

Have

# no fear

Worry and anxiety are an inseparable part of having a baby. Here, experts address 7 of the most common fears new mothers face, from SIDS to solids, and offer confidence-boosting advice.



BY KIM SCHWORM ACOSTA

**| FOR MANY WOMEN, PREGNANCY AND DELIVERY ARE SMALL POTATOES |** compared with the sheer panic that sets in once their baby enters the world. While it's natural to be anxious about mastering your new responsibilities, the hospital did not make a mistake by letting you take your newborn home, says New York pediatrician Michel Cohen, M.D., author of the 2004 book *The New Basics: A-to-Z Baby & Child Care for the Modern Parent*. "Caring for your baby will be much simpler than what you are imagining," he promises. In fact, many of your fears about the first year of parenthood may never materialize, and those that do emerge often have easy solutions. Read on for antidotes to some common anxieties.

**THE FEAR | I'm clueless about baby care.**

**THE REAL DEAL** This fear ranks among the top, especially if you haven't been around little ones since your high school babysitting gigs (and what *were* those parents thinking, leaving you in charge?). The good news: Raising a healthy child is largely based on common sense.

**Confidence boosters** Refer to just one baby-care book, preferably one written by a board-certified pediatrician affiliated with a leading university or hospital; reading too many can be overwhelming. One helpful guide is the American Academy of Pediatrics' *Caring for Your Baby and Young Child* (2004). Other resources: hospital baby-care classes and postpartum doulas.

**THE FEAR | My baby will die from SIDS.**

**THE REAL DEAL** Since the national Back to Sleep campaign was launched in 1994, the number of deaths attributed to sudden infant death syndrome (SIDS) has dropped by 50 percent, to about 2,000 each year in the United States. Most deaths occur when the baby is between 2 months and 4 months old.

**Confidence boosters** There are several proven ways to help protect your baby against SIDS: Shield her from secondhand smoke; keep her in your room at night; dress her in a wearable blanket and remove all soft bedding, stuffed animals, etc., from the crib; and avoid overheating and stale air. In fact, a new study found that infants who slept in rooms with fans running had a 72 percent lower SIDS risk. Most importantly, *always* place her on her back to sleep. Infants accustomed to sleeping this way who are then placed on their stomach or side are at increased risk, so be sure to alert caregivers.

**THE FEAR | I won't be able to breastfeed.**

**THE REAL DEAL** Intent is a strong predictor of nursing success, so your commitment to the idea means you're a long way toward making it happen, says Doraine Bailey, M.A., I.B.C.L.C., former president of the International Lactation Consultant Association.

**Confidence boosters** Take a breastfeeding class (many hospitals offer them), and visit a La Leche League International support group (l.li.org) to learn how other women overcome problems, Bailey advises. If you're worried that your baby won't get enough milk, this is one

problem that solves itself: Your baby's suckling stimulates the breasts to produce and release milk—if she's not getting enough, she'll want to nurse more often, which in turn means you'll produce more milk.

**THE FEAR | The crying will freak me out.**

**THE REAL DEAL** Often, even a young infant can communicate the cause of her distress. "I didn't realize the baby would give me cues that could prevent crying," says San Francisco Bay Area mother Carrie Brace. "He'll smack his lips when he's hungry, or kick his legs and whimper when his diaper is wet." But don't be disappointed if you can't always soothe your baby. "Sometimes babies just have to cry to release tension," Cohen says.

**Confidence boosters** Re-creating the womb can work wonders on a crying jag. Try pediatrician Harvey Karp's *Happiest Baby on the Block* techniques (go to [fitpregnancy.com/karp](http://fitpregnancy.com/karp) and [fitpregnancy.com/swaddle](http://fitpregnancy.com/swaddle)). White noise, such as a vacuum cleaner, a fan or static on TV, also may help, as can Karp's "Super Soothing" *Calming Sounds* CD. Still crying? Take a walk outside or go for a drive together—sometimes fresh air and a change of scenery will do the trick.

**THE FEAR | My baby isn't normal.**

**THE REAL DEAL** "Children are not perfectly designed robots who change and reach milestones in lock step with one another," pediatrician Cohen says. That said, your baby should be able to accomplish various feats within a fairly broad time frame, such as holding her head up by 3 months and rolling over by 6 months. And don't obsess about stimulating your baby: While there's no doubt that the first three years are critical to brain development, babies are hard-wired for rapid learning no matter what parents do, so don't beat yourself up for allowing your child some stimulation-free downtime.

**Confidence boosters** Download a brochure to help you track your baby's development from the American Academy of Pediatrics' website ([aap.org/family/2004PAFBrochure.pdf](http://aap.org/family/2004PAFBrochure.pdf)). Discuss concerns with your pediatrician; many problems, if detected early, can be treated. As for maximizing your baby's brainpower, learn simple ways to build her self-confidence and curiosity with "The Magic of Everyday Moments" at [zerotothree.org/magic](http://zerotothree.org/magic).

**THE FEAR** | I'll screw up on feeding solids.

**THE REAL DEAL** It's simple: Breast milk (or formula) is all your baby needs for the first six months. Then, start serving her baby cereal and puréed fruit and vegetables (some pediatricians say it's OK to introduce these as early as 4 months if your baby can sit up well when supported). At 8 to 10 months, move on to mashed versions of adult foods (minus milk and honey). After that, your baby should be ready for chunkier foods as long as she's not having difficulty chewing. (See "Worry About These!" below right, for choking hazards and "Avoiding Food Allergies" on pg. 46 for tips on helping to prevent food sensitivities.)

**Confidence boosters** Offer foods that are popular among the 1-and-younger crowd. These include well-cooked, unsalted sweet potatoes, carrots, apples, squash, peas, green beans and mangos, as well as raw, mashed bananas.

**THE FEAR** | My life is over!

**THE REAL DEAL** Today's mothers are starting families later, having fewer kids and spending more hours at the office than ever before. This means more time to nurture your career and interests before and after you start a family. "You don't automatically have to give up everything you've valued," says Lawrence Kutner, Ph.D., co-director of the Harvard Medical School Center for Mental Health and Media and author of five parenting books. "Parenting, like much of life, is about adapting to change in creative ways," he explains.

**Confidence boosters** Take a cue from Shara Frederick of Brooklyn, N.Y., who started monthly new-mom get-togethers (called "Tots and Tonic") to combat isolation and chat about interests besides diaper brands. If you've left work, stay in touch with your pals from the office. Pursue a hobby without guilt—a happy mom makes for a happy baby. And cool new baby products, from cleverly disguised diaper bags to sleek strollers, mean you don't have to abandon your stylish tastes.

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## Worry about these!

Spend less time agonizing about how to make your baby smarter and more time thinking about these first-year hazards many parents don't consider.

**CHOKING** This is a major cause of infant death, with the most serious risks coming from smooth and round foods, such as hot dogs and grapes. (Balloons are another top hazard.) All foods offered during most of the first year should be mashed or puréed. To be safe, ask your pediatrician to show you how to perform the Heimlich maneuver, and find a local infant CPR class at [redcross.org](http://redcross.org).

**DROWNING** It is the third-leading cause of unintentional-injury deaths among children. Your baby requires constant hands-on supervision during bath or wading-pool time; baby bath seats or rings are no substitute.

**POSTPARTUM DEPRESSION** If PPD is left untreated, not only does a woman suffer, but her child is also at increased risk of developing behavioral and cognitive problems. Treatment can help dramatically—visit the National Mental Health Association's website at [nmha.org](http://nmha.org) for profiles of local therapists.



From smiling to walking, there's a lot of variation in when babies meet milestones.

## Don't listen to this

Even the most authoritative (and helpful) sounding baby-care advice often is wrong—or just wrong for you and your baby. "You can smile and say you'll think about that, but the bottom line is to trust yourself," says New York pediatrician Michel Cohen, M.D. Here's the lowdown on some common sources of misinformation:

**OTHER MOMS** Your peers can be a great source for everything from the best babysitters to Gymboree class times, but take what they say with a grain of salt; having one or two children doesn't necessarily make someone an expert, especially on medical issues.

**IN-LAWS, OLDER RELATIVES** Don't discount these people's experience, but if they're watching your baby, it's important to impart the latest safety info. Ruffle fewer feathers by eagerly sharing what you've learned. For example: "You know, I've always thought a blanket in the crib would comfort babies, too, but then my doctor told me they're perfectly content without one and it actually could be dangerous."

**STRANGERS, CHILDLESS PEOPLE, ETC.** Smile and make a quick getaway. Oddly, these are often the people who think they know the most!

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**Be a baby-care pro!** For articles on every aspect of caring for your newborn or older baby, go to [fitpregnancy.com/babycare](http://fitpregnancy.com/babycare).

