Workout No-Nos; Exercise and Sports to Do Together)
- **Nutrition** (Protein; Iron; Citrus Fruit (And Other Foods High in Vitamin C); Calcium; Green and Yellow Vegetables; Grains and Other Complex Carbohydrates; Water; Fatty Foods; Nutritional and Chemical No-Nos; A Word About a Vegetarian Diet; A Final Note on Nutrition; A Special Note for Adoptive Dads)
- **The Hunger Campaign** (Stocking Up; Reading The Small Print; 16 Recipes)

### *Excerpt from This Chapter:* Morning Sickness

About half of all pregnant women experience morning sickness. Despite the name, the nausea, heartburn, and vomiting can strike at any hour of the day. No one's quite sure what causes morning sickness. Some suggest that it's the pregnant woman's reaction to changing hormone levels. Others, such as researcher Margie Profet, contend that morning sickness is the body's natural way of protecting the growing fetus from *teratogins* (toxins that cause birth defects) and *abortifacients* (toxins that induce miscarriage). Whatever the cause, for most women morning sickness disappears after about the third month. Until then, here are a few things you can do to help your partner cope:

- Help her maintain a high-protein, high-carbohydrate diet.
- Encourage her to drink a lot of fluids—although milk may be a problem; some women with morning sickness can't tolerate it. You might also want to keep a large water bottle next to the bed. She should avoid caffeine, which tends to be dehydrating, and she might want to start the day with a small amount of non-acidic juice, such as apple or grape, or flat soda; the sweet flavor will probably encourage her to drink a little more than she might otherwise.
- Be sensitive to the sights and smells that make her queasy—and keep them away from her. Fatty or spicy foods are frequent offenders.
- Encourage her to eat a lot of small meals throughout the day—every two or three hours, if possible—and to eat before she starts feeling nauseated. Basic foods like rice and yogurt are particularly good because they're less likely to cause nausea than greasy foods.
- Make sure she takes her prenatal vitamins, if her doctor says to do so.
- Put some pretzels, crackers, or rice cakes by the bed—she'll need something to start and end the day with, and these are low in fat and calories and easy to digest.
- Be aware that she needs plenty of rest and encourage her to get it.

# The Doctor Will See You Now

## What's Going On with Your Partner

### Physically

- Continuing fatigue
- Continuing morning sickness
- Frequent urination
- Tingly fingers
- Breast tenderness and darkening nipples

### Emotionally

- Continued elation and at the same time some ambivalence about being pregnant
- Inability to keep her mind on her work
- Fear you won't find her attractive anymore
- Continuing moodiness
- Fear of an early miscarriage

## What's Going On with the Baby

During this month, the baby will change from an embryo to a fetus. By the end of the month, he or she (it's way too early to tell which) will have stubby little arms (with wrists but no fingers yet), sealed-shut eyes on the side of the face, ears, and a tiny, beating heart (on the outside of the body). If you bumped into a six-foot-tall version of your baby in a dark alley, you'd run the other way.

## What's Going On with You

- **The Struggle to Connect**
- **Excitement vs. Fear**
- **Increased or Decreased Sexual Desire**

## Staying Involved

- **Going to the OB/GYN Appointments**
- **Testing** (Ultrasound (Sonogram); Multiple Marker Test; Tests You May Have to Take; Amniocentesis; Chorionic Villi Sampling (CVS); Percutaneous Umbilical Blood Sampling (PUBS))
- **Dealing with the Unexpected** (Ectopic Pregnancy; Preeclampsia; Miscarriages; Birth Defects; Coping With Your Grief)

### *Excerpt from This Chapter:* Adoption Validation

If you're adopting, the time between your decision to adopt and the actual arrival of your child could be considered a "psychological pregnancy." Unlike a biological pregnancy, you won't, in most cases, know exactly how long it's going to take from beginning to end. But what's interesting is that most expectant adoptive parents go through an emotional progression similar to that of expectant biological parents, says adoption educator Carol Hallenbeck. The first step is what Hallenbeck calls "adoption validation," which basically means coming to terms with the idea that you're going to become a parent through adoption instead of through "normal" means.

This might seem straightforward, but it's usually not. For many parents, adoption is a second choice, a decision reached only after years of unsuccessfully trying to conceive on their own and after years of disappointments and intrusive, expensive medical procedures, says researcher Rachel Levy-Shiff. Infertility can make you question your self-image, undermine your sense of masculinity (how can I be a man if I can't get my partner pregnant?), may force you to confront your shattered dreams, and can take a terrible toll on your relationship. If you're having trouble coping with accepting the fact that you won't be having biologically related children, I urge you to talk to some other people about what you're feeling. Your partner certainly has a right to know—and she might be feeling a lot of similar things. In addition, the adoption agency you're working with will probably have a list of support resources for adoptive fathers. Give them a try.

THE 3RD MONTH

# Spreading the Word

## What's Going On with Your Partner

### Physically

- Fatigue, morning sickness, breast tenderness, and other early pregnancy symptoms beginning to disappear
- Continuing moodiness
- Thickening waistline

### Emotionally

- Heightened sense of reality about the pregnancy from hearing the baby's heartbeat
- Continuing ambivalence about the pregnancy
- Frustration and/or excitement over thickening of waistline
- Turning inward—beginning to focus on what's happening inside her
- Beginning to bond with the baby

## What's Going On with The Baby

By now, the little fetus looks pretty much like a real person—except that he or she (even a really sharp ultrasound technician would be hard pressed to tell you which) is only about two or three inches long, weighs less than an ounce, and has translucent skin. Teeth, fingernails, toenails, and hair are developing nicely, and the brain is not far behind. By the end of this month, the baby will be able to curl its toes, turn its head, and even frown.

## What's Going On with You

- **A Heightened Sense of Reality**
- **Feeling Left Out**
- **Excluded—or Welcomed—by Your Partner's Doctor**
- **Physical Symptoms: Couvade** (Sympathy or Feelings of Guilt for What the Woman is Going Through; Jealousy; Your Hormones Could Be Raging; You May Be Sending Messages To Your Partner; A Little History; Couvade for Adoptive Dads Too? Yep.)

## Staying Involved

- **Spilling the Beans** (Family; Friends; The Office; Your Other Children; A Few Special Circumstances; Trying To Keep the Secret; What If You're Not Married?)
- **Your Relationship** (With Each Other; Dangerous Assumptions; Getting Time Alone)

*Excerpt from This Chapter:* **Feeling Left Out**

While becoming more aware of the reality of the pregnancy is certainly a good thing, it's not the only thing that you'll be feeling at around this point. Toward the end of this first trimester, your partner will probably begin to spend a lot of time concentrating on what's happening inside her body, wondering whether she'll be a good enough mother, and establishing a bond with the baby. She may be worried about the baby's health or concerned that every little ache and pain she feels is a sign of some horrible disease. She's probably internalizing her feelings about all this and may become a little self-absorbed. And if she has a close relationship with her mother, the two of them may develop a deeper bond as your partner tries to find good role models.

Everything she's going through at this point is completely normal. The danger, however, is that while your partner is turning inward or bonding with her own mother and the baby, you may end up feeling left out, rejected, or even pushed out of the way. This can be particularly painful. But no matter how much it hurts, you should resist the urge to "retaliate" by withdrawing from her. Be as comforting as you can be, and let her know—in a nonconfrontational way—how you're feeling (see the "Your Relationship" section, pages 74–77). Fortunately, this period of turning inward won't last forever.

# Money, Money, Money

## What's Going On with Your Partner

### Physically

- Nipples darkening; freckles and moles might get darker and more obvious (a normal side effect from her increasing skin pigmentation)
- Increasing appetite as morning sickness begins to wane
- Clumsy—dropping and spilling things
- She may be able to feel some slight movements (although she probably won't associate them with the baby unless she's already had a child)
- She may notice some strange changes in her vision; if she wears contacts they may be bothering her
- She may get gingivitis (swollen, bleeding gums)—60 to 75 percent of pregnant women do

### Emotionally

- Great excitement when she sees the sonogram
- Worries about miscarriage are beginning to fade
- Concerned about what it really means to be a mother
- Continuing forgetfulness and mood swings
- Increasingly dependent on you—needs to know you'll be there for her, that you still love her
- She may get very depressed when her regular clothes stop fitting her and may become nearly obsessed with her appearance

## What's Going On with the Baby

During this month, the baby will grow to about four or five inches long. His heart will finish developing and will start pounding away at 120 to 160 beats per minute—about twice as fast as yours—and his whole body is covered with smooth hair called *lanugo.* The fetus can—and often does—kick, swallow, and suck his thumb. He can also tell when your partner is eating

sweet things or sour things and reacts accordingly. He can also react to light and dark—if you shine a strong light on your partner's abdomen, the baby will turn away.

## What's Going On with You

- **Increasing Sense of the Pregnancy's Reality**
- **Can We Really Afford This?**
- **Safety—Your Partner's and the Baby's**
- **Ways to Show Her You Care**

## Staying Involved

- **Focus on Her**
- **Finances** (Planning a College Fund; Digging Out of the Hole; Beware of Good-Hearted Relatives; Picking a Financial Planner; Bonds; Insurance; A Few Insurance Tips; Getting Professional Advice)

### *Excerpt from This Chapter:* Digging out of the Hole

Before you even start worrying about how you're going to finance the future, it's critical that you spend some time making sure the present is taken care of. If you have huge debts, the place to start is by paying them off. Adopting a child or conceiving one artificially, for example, can cost a ton of money—$25,000 to $50,000 is not at all uncommon, says Sharon Luker, a financial advisor in Plano, Texas. If you dipped into your retirement accounts, took out a second mortgage, or put it on your credit cards, start working on those before, or at least at the same time as, you start saving for your child's education. You have a responsibility to your child, yourself, and your family to stay in as good financial shape as you can. But big debts—particularly on high-interest-rate credit cards—can undermine your whole family's long-term financial health.

If you need to, get together with a professional who can help you put together a budget that includes servicing your debt and savings (see pages 90–91 for more on this). Get in the habit of putting something aside every month, even if it's just a few dollars. The best way to do this is through *dollar cost averaging.* This means that on a regular basis—weekly, monthly, quarterly—you contribute a fixed amount to the same mutual fund or other investment. When prices are up you're buying fewer shares; when prices are down, you're buying more.

The problem with this or any other regular savings plan is remembering to do it. If things get tight—as they have plenty of times at my house—the education checks can get "overlooked" or "rescheduled." Having it automatically taken out of your paycheck is a great—and somewhat less painful—way to go. If you can get control of your finances now, who knows, you might even be able to afford to have another kid.

THE 5TH MONTH

# The Lights Are On and Somebody's Home

## What's Going On with Your Partner

### Physically

- May feel the baby's movements—and she knows what they are
- May have occasional painless tightening of the uterus called Braxton-Hicks contractions or "false labor" (during real labor, the cervix begins to open; in false labor, it doesn't)
- Continuing darkening of nipples, appearance of dark line from belly button down the abdomen
- Breasts are getting larger and may "leak" a little when she's sexually excited—and even when she's not
- Hormones are causing all sorts of trouble: she's forgetful, her fingernails may be brittle, and her skin may be splotchy, but her hair probably never looked better (pregnant women tend to lose less hair than nonpregnant women).

### Emotionally

- Very reassured by the baby's movements and less worried about miscarriage
- Developing feeling of bonding with the baby
- Sensitivity about her changing figure
- Increase in sexual desire
- Increasingly dependent on you
- Feelings of jealousy (after all, it was her private pregnancy until now)

## What's Going On with the Baby

The baby's eyelids are still sealed but her eyebrows and lashes are fully grown in and you might be able to see some hair on her head. By the end of this month she'll be about nine inches long and weigh in at close to a pound. She kicks, punches, grabs at the umbilical cord, and has developed something of a regular sleep pattern—waking and dozing at regular intervals. She'll spend a lot of her awake time doing somersaults. Best of all, she can now hear what's going on outside the womb.

## What's Going On with You

- **Oh My God, I'm Going to Be a Father**
- **More Interested in Fatherhood**
- **Turning Inward**

## Staying Involved

- **Prenatal Communication** (A Few Things To Know About Prenatal Communication)
- **Sex** (Why You and/or Your Partner Might Be Feeling *Increased* Sexual Desire; Why You and/or Your Partner Might Be Feeling *Decreased* Sexual Desire; What the Experts Say; When to Be Particularly Careful; When You and Your Partner Are Out of Sync)

***Excerpt from This Chapter:***
**Sex: When to Be Particularly Careful**
If your partner is at risk for, or has a history of, premature labor, placenta previa (when the placenta covers the cervix), or an incompetent cervix (when the cervix is not strong enough to hold the fetus inside until truly ready to be born), talk to her doctor *before* you hop in the sack. Nipple stimulation and orgasm have a direct impact on the uterus and could possibly trigger some contractions. If your partner has any of these conditions or is at risk for going into labor early, use a condom when you have sex. No, it's not a birth control thing. Strange as it sounds, there's a slim chance that one of the hormones in semen (prostaglandin) may cause contractions.

# Work and Family

## What's Going On with Your Partner

### Physically

- Period of greatest weight gain begins
- Increased sweating
- Increased blood supply gives her that pregnant "glow"; it may also be giving her some sciatica or even carpal tunnel syndrome as all the extra fluid compresses some of her nerves
- Swelling of the hands and feet
- Fatigue, dizziness, and a runny nose are not uncommon
- A constant, nagging backache—especially if she's carrying twins or more
- Some incredibly bizarre food cravings (see the excerpt for more on this)

### Emotionally

- Moodiness is decreasing
- Continued forgetfulness and even some short-term memory loss (see the excerpt for more on this)
- Feeling that the pregnancy will never end
- Increased bonding with the baby
- Still very dependent on you

## What's Going On with the Baby

The baby looks pretty trim—he hasn't started putting on much fat yet—and is starting to get covered with vernix, a thick, waxy, protective coating. His eyes are starting to open, he coughs and hiccups, and if you were inside the uterus you could see his unique footprints and fingerprints. The movements of your now foot-long two-pounder are getting stronger, and he can hear, and respond to, sounds from the outside world. He may, for example, jump at the sound of a door slamming or a car backfiring.

## What's Going On with You

- **Reexamining Your Relationship with Your Father**
- **A Sense of Mortality**
- **Feeling Trapped**

## Staying Involved

- **Having Fun** (Ways to Amuse Yourselves; A Few Positively Odd Things Your Partner May Be Experiencing)
- **Work and Family** (Family Leave; Long-Term Work-Schedule Changes; Working Less Than Full-Time; Working at Home; The Family and Medical Leave Act; Family Leave if You're an Employee; Creating a More Family-Friendly Workplace for Dads If You're an Employer (or Supervisor); The Work-Family Solution You Might Not Have Thought Of)

### *Excerpt from This Chapter:* A Few Positively Odd Things Your Partner Might Be Experiencing

You've probably heard all about pregnant women's strange and oddly timed food cravings—such as pickles and ice cream at two in the morning, or strawberries and garlic for breakfast. As repulsive as some of them may be, cravings like these are completely normal. Some pregnant women, though, crave laundry starch, wax, gravel, dirt, coffee grounds, paint, ashes, clay, and even the smell of gasoline. Needless to say, such cravings are anything *but* normal. They are part of a fairly rare condition called *pica,* which generally affects only kids one to six years old and pregnant women (yet another reason I'm glad I'm not a woman). Women who grew up or live in the South or in rural communities seem to be at greater risk, as are women who suffered from pica as children. Some people believe that these wacky cravings are the body's way of satisfying its nutritional needs; there is, for example, plenty of iron in clay. The problem is that there's also a lot of downright dangerous stuff in it. Other experts discount the nutrition angle completely: if she's missing some nutrients, she needs to eat better or take some vitamins. So if you catch your partner licking ashtrays, or if she wakes you up in the middle of the night asking for a handful of gravel or a candle to chew on, offer her a healthy snack, get her to sleep, and call her doctor first thing in the morning.

As if that wasn't weird enough . . . if your partner has been forgetful lately, or seems to be losing a lot of things—including her memory—it may be because her brain is shrinking. Yep. Anita Holdcroft, an English anesthesiologist, found that during pregnancy, women's brains actually get 3 to 5 percent smaller. Now that you know this, it's probably best that you keep it to yourself. After all, there's really no nice way to tell someone that her brain is shrinking. You could mention it in the hope that your partner will forget it right away, but if she doesn't, you're in big trouble. And anyway, the shrinkage seems to be attributed to the brain cells being compressed—not to an actual loss of cells. And, oh yes, it generally clears up within a few months after the birth.

# Entering the Home Stretch

## What's Going On with Your Partner

### Physically

- Increasing general physical discomfort (cramps, dizziness, abdominal achiness, heartburn, gas, constipation, and so forth)
- Itchy belly
- Increasing clumsiness and decreasing stamina
- Her hip joints are expanding and she's having to learn to walk in a new, awkward way, which may explain why she's a little more susceptible to muscle pulls
- Some thick, white, vaginal discharge (it's called *leukorrhea,* and is completely normal)
- Increased Braxton-Hicks (false labor) contractions

### Emotionally

- Decreased moodiness
- Dreaming/fantasizing about the baby
- Concerned about work—not sure she'll have the energy to go back, and anxious about how to balance roles of mother, wife, employee . . .
- Fear about the labor and delivery

## What's Going On with the Baby

The baby's lungs are maturing, and if she were born right now, she'd have a pretty good chance of survival. She's getting a little cramped inside now—especially if she's got a womb-mate. Her eyes are fully open and her irises react to light and dark. She can now move in rhythm to music played outside the womb. The fetus's skin has turned red and wrinkly, and she's bulked up to three pounds and measures fifteen inches long. Her brain is developing incredibly quickly, but the surface of it is still fairly smooth and she's not really capable of

much rational thought (given her living situation, that's probably a good thing).

## What's Going On with You

- **Increasing Acceptance of the Pregnancy**
- **Visualizing the Baby**
- **Speculating about Gender**
- **Fear of Falling Apart During Her Labor**

## Staying Involved

- **Choosing a Name** (How To Pick Em; Family Pressures/Traditional Customs; The Last-Name Game)
- **Birth Announcements** (When To Order, What To Include, Whom To Send Announcements To; Baby Showers)
- **Classes** (Selecting a Birthing Class, Lamaze, Bradley, Leboyer, Dick-Read, "Coach"—Don't Use That Word, Baby CPR, What Childbirth Classes *Don't* Teach You, Preparing Your Older Kids, Getting Some Extra Help, While You're Planning Ahead: Making an Impact, What Is a *Doula*?, Doulas—Some Basic Q's and A's, What If You Feel Like You Don't Want To Be in the Delivery Room At All?)

### *Excerpt from This Chapter:*
### What Childbirth Classes *Don't* Teach You

While childbirth education classes are an important part of the birthing experience, there are a few things you probably won't learn there.

- **Ask a lot of questions.** No matter how much you've read or how thorough your class is, something you don't understand is bound to happen during the labor or delivery. When it does, don't let the hospital staff steamroller you. Have them explain everything they're doing, every step of the way. If you miss something the first time, have them explain it again.
- **Stand up for your rights.** Most couples have a tendency to step back and let the practitioners take control of the whole process, especially when something unusual happens. They feel out of place and unsure of their rights. Don't. *Your* child is about to be born—not the doctor's or the nurse's—and you have the right to have things done the way you want them done, unless you're asking for something medically unsafe. And keep in mind that there's a difference between being assertive and being annoying or confrontational, so be nice.
- **Don't be too quick to take no for an answer.** Often, the first thing out of a doctor's or nurse's mouth when you ask for something is "No"—not because it's the right answer, but because it's the easy answer. If you want the lights dimmed for the delivery and the staff refuses, do it yourself. If you want to videotape the birth and the doctor won't let you, ask why not. If you don't get a good explanation, do what you feel you should do.

# Making a List and Checking It Twice

## What's Going On with Your Partner

### Physically

- Even stronger fetal activity
- Heavier vaginal discharge
- General discomfort getting more severe
- Frequent urination
- Sleeplessness—can that really be a surprise?
- Increased fatigue
- Shortness of breath as the baby takes up more room and presses against her internal organs
- Water retention, and swelling of the hands, feet, and ankles
- More frequent Braxton-Hicks contractions

### Emotionally

- Feeling special—people are giving her their seats on buses or in crowded rooms, store clerks go out of their way to help her
- Feeling a bond with others, like a member of a secret club (strangers keep coming up to tell her about their own pregnancy experiences or to touch her belly); she might also be scared by all those horror stories or angry at the unsolicited touches
- Feeling exceptionally attractive—or ugly
- Worried about whether the baby will be normal, whether she'll be able to cope with the responsibilities of motherhood, and whether her body will ever get back to normal
- Afraid her water will break in public

## What's Going On with the Baby

At this point, most babies will have assumed the head-down position that

they'll maintain for the rest of the pregnancy. He's getting big and fat—eighteen inches long, five pounds (a little less if he's sharing his quarters with a sibling), and his body now looks a little more like it belongs with that huge head. With practically no room to maneuver around, the baby's movements are becoming a little less frequent but often so powerful that you can frequently tell which part of his body is doing the poking. His sense of hearing is getting so good that he now responds differently to your partner's and your voices. Chances of survival outside the womb are excellent.

## What's Going On with You

- **Dealing with the "Public" Nature of Pregnancy**
- **Panic**
- **Nesting**
- **Sex—Again**
- **Birth Plans** (Sample Birth Plan; Should Your Older Children Attend the Birth?)
- **Making Final Plans** (Registering At the Hospital; Finding a Pediatrician; Getting To the Hospital; What If You Have Other Kids?; And, Finally, Some Last Minute Details)
- **Packing Your Bags**
- **Preterm Labor/Premature Birth** (While You're Waiting; When Premature Labor Really Isn't)
- **The Nursery: Everything You Need and What It Costs** (Essentials to Have Waiting At Home; Baby Furnishings; Green Babies; Watch out for Triboluminescence)

### *Excerpt from This Chapter:* Sample Birth Plan

This birth plan outlines our desires for this labor, birth, and postpartum period. These plans can be revised for medical reasons, should some complication arise, after informed consent has been well established.

- Mother will be free to move during labor and birth to any position she prefers or finds helpful to the birthing process.
- We would prefer that no pain medication be routinely offered. If the mother wants something, she'll ask for it.
- We prefer that no episiotomy be performed unless absolutely necessary; a tear is acceptable if unavoidable.
- The baby will be given directly to the mother after birth.
- The baby will be with at least one of his or her parents at all times.
- Father would like to help "catch" the baby as he or she emerges.
- Father will cut the cord, but not until it stops pulsing.

We would like to thank everyone involved for their support and respect for our desires and preferences during this birth.

# "Dear, It's Time . . ."

## What's Going On with Your Partner

### Physically

- Some change in fetal activity—the baby is so cramped that instead of kicking and punching, all she can do is squirm
- Increased sleeplessness and fatigue
- A renewed sense of energy when the baby's head "drops" into the pelvis and takes some of the pressure off the stomach and lungs
- She may have stopped gaining weight but she's still just plain miserable, with increased cramping, constipation, backache, water retention, and swelling of the feet, ankles, and face
- If her belly button was an innie before, it may have become an outie (the change isn't permanent, though)
- Absolutely no interest in sex (although some women's interest actually increases)

### Emotionally

- More dependent on you than ever—afraid you won't love her after the baby is born (after all, she's not the same woman you married)
- Impatient: can't wait for pregnancy to be over
- Short-tempered: tired of answering "So when's the baby coming?" questions—especially if she's overdue
- May be afraid she won't have enough love to go around—what with loving you, and all
- Fear she won't be ready for labor when it comes
- Increasing preoccupation with the baby and, perhaps, a sudden and unexplained interest in Martha Stewart and interior decorating

## What's Going On with the Baby

Over the course of this last month of pregnancy, your baby will be growing at

a tremendous clip, putting on about a quarter to a half pound a week. Before she finally decides to leave the warm uterus, she'll weigh six to nine pounds (less if she's a twin or triplet) and be about twenty inches long—so big that there will be hardly any room for her to kick or prod your partner anymore. Her fingernails and toenails are frequently so long they have to be trimmed right after birth and the lanugo and vernix that have been covering and protecting her little body are starting to sluff off. And despite the widespread myth that babies are born blind, her sight is coming along just fine. If you shine a bright light at her mother's abdomen (which you shouldn't do), she'll blink.

## What's Going On with You

- **Confusion**
- **Increased Dependency on Your Partner**
- **Feeling Guilty**

## Staying Involved

- **Sensitivity**
- **What If She's Overdue?**
- **What If It's a Boy?** (Why You Might Want to Consider Circumcision; Why You Might Want to Consider *Not* Circumcising Your Son; Care of the Circumcised Penis)
- **Dealing with Contingencies** (Labor: Real or False?; Planes, Trains, and Automobiles; Emergency Births; An Emergency Kit; Things to Remember During an Emergency Birth)

### *Excerpt from This Chapter:* Labor: Real or False?

By now, your partner has probably experienced plenty of Braxton-Hicks contractions ("false labor"), which have been warming up her uterus for the real thing. Sometimes, however, these practice contractions may be so strong that your partner may feel that labor has begun. The bottom line is that when real labor starts, your partner will probably know it. (This may sound strange, especially if she is carrying her first child. Nevertheless, the majority of mothers I've spoken to have told me it's true.) But until then, you—and she—may not be sure whether the contractions and other things she's feeling are the real thing or not. So before you go rushing off to the hospital, take a few seconds to try to figure things out. FALSE LABOR: Contractions are not regular, or don't stay regular. Contractions don't get stronger or more severe. If your partner changes position (from sitting to walking, or from standing to lying down), the contractions usually stop altogether or change in frequency or intensity. Generally, there is little or no vaginal discharge of any kind; There may be additional pain in the abdomen. REAL LABOR: Contractions are regular. Contractions get stronger, longer, and closer together with time. There may be some blood-tinged vaginal discharge. Your partner's membranes may rupture (the famous "water" that "breaks" is really the amniotic fluid that the baby has been floating in throughout the pregnancy). There may be additional pain in the lower back.

# Resources

## Adoption

**National Adoption Center** offers a comprehensive list of questions to ask adoption agencies, advice on tax and legal matters, and has links to other organizations.
1500 Walnut Street, Suite 701
Philadelphia, PA 19102
Tel.: (215) 735-9988
E-mail: nac@adopt.org
http://adopt.org

**Adopting.org** provides information, resources, and support for adoptive families.
http://www.adopting.org/

## Childbirth, Assistance

**American College of Nurse-Midwives** accredits midwife education programs, establishes standards, and provides information and referrals to midwives in your area.
818 Connecticut Avenue NW,
Suite 900
Washington, DC 20006
Tel.: (888) MIDWIFE
(202) 728-9860
Fax: (202) 728-9897
E-mail: info@acnm.org
http://www.midwife.org/

**American College of Obstetricians and Gynecologists**
409 12th St., SW
P.O. Box 96920
Washington, DC 20090-6920
http://www.acog.com/

**Doulas of North America**
provides resources and referrals to doulas near you
13513 North Grove Drive
Alpine, UT 84004
Tel.: (801) 756-7331
Fax: (801) 763-1847
http://www.dona.com/

**International Childbirth Education Association**
P.O. Box 20048
Minneapolis, MN 55420
Tel.: (952) 854-8660
Fax: (952) 854-8772
http://www.icea.org/

**National Association of Childbearing Centers** provides information about birthing centers and resources for finding one near you.
3123 Gottschall Road
Perkiomenville, PA 18074
Tel.: (215) 234-8068
Fax: (215): 234-8829
E-mail: ReachNACC@BirthCenters.org
http://www.birthcenters.org/

## Child Care and Day Care

**Au Pair Search**
http://www.aupairsearch.com/

**Child Care Aware** is a nationwide campaign to help parents identify quality child care in their communities. Great source of local referrals.
Tel.: (800) 424-2246
http://www.childcareaware.org/index.htm

**International AuPair Association**
Bredgade 25 H
DK - 1260
Copenhagen K
Denmark
Tel.: (+45) 3333 9600
Fax: (+45) 3393 9676
E-mail: mailbox@iapa.org
http://www.iapa.org/

**International Nanny Association** is a nonprofit association for nannies and those who educate, place, employ, and support professional in-home child-care providers. Provides links to placement agencies, and so forth.
900 Haddon Ave., Suite 438
Collingswood, NJ 08108
Tel.: (856) 858-0808
http://www.nanny.org/

**National Association of Child Care Resource Referral Agencies** will put you in touch with the local child-care resource and referral agency that serves your area.
1319 F St. NW, Suite 819
Washington, DC 20004
Tel.: (202) 393-5501
http://www.naccrra.org

**National Resource Center for Health and Safety in Child Care** promotes health and safety in out-of-home child-care settings throughout the nation.
UCHSC
Campus Mail Stop F541
P.O. Box 6508
Aurora, CO 80045-0508
Tel.: (800) 598-KIDS
Fax: (303) 724-0960
http://nrc.uchsc.edu/

## Death and Grief

**American Sudden Infant Death Syndrome (SIDS) Institute**
2480 Windy Hill Road, Suite 380
Marietta, GA 30067
Tel.: (800) 232-7437
E-mail: precent@sids.org
http://www.sids.org/#bereavement

## Fathers and Fatherhood, Advice and Skills

**About.com** offers extensive information on all sorts of father- and fathering-related issues.
http://fatherhood.about.com/parenting/fatherhood/

**Dadmag.com** is a great alternative to traditional parenting magazines, which routinely ignore dads and their concerns.
http://www.dadmag.com/

**Edads.com**
Also available in a print version, *Dads Magazine.*
http://www.edads.com/

**Fathers' Forum** helps guys make the transition from Man to Dad.
http://www.fathersforum.com/months.html

**Fathers on Line** is a site where real dads can gather on the Internet to ask questions and give advice to others. You can find—or be—a mentor.
http://www.fathersonline.com/

**MrDad.com** is my Web site. You can get information there about pretty much every aspect of pregnancy, childbirth, and fatherhood, find out more about my other fatherhood books, and send me questions and comments.
http://www.MrDad.com

## Fathers and Fatherhood, General

**The Fatherhood Project** is a national research and education organization that examines the future of fatherhood and develops ways to support men's involvement in child rearing.
Tel.: (212) 465-2044
http://www.fatherhoodproject.org/

**Men's Health Network** is a comprehensive resource on fatherhood and other issues affecting men.
P.O. Box 75972
Washington, DC 20013
Tel.: (202) 543-6461
E-mail: info@menshealthnetwork.org
http://menshealthnetwork.org/

**The National Center for Fathering** offers plenty of advice on strengthening families by inspiring and equipping men to be better fathers.
P.O. Box 413888
Kansas City, MO 64141
Tel.: (800) 593-DADS
Fax: (913) 384-4665
http://www.fathers.com/

**National Fatherhood Initiative** provides information on the importance of involved, committed, and responsible fathers and how they can improve the well-being of their children.
600 Eden Road, Building E
Lancaster, PA 17601
Tel.: (800) 790-DADS
(717) 581-8860
Fax: (717) 581-8862
http://www.fatherhood.org/

## Fathers, Stay-at-Home

**At-Home Dad Newsletter**
61 Brightwood Ave.
North Andover, MA 01845
Tel.: (508) 685-7931
E-mail: AtHomeDad@aol.com

**Slowlane.com** provides online resources and support for stay-at-home and primary caregiving dads and their families.
http://www.slowlane.com/

## Finances (College Savings, Financial Planning, Insurance, and so on)

**American Council of Life Insurers** provides basic information on the spectrum of life insurance products and operates the National Insurance Consumer Helpline, which can give you referrals to local agents.
1001 Pennsylvania Ave. NW
Washington, DC 20004
Tel.: (800) 942-4242
http://www.acli.com/

**College Savings Plans Network** offers great info on all of the state-sponsored college savings plans and referrals to the one in your state.
Tel.: (877) CSPN-4-YOU
http://www.collegesavings.org/

**Federal Consumer Information Center**
Ask for their publication, *Preparing for College.*
P.O. Box 100
Pueblo, CO 81009
Tel.: (800) 688-9889
http://www.pueblo.gsa.gov/education.html

**Financial Planning Association** provides information on financial planning and referrals to certified financial planners in your area.
Tel.: (800) 322-4237
(404) 845-0011
Fax: (404) 845-3660
E-mail: membership@fpanet.org
http://www.fpanet.org/

## Health and Safety

**Danny Foundation** educates the public about crib dangers and advises eliminating the millions of unsafe cribs currently in use or in storage.
3158 Danville Blvd.
P.O. Box 680
Alamo, CA 94507
Tel.: (800) 83-DANNY
E-mail: information@dannyfoundation.org
http://www.dannyfoundation.org/

**Green Home** explains everything you need to create a healthy, nontoxic home environment.
http://www.greenhome.com/

**National Highway Traffic Safety Administration** offers the latest info on car and car-seat safety. Includes a shopping guide for car seats, recall information, and safety literature.

Department of Transportation
400 7th Street SW
Washington, DC 20590
Tel.: (800) 424-9393
http://www.nhtsa.gov/

**National Safety Council** provides facts, information, and resources on environmental issues and accident prevention.
http://www.nsc.org/

**U.S. Consumer Products Safety Commission** provides comprehensive safety checklists, notices of recalls, and other important safety info.
http://www.cpsc.gov/

## Parenting, General

There are a number of excellent Internet sites offering comprehensive parenting information, advice, resources, and products. Most have community sections where you can post questions and get advice from other parents. Most also have special sections for dads. Among the best are:

**Babycenter.com**
http://www.babycenter.com/

**DrSpock.com**
http://www.DrSpock.com/

**EverythingForParents.com**
http://everythingforparents.com/

**Family.com**
http://family.go.com/

**ParentsPlace.com**
http://parentsplace.com/

In addition, **100 Top Parenting Sites** maintains a constantly shifting list of, you guessed it, the top 100 parenting sites on the Internet.
http://www.100topparentingsites.com/

## Pregnancy, General

All the resources in the Parenting, General section have good information on pregnancy. Here are a few more that focus specifically on pregnancy and childbirth.

**BabySoon.com**
http://www.babysoon.com/

**BabyZone.com**
http://www.babyzone.com/

**E-Pregnancy Magazine**
Also available in a print version, *Pregnancy Magazine.*
http://www.epregnancy.com/pregnancymagazine/

**Pregnancy Today** is the online journal for parents-to-be. It has a special section for dads.
http://www.pregnancytoday.com/

**Pregnancy at Women.com**
(formerly Storksite)
http://www.women.com/pregnancy/

## Parenting, Special Concerns

### CHILDREN WITH DISABILITIES

**Parents Helping Parents**
3041 Olcott Street
Santa Clara, CA 95054-3222
Tel.: (408) 727-5775
Fax: (408) 727-0182
http://www.php.com/

**National Fathers' Network** supports fathers and families raising children with special health-care needs and developmental disabilities.
Tel.: (206) 747-4004
http://www.fathersnetwork.org/

**The National Information Center for Children and Youth with Disabilities** is a referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals.
P.O. Box 1492
Washington, DC 20013-1492
Tel.: (800) 695-0285
(202) 884-8200
Fax: (202) 884-8441
http://www.nichcy.org/

PREEMIES

**Preemies.org** offers resources, chats, and support for parents of children born prematurely.
http://www.preemies.org/

**Emory Regional Perinatal Center** is a great source of info on developmental milestones, medical concerns, and other issues.
Neonatal Section
P. O. Box 26015
80 Butler Street SE
Atlanta, GA 30335
http://www.emory.edu/PEDS/NEONATOLOGY/DCP/

**Preemie Store** offers anything you could possibly need to buy for your preemie.
17195 Newhope St., Suite 105
Fountain Valley, CA 92708
Tel.: (800) O-SO-TINY (676-8469)
(714) 434-3740
Fax: (714) 434-7510
http://www.preemie.com/

TWINS (AND MORE)

**M.O.S.T. (Mothers of Supertwins)** provides information, resources, empathy, and support to families with triplets and more.
P.O. Box 951
Brentwood, NY 11717-0627
Tel.: (631) 859-1110
http://www.mostonline.org/

**National Online Fathers of Twins Club** is a member-run organization that provides support and info for dads of multiples.
c/o Jeff Maxwell
2804 NW 163rd
Edmond, OK 73013
http://www.nofotc.org/

**The National Organization of Mothers of Twins Clubs, Inc. (NOMOTC)** promotes the special aspects of multiple-birth children.
P.O. Box 438
Thompson Station, TN 37179-0438
Tel.: (877) 540-2200
(615) 595-0936
http://www.nomotc.org/

**Triplet Connection**
P.O. Box 99571
Stockton, CA 95209
Tel.: (209) 474-0885
http://www.tripletconnection.org/

## Prenatal Communication/ Enrichment

**The BabyPlus Company**
301 East Carmel Drive
Building G, Suite 300-2
Carmel, IN 46032
Tel.: (800) 330-6944
E-mail: management@babyplus.com
http://www.babyplus.com/

## Work and Family

**The Entrepreneurial Parent** is a resource for home-office entrepreneurs and career professionals who are looking for alternative work options. It offers information, professional assistance, and a strong "Entrepreneurial Parent" community.
P.O. Box 320722
Fairfield, CT 06432
Tel.: (203) 371-6212
E-mail: office@en-parent.com
http://www.en-parent.com/

**Families And Work Institute** provides information on the changing nature of work and family life.
330 Seventh Avenue, 14th Floor
New York, NY 10001
Tel.: (212) 465-2044
Fax: (212) 465-8637
http://www.familiesandwork.org/

**Work/Family Directions** offers practical ideas on how to stay ahead of emerging personnel and workplace issues and provides employers with innovative ways to achieve maximum commitment from their employees.
200 Talcott Avenue West
Watertown, MA 02472
Tel.: (800) 447-0543
Fax: (617) 926-6443
http://www.wfd.com/

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- **The Single Father: A Dad's Guide to Parenting without a Partner**

  *Helps dads who are divorced, widowed, gay, or never-married to deal with the special issues of parenting alone.*


### Contact Armin A. Brott

E-mail Armin@MrDad.com. Ask him a question at The New Father Series Mini-Site at < http://www.abbeville.com/newfather/ >.

### Contact Abbeville Press

Visit http://http://www.abbeville.com/company_contact.htm for contact info. Direct letters to:

Abbeville Press
137 Varick Street, Suite 504
New York, NY 10013


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