Introduction: So you have (or want to start) a family…

Having children and starting a family is a wonderful, tiring, all-consuming process—not unlike being a medical student! As a student parent, you will work to balance studying and participation in school activities, self-care and the care of your children and family. While at times difficult, this balancing act is one that is fundamental to being a full-fledged physician with a family, and you get to practice it early! Nearly everyone interviewed for this Wellness Guide mentioned learning how to parent positively impacts their ability to learn to be caregivers to others in a professional setting. We all agree that although parenting in medical school is hard, we would not do it any other way. Virtually everyone stated “there’s no perfect time” to start a family, and while navigating children with professional responsibilities it felt like overall, the stakes were lower as a medical student (it’s generally easier to miss a lecture or a rotation day due to a sick child now than it is to miss a day of work as a physician).

Acknowledgment and dedication

This Wellness Guide was inspired by the many med student parents who embarked on their journeys to parenting around the same time as me. It would not have been possible without the testimonies of many current P&S parents as well as student parents at peer NYC medical schools. These students were very generous to me with their time and allowed me to interview them at all hours of the day and night, sometimes across many time zones!

To those who I interviewed, I am so grateful that you were able to share your wisdom with me. Thank you for your candor and generosity. This Wellness Guide is dedicated to all of you, who have helped me in my Scholarly Project and also in my parenting. This guide is also dedicated to my son who has taught me daily lessons in how to love and parent.
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I received mentorship and support from Drs. Helen Towers, Annie Armstrong-Coben and the Wellness Office. Dr. Armstrong-Coben met with a group of me and my pregnant peers many months ago and helped us talk through our excitement and fears about birth and parenting, she also provided many helpful edits! Dr. Towers was generous with her time and shared with me her own path of parenting. Drs. Justin Laird and Jane Bogart set up spaces for CUMC student parents to convene and mingle – and also generously agreed to give feedback on this guide.

Methodology

Between January and March 2018, I interviewed 15 medical student parents and one current administrator who was a former P&S medical student about their experiences. Most of the current med students attend P&S but some attend other NYC medical schools. I asked questions about the timing of their pregnancies, logistics (including how they negotiated their calendars, sought child care, and balanced their school and family life), and questions about professionalization such as whether becoming a parent impacted their specialty choice or performance as a medical student.

Perspectives on parenting are often shaped by culture and gender identity. I wrote this Wellness Guide from the perspective of a child-bearing, lactating, cisgendered woman. In writing this guide, I did not assume that mothers necessarily bore their children or that the partners of fathers were child-bearing women. I have attempted to remove these types of assumptions from the guide. Where I may have missed some, I take full responsibility.

A note on family planning

While I wrote this guide with headings like “Having a child in the preclinical years,” or “Starting a family in the fourth year,” it’s important to acknowledge that despite the best efforts and best planning, babies do not always arrive when you hope they do. It can take months or years longer to get pregnant than you anticipated, and unfortunately not all pregnancies culminate in a birth. I attempt to discuss this a bit in the sections on infertility and pregnancy loss. These are issues that many of us have dealt with to some extent, so if this is a part of your narrative, know that there are peers you can talk to. You can also seek advice through the Wellness Office, Dean Mellman, your Advisory Dean, or another trusted advisor. In particular, Dr. Annie Armstrong-Coben (aha2@cumc.columbia.edu) has stated that she is available to talk to students who are current or hopeful parents around any issues they may be going through, so you can reach out to her.

Ashley Paige (White-Stern) Oliver, class of 2018
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I. Starting your family

A. Starting a family in the preclinical years

A number of medical students I interviewed started their family during the preclinical years. Reasons to do it in this window include: you might want to have more than one child in medical school so you want to start early; you’re an older/nontraditional student; you or your partner could have concerns about fertility and are not sure how long it will take to get pregnant; you could be in the adoption or surrogacy process (which can take up to two years – see the section III. A. Surrogacy); and/or you want your child to be as old as possible before starting residency.

The summer between first and second year of medical school is a good window that medical students have said worked well to give birth. This would mean getting pregnant more or less at the beginning of the first year (August-September). The 10-week summer break gives the student parent some natural protected maternity or paternity leave before continuing the Body in Health and Disease (BHD) course in the fall of second year.

In this case, your child will be somewhere between 4-7 months old when starting the Major Clinical Year (MCY). In practical terms, this will mean that your baby will be more likely to “sleep through the night” (which realistically means sleeping at least one 5-hour stretch during the night), and it may be easier to trial/find childcare for the long days on the wards (typically a combination of nannies, babysitters, and daycare).

Some students who delivered during the preclinical years ended up taking a year off and returning to medical school full time when their children were 1+ year old. This arrangement was especially helpful in some cases when the due date of the baby fell late in the fall of what would have been their second year, or when the parent was expecting more than one baby.

The biggest challenge for starting a family in the preclinical year is to navigate early parenting with lectures and exams. All students I spoke to said Dean Mellman was a helpful advocate, especially when it came to needing to figure out taking additional time off, getting additional academic support, or any other special needs. Student parents I spoke to said that the preclinical time is overall very flexible and can easily accommodate a parents’ needs. If something comes up (i.e. baby gets sick or you need to seek medical care unexpectedly), a prompt email to the course director/instructor was uniformly well-received. The pass/fail structure makes for a family- and pregnancy-friendly environment.

For the pregnant parent:
Being pregnant during the preclinical year is fairly straightforward. You have many doctor’s appointments, but those can be scheduled around lectures, small groups, and exams. Tiredness/fatigue could get in the way of doing as many extracurricular activities as non-pregnant peers but generally does not impact your schedule otherwise. If you deliver at the beginning of the second year, attending small groups and lectures may be difficult while you are
healing. Take advantage of the ability to watch lectures remotely, and do not be surprised by how much harder studying can be once the baby arrives. The advice from other students is to ask for academic help early, and make sure you have child care scheduled so you can study (no matter how good your intentions are, you won’t be able to efficiently study while watching the baby, we promise!) If you have been involved in extracurricular activities or leadership roles, consider passing those off before the baby arrives. As much as you may have enjoyed them before, balancing care of a newborn with coursework will easily take up all of your time. If you live off campus in particular, it will be so much harder to participate in extracurricular activities, clubs, and evening meetings as a parent.

For lactating mothers:
There are a handful of places to pump throughout CUMC’s campus—the Resources section (V.A.) of the document has the most current listing and how to get access to those spaces. We’re hoping that in the near future there will be pumping space in the VEC, I have also heard that there are plans for a pumping space near the student locker rooms in the Black Building.

Pumping with regularity means you will almost certainly miss out on some learning opportunities (both in the preclinical and clinical settings). There’s no way around this, since pumping will take you a minimum of 20-30 minutes two-three times during a typical day. Know that it is your right to pump breastmilk, and that there are moms who have done it before you. This is a situation where having a peer group or connection to other med student moms is deeply valuable.

B. Having a child due during the clinical year

Having a baby **due** during the clinical year is, generally speaking, really tough. Same goes for having a baby due within a month or two of MCY. Exceptions to this would be: if your baby is due at the **end** of MCY (i.e. December), if your non-medical student partner is the child-carrying parent, and if you have tremendous family support for childcare and baby expenses. In general, if you haven’t delivered your baby by September of second year, based on student experiences, it advisable to wait to get pregnant until the last few weeks/months of MCY: that way, the baby will be due during the much-more-flexible fourth year. If you take time off during MCY for delivery and maternity or paternity leave, you will need to take time off and negotiate making up those rotations in fourth year.

Preexisting parents have navigated MCY with a family by having lots of support (financial and in terms of labor). Do you have inlaws, siblings, parents or cousins who live within 30-45 minutes and who can help with baby care several days/week? Many students had family come stay with them for this purpose (even when they were not on MCY). Almost everyone also received financial help for the high cost of child care in NYC. Use the perks of NYC to your advantage (have meals delivered from Fairway or Fresh Direct, have diapers and household products delivered).
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There’s more on this in the section VII.B. “MCY with a preexisting family.” As noted by a student, as challenging as it is to have a newborn during MCY, one advantage is that when they are so young, they won’t really notice your long absences as much, since they spend so much of their time sleeping.

C. Pregnancy & parenting in D&I/fourth year

A significant percentage of medical students who started families did so in their fourth year. It is generally a flexible schedule that is amenable to taking time off for maternity/paternity leave. If you deliver by autumn of fourth year, your child will be at least 8 or 9 months (and possible one year old) by the time residency begins. Plus, fourth year means you get the added bonus of having two months of guaranteed vacation time, and up to six months of time for a scholarly project. If your scholarly project is flexible and non-intense, that can mean as many as eight months where you can work from home and spend more time with your baby (although some of that time will be during interview season).

Those of us who were child bearing moms consulted our peers and checked with Dean Mellman to select fourth year clinical electives that were less demanding hours and less challenging physically (there’s a list of electives some of us took in the section on Fourth Year Electives). Some of us also took a research year through the MS program or Narrative Medicine, during which we were pregnant or new parents. It’s even possible to do a research year in another country (typically a non-US country of origin for us or our partner) to be near family and to take advantage of the often generous parental leave policies that we don’t have in America.

For child-bearing parents: getting pregnant at the end of MCY

Some child-bearing students who delivered in fourth year got pregnant at the end of MCY. Depending on the timing, this meant that they were in their first trimester for their final rotation(s). If your hope is to be pregnant by the end of September, then based on student recommendations, it’s nice if you’re in Groups 4 or 8 – these have lighter ends to the year. Since it’s not possible to predict if you’ll have a rocky or easier first trimester (fatigue, morning sickness), we’d recommend that if surgery is one of your final rotations, that you wait to try to get pregnant until after that rotation is over.

Note that common issues of first trimester might mean that you may be compelled to disclose your pregnancy to course directors, residents, or attendings, before you otherwise would tell others. Feeling morning sick while on rounds, being more tired than usual during the day, and wanting to avoid close contact with patients on contact isolation are some of these issues. For the most part, pregnant students who have needed to visit the bathroom to be sick, go for frequent doctors’ appointments, or to rest after rounds, were all met with support from their team when they communicated their needs.
1. **STEP 1, 2CS or 2CK**

Most of us who were pregnant during STEP 1 felt happy to have control over our daily schedules (i.e. we could wake up when they wanted, take breaks as needed to eat or lie down, and go to bed as early as we needed). Use Jane for support and test day tips on resting and snack breaks!! One great suggestion is to consider registering for the exam at a smaller test site, i.e. in New Jersey as opposed to Penn Station – that way if you need to get some fresh air between sections, it’s easier to step outside (Penn Station has a more onerous process of getting in and out of the testing center).

Note that your “day off” of studying per week might be needed for your frequent doctors’ appointments, and it might be harder to study as intensely for long periods as it was before you were pregnant. Plan your time accordingly. For example, I started studying for Step 1 at the end of December instead of waiting until the beginning of January. That meant that when I slowed down my pace due to pregnancy symptoms, I was still on track to take the exam by the third week of February. A significant number of us took closer to 8 weeks to study, rather than 6-7.

In general, it’s easier to be pregnant during STEP 1 study than it is to have a child, depending on the child’s age. I heard a range of things from existing parents about their STEP 1 study time. Some student parents enjoyed being able to study from home and spend time with their partner or children during study breaks. Others found it incredibly stressful and difficult to prioritize studying over parenting, especially if/when the child got sick. Again, having backup care is really essential during this period.

Most of us would recommend that if possible, whether you are pregnant or your partner is, get Step 2 CK and CS out of the way before the baby comes – as rough as those days can be if you’re very pregnant, it’s still generally easier than it will be once the baby is here.

For child bearing or lactating parents:
Did you know that being pregnant and needing to pump breastmilk qualify as conditions for which the USMLE will give test accommodations?! I didn’t either. Go to the website, learn more, and get a doctor’s note to submit to the testing center. Note that you have to do this before you schedule your test day. But when approved, you get additional break time during the examination day: it will be easier for you to pump breast milk, eat lunch and snacks, stretch your legs, and use the restroom. For Step 2CK, the testing accommodations don’t give you additional time, but you will get to take the 9-hour test over two half days instead of one (monstrous) day, which is nice.
2. Fourth year electives

Here is a partial list of electives that are family friendly by our experience. Where students told me their specific experiences, I entered them in the “Notes” column.

<table>
<thead>
<tr>
<th>Department</th>
<th>Rotation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>NICU Sub-I</td>
<td>A lighter sub-I, was able to study for Step 2 CK</td>
</tr>
<tr>
<td></td>
<td>Peds ED - Harlem</td>
<td>Great rotation, many free days could study for Step 2 CK</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>Incredibly understanding and supportive of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>Reasonable hours</td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td>More of a shadowing rotation, but good if you are pumping</td>
<td></td>
</tr>
<tr>
<td>Sub-i</td>
<td>Very supportive to current parents.</td>
<td></td>
</tr>
<tr>
<td>Peds ID</td>
<td>This and pretty much every pediatrics rotation is supportive of pregnancy/families</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>Diagnostic Radiology</td>
<td>Good hours, low responsibility. No problem to not go into flouro suite if pregnant.</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>EM Ultrasound</td>
<td>Low responsibility. Know that the highest yield days are with Dr. Riley.<em><strong>If you are pregnant, be aware of patients who might end up having contact isolation.</strong></em></td>
</tr>
<tr>
<td>Medicine</td>
<td>Benign Hematology</td>
<td>Great learning. Long days 9a – 7p with downtime spent in hospital office.</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>Generally 8:30am-1:30pm. Hardest part of day was finding time to pump.</td>
</tr>
<tr>
<td>Palliative Care - Outpatient</td>
<td>While the inpatient Palliative Care rotation is fairly intense, you can apply for a medicine preceptorship and do an outpatient elective with Dr. Blinderman and the palliative care team based in Herbert Irving Pavillion. This is more of a 9-5 rotation, with good opportunities to take patient histories and write notes. Team is supportive of pregnant, lactating, and new parents.</td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td></td>
<td>Generally 9a-5p with down time. If there is no space in the office, immediately volunteer yourself to work remotely. (and then you only have to go into hospital for rounds and new consult.)</td>
</tr>
<tr>
<td>Medicine Sub-i</td>
<td></td>
<td>May be easier to do sub-I as pregnant student than after delivery if child-bearing</td>
</tr>
<tr>
<td>Allen Hospitalist Sub-i</td>
<td></td>
<td>Fantastic experience, supportive of pregnancy</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Anesthesia Clerkship</td>
<td>Very reasonable hours, generally 7am - 2pm.<em><strong>If pregnant, may want to disclose so as to have resident support in limiting exposure to some of the gases which are thought to be teratogenic</strong></em></td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>Outpatient, purportedly relaxed, 9am-5pm. More of a shadowing rotation.</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>ACS/ ACS-Allen</td>
<td>A couple of us were pregnant on this rotation. I would recommend the Allen over NYP, but both sites have several surgeons who are mothers.</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Any rotation</td>
<td>All psychiatry rotations, whether inpatient or outpatient, were deemed to be family friendly</td>
</tr>
<tr>
<td>Adult epilepsy monitoring unit</td>
<td>Not too demanding; show up at 9am (so you can drop your child off at daycare if necessary) offers a lot of open space/ flexibility in the afternoon -- you're sort of off the unit and somewhere studying independently</td>
<td></td>
</tr>
</tbody>
</table>
3. Interview season

In general, it is very possible to continue breastfeeding during interview season. Most of us who had breastfed babies were able to bring our pumps and take breaks on the interview day in order to pump (at least in medicine, pediatrics, family medicine, anesthesia, and psychiatry). It is essential to email the program coordinators at least several days (ideally a week or so) in advance of your interview date to say that you are breastfeeding and will need space and time to pump during the day. The more challenging part can be arranging for childcare during your interviews if you have not had to use childcare until that point and transporting breastmilk if you choose to do that. Hint: you can buy dry ice at i.e. a grocery store and transport your milk that way.

Almost all medical students who bore children noted that they attempted to time pregnancy so that they would not be visibly pregnant while on interviews. (I was due at the beginning of October of my fourth year, and my son was nearly two weeks late so did not come till the third week of the month. This was slightly less than ideal, but I was able to choose interview dates farther along in the season to compensate for this. Although attitudes may be changing about to-be physicians with families, I was really clear I did not want to be pregnant on my interviews.)

4. Scholarly project

If you’re a child-bearing/lactating parent, our advice is to pick a family friendly or lactation-friendly scholarly project. Unless you’re deeply passionate about a particular intensive project, or if you’re going into i.e. dermatology/plastics, it’s good to pick a project that will let you have flexible hours, work remotely, etc. Select child-friendly mentors, and consider projects that are based in Narrative Medicine or Medical Education. Especially if you are a lactating mom or want to get in as much time with your kiddo before intern year starts.

II. Starting medical school with a preexisting family

A. Preclinical years with a family

If you are starting medical school with children already, the good news is that the initial shock of adjusting to parenthood has already been accomplished! That said, it can still be challenging to balance school work and family life. Some students who started medical school with children described med school as not really designed for parents. Med student parents of established families noted that getting home for dinnertime and bedtime routines made it hard to participate in extra-curriculars (like Bard Hall Players, student run clinics, cultural clubs) that took place in the late afternoon and early evening. This is particularly the case if you live off campus. So, make your extracurricular commitments wisely. It doesn’t mean you can’t volunteer for CoSMO. But it does mean that if you have a commute and a child, it might be really difficult to have a student leadership role or participate in Bard Hall Players which require you to be on campus.
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many evenings/week in meetings or rehearsal. Many preexisting parents mentioned that they prioritized their families over extracurriculars entirely. If that’s your decision, that’s okay, too.

Regarding childcare, most families rely on a robust system of daycare, nanny care, and help from one’s partner or family, so that it is possible to attend lectures, stay on campus in the afternoon to study, and take care of any other assignments. Many parents said they carved out time every night after their child went to sleep to study. One parent said that regardless of whether it was the beginning, middle or end of a block or rotation, they always studied from 8-10pm, every single night. That way, they stayed on top of material, made steady progress, and never had to cram.

Overall, the preclinical months tend to be pretty smooth for students who are parents. The hardest parts are i.e. when your child is sick or has a snow day and you have ongoing commitments. Then, you will either need to arrange back up care or take the time off yourself and then make up the work.

B. MCY with a preexisting family

On MCY, those who were parents of children noted they needed the support of a partner plus another care giver (parent/in-law or nanny) to help with childcare which generally don’t open until after the medical student had to start her or his day. In addition, unpredictable end times made it difficult to reliably be able to pick up children from daycare (a delivery or surgical case could run hours late, clinic schedules could be backed up). This year was by far the hardest – and typically most expensive – year for student parents as a result. Evenings and weekends that might otherwise be spent in family activities or with their children ended up being time to study for Shelf and OSCE exams.

If you can swing it, having your partner or another caregiver be mostly responsible for child care duties (daycare pickup and drop off, bedtime routines) is really helpful. Some partners of medical students took extended leaves from work so they could be the person responsible for the child and household tasks (meals and cooking, laundry, paying bills, cleaning). In relationships where the med student was not the child-bearing parent, students told me that their arrangement during MCY felt very “old fashioned;” i.e. the student would come home at the end of a long day, eat dinner, kiss their kid goodnight, study, and often be up and out of the house before their children left for daycare the next day.

There were a range of feelings about whether the student’s role as parent negatively impacted their experience of MCY. On one end of the spectrum was the sentiment that MCY as a parent was really torturous. Other students noted the challenges of MCY were often compounded by parent duties, but stated they felt more or less supported through the particulars of their issues. Some students felt that our relationships with residents were strained, especially if we overheard residents complaining about aspects of things like pregnancy or childbirth that we identify with. I also spoke with students who really tried hard not to volunteer that they were parents, but also not lie if an issue regarding the rotation came up because of their child.
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I didn’t interview anyone who felt that they were blatantly discriminated against or judged in their evaluations due to their status as parents. But there was a degree of self-consciousness and apprehension around occasionally asking to be dismissed i.e. to pick up one’s child, or needing to miss a day or clinical event. Here’s an example: your babysitter calls you and says she threw her back out and can’t come in today. Your partner works and can’t afford to take the whole day off but could either stay home in the morning or come home early. You now need to either find backup care for half the day, or you need to split the day with your partner. Either way, you have an added pressure on you that your peers without kids don’t have. This is just one of countless ways that you will have to negotiate scheduling during MCY. Be upfront with residents/attendings, prompt in your communication, and proactive about how you might be able to make up any missed sessions or time. And as one student said: regarding child care, make sure you have “backups for your backups!”

Because you will have more challenges than your peers who don’t have kids, make sure that you have a low threshold to reach out to the Wellness Office or Mental Health Services. Anxiety and depression can happen (and have happened to some of us), and it’s important to get treated sooner rather than later. As one med student parent said, between being a parent and a medical student, it’s easy to de-prioritize self-care and getting adequate rest. This is even more so in the clinical year than in the preclinical year or fourth year.

For lactating mothers:
Med student moms who were breastfeeding on MCY had the challenge of needing to negotiate time away to pump breastmilk. On the whole, this seemed more supported at Basset than at NYP. I didn’t interview moms who talked about pumping at other sites like Stamford Hospital, Harlem Hospital, the outpatient offices in Primary Care, Pediatrics, or the non-NYP Psychiatry sites, but I imagine that these sites would be fairly supportive of pumping. One medical student mother said of her Harlem rotation that she found the residents very supportive of her overall, and that many were foreign medical graduates who had children of their own so were able to empathize with her perhaps more easily than residents i.e. at NYP.
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C. Bassett program

Bassett students have told me that their program was overall family- and child-friendly. I interviewed both child bearing and non-child bearing student parents, and there were very few complaints about the program with respect to the student’s family priorities. Bassett attendings often had children, and the medical student parents used the same daycare as the physicians. That meant attendings let med student parents go on time so they could pick up their kids from daycare.

Note that housing can be challenging for families: there’s no family housing up at Basset, so you’ll need to find a place yourself. When you come back to the CUMC campus, likewise there’s no set-aside housing for you, so you’ll need to navigate the challenging NYC housing market once again.

D. D&I/Fourth Year with a family

Outside of sub-internships, the stress of interview season, and finishing off STEP 2 exams, fourth year is pretty relaxed for student parents. By now, you survived preclinical and the clinical years, which means you’ve gone through the hardest moments balancing school and family. Try to use off-time during scholarly project months and interview season to be with you child before residency starts!

III. Other Narratives

A. Surrogacy

If you are a couple planning to start a family via surrogacy, know the process is expensive, there can be unpredictable expenses, and the process can take up to two years. Based on this, others who have gone this route recommend you get everything lined up as soon as you know you want to pursue surrogacy: finding egg and surrogate can take 6+ months. States vary in how surrogacy is treated. In some states, couples sign a Prebirth Order, where the couple is named on the birth certificate as the two parents. When this is not the case, the surrogate is named on the birth certificate as the mother, the sperm donor as the father, and the couple can then go through a second parent adoption.

Same-sex couples may not have the same assumed gender roles around child rearing. Talking through expectations, how to divide the labor of i.e. feeding and changing diapers, how to navigate parental leaves, can be helpful.
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B. Pregnancy Loss

I interviewed more than one student parent who experienced pregnancy loss prior to starting a family. Losing a pregnancy at any stage is not only physically painful for the childbearing mother, but it is psychologically devastating to both parents. Students who faced pregnancy loss while on a clinical rotation had the added challenge of deciding whether to disclose the event immediately to an attending or preceptor, and missing many subsequent days of the rotation for physical and psychological care in the aftermath of a loss.

At Columbia, resources to deal with pregnancy loss include the Wellness office, where Jane Bogart or Justin Laird can be available to listen and offer support; Mental Health Services, which can help a student and their partner process grief or loss; and Dean Mellman or another trusted advisor such as an advisory dean, who may be able to advocate for you and help you negotiate any clinical duties that need to be excused during that time.

C. Infertility

One of the hardest parts about starting a family is how unpredictable the process can be. Many of us who started families had fertility concerns. Know that it can take longer than you expect to get pregnant, and if you and your partner need support, you can reach out to the Wellness Office, or a trusted advisor.
IV. Common Themes

A. Feeling isolated or alone at times

Most medical student parents reported feeling isolated from the broader P&S student community at times due to their status as a parent. This was in the context of missing out on social events (Coffeehouse, evening/weekend P&S Club activities, etc.) as well as occasionally having classmates or faculty members who did not “get” that balancing children with the duties of being a medical student can feel overwhelmingly challenging.

Students who did not have regular communication with other medical student parents reported feeling overwhelmed by the tremendous responsibilities at home as a parent, and the fact that most medical students are unable to relate to that level of responsibility. Being a parent meant also that there were many medical school social events that had to be sacrificed in order to spend enough time with partner and kids. One student put it this way: “learning how to balance being a medical student, a partner, and a parent means it’s very hard to find time for yourself and to grow as an individual. It can be a very lonely process.”

Connecting with other student parents is a helpful way to combat the isolation. We parents have used group chat forums (such as GroupMe), planned and attended in-person events for families (such as hosted by Wellness), and scheduled playdates with one another’s kids. Those of us who were child-bearing moms were especially emphatic about having a real and virtual peer group to discuss pregnancy, delivery, lactating, and scheduling issues, in addition to more general parenting issues.

B. From the Child-Bearing Parent: Postpartum “I had no idea what to expect”

Most of us felt ill-prepared for the first days and weeks after delivery, even if we took a birthing class, (typically birth classes prepare parents for the labor/delivery but not the postpartum period). Despite having pretty great prenatal care, very few parents received intensive support from professionals (post-partum doulas, lactation consultants) after child birth. And there were lots of post-partum surprises.

Collectively, surprises included:

- postpartum depression (often, in the weeks after delivery, health care providers spend more time focused on baby than on mother – can be hard to get diagnosed!),
- pain when going to the bathroom/during sex,
- the pain and discomfort of having one’s milk come in,
- difficulties with latching and breastfeeding,
- feeling exhausted and emotionally labile,
- feeling overwhelmingly anxious about the health/wellbeing of the new baby,
- fears that something terrible would happen to the baby,
Having a Family in Medical School

- the surprise of needing to heal from a cesarean-section (for those with cesareans),
- the discomfort of a weakened pelvic floor (i.e. when walking/standing for long periods), even months after delivery,
- thinking that after deliver they would “finally get some rest” but realizing that with baby care and feeding schedules sleep could typically only occur in 2- or 3-hour stretches, and
- difficulty pumping breastmilk.

After delivery, healing takes a while regardless whether it was a vaginal delivery or c-section. Everyone said that at the “six-week postpartum check” they still felt remarkably far from their baseline state. Be gentle with yourself and know that it takes most of us about as long to get back to our “pre-baby” states as it did to have the baby in the first place (8-9 months).

For all these and any other post-partum issues, reach out to Wellness, Mental Health, and peers for support. For post-partum blues or depression, you can look into resources like the Columbia Women’s Project.

C. Lactating/child-bearing parent vs non-lactating/child bearing parent

Overall, lactating mothers struggled more than non-child bearing parents, especially during MCY. This was generally because of time that pumping took throughout the day and the scarcity of places in which to pump, often requiring extended absences multiple times a day. Mothers who pumped during MCY noted that they sometimes missed clinical events like a delivery or a family meeting with a patient. A lactating med student parent stated “I don’t think I was penalized in my grades, but I felt very high-profile, and was aware that I was constantly stepping out of clinical duties for 20-30 minutes at time. Asking for pumping time and space can be very intimidating, as it’s a pretty private thing.”

Non-child bearing parents had more of a luxury to not disclose their children to their team, which might have offered protection around being judged by a different standard than their non-parent medical student peers. Most of the non-child bearing parents told me they felt that they had it easier than their child-bearing peers.

When asked whether they felt that having children impacted their specialty choice, the majority of students interviewed stated that they suspect having children did impact their career choices. Medical student parents on the whole tended to select more “family friendly” specialties including psychiatry, family medicine, pediatrics, medicine, or anesthesiology. Some medical student parents selected or were pursuing more competitive surgical specialties (i.e., orthopedics), however these did not tend to be child bearing parents.
D. Family support

I did not interview any medical student parents who were single parents. Everyone I surveyed had a partner who helped significantly with the child care, regardless of whether they also had full time child care (like a nanny or daycare). In addition, nearly every couple with kids also relied on family support, even when their family members lived far away. Family support took several forms: most common were significant financial contributions even if the medical student’s partner was employed (i.e. the parents of the medical student helped subsidize apartment, living expenses, or child care expenses), or in-person child care support, either in the first weeks/months of life of the baby (a parent of the medical student or their partner came to stay with the new family) or regularly throughout the year (a family member would come to help with child care biweekly or once a month). No medical students I interviewed started families without help from their own families.

E. Considering Specialties

The majority of medical students who become or who are parents who I interviewed went into “family-friendly” specialties. Examples are: psychiatry, internal medicine, family medicine/primary care, pediatrics, and anesthesia. A few students went into surgical subspecialties. Of these, the majority were non-child bearing fathers who went into general surgery or orthopedic surgery. These fathers all had partners with either very flexible careers (i.e. teachers, retail), or partners who were primarily care-givers. I wasn’t able to interview any of the fathers who went into gen surg or ortho, unfortunately. This is an opportunity for future work.

Two mothers who I interviewed were considering surgical subspecialties including interventional radiology and neurosurgery. Of these two, one was a child-bearing mother, the other was a non-child bearing mother. Both of these mothers reported anxiety about balancing life as a parent. Both of these students were able to find faculty willing to advise them on careers and willing to help, but to be frank, both reported that as surgeons they would be expected to choose their careers “over” their families. Supporting student parents who desire to go into traditionally less family-friendly specialties is an area where improvements could be made.

V. Resources

A. Lactation rooms at Columbia University/NYP

*Note: to the best of my knowledge this list is up to date, however, it is possible that there have been changes since my writing this section. If you have updates, please consider emailing the Wellness Office so that the information can be amended. The office of Work/Life has breastfeeding information on their website.*
You will need to bring your own attachments for the Symphony pump, which are available in one package (Symphony Double Pumping Kit).

To obtain the double pumping kit for the Medela Symphony pump, you can purchase through online retailers such as Amazon, Target or Walmart. You can find a store via the Medela website.

The office of Work/Life has the Symphony Double Pumping Kit available for purchase on campus for $30 (payable by check). To purchase a kit, contact Dina Pruitt, located in the Academic Affairs Office in PH 132, at (212) 342-3155 or d.pruitt@columbia.edu.

There are six lactation rooms and two Mamava Lactation Pods at CUMC. These are all available 24 hours/day, 7 days/week, with the exception of the pod in the Irving Cancer Research Center.

Access to all rooms (not the Pod or the room in the Neuro institute) is provided via card swipe and is valid for 6 months. In order to request access, email your id card number (located on the upper right corner on the back of your card) and your uni to Kristin Carnahan at kristin.carnahan@columbia.edu or call the office of Work/Life at (212) 851-9180 or (212) 851-9181. Activating your CUID takes approximately 24 hrs. The office will reach out to you before the access expires to confirm whether you need your access renewed.

Some of these spaces are now being managed by Allison Douglas, Manager, NYP Be Healthy Employee Wellbeing Program. Her email address is alw9018@nyp.org and her phone number is 212-297-4599.

- **Mamava Pod in Tower 1.** The pod is in the lobby on the first floor. **You must bring a personal pump to this space as it is not equipped with a pump.** This space is accessible by key pad code. The code is 4-9-6-3.
- **Mamava Pod in Milstein, 7th floor.** Code is 7-8-6-7.
- **PH-17-49** (Take the main PH elevators to the 17th floor. The lactation room is adjacent to the women’s restroom, just past the vending machine). It is equipped with four Medela Symphony Hospital Grade Pumps, with a refrigerator in the room and a sink nearby. **A code is required to access the nearby restroom. The code is 4-2-3-5 and should be entered as follows: Press 4 and 2 at the same time. Then Press 3, then Press 5, then hit ENTER and open.**
- **Neurological Institute,** Fifth Floor, Room 526. Single use room contains seating, sink, refrigerator, and outlets to plug in your own pump. Code to access is 3636. (Note, this room is managed by Weill-Cornell and not Columbia, so questions regarding this room should be directed to NYP HR. See https://diversity.weill.cornell.edu/diverse-communities/women/lactation-lounges for more information.)
- **Allen Rosenfield Building,** room 1052, It is equipped with two Medela Symphony Hospital Grade Pumps, with a refrigerator in the room and a sink nearby. Swipe access.
The School of Nursing (560 W. 168th St.), room 527. It is equipped with one Medela Symphony Hospital Grade Pump, with a refrigerator and sink in the room. Swipe access.

Hammer Health Sciences Building, Lower Level 2, room LL220A. It is equipped with two Medela Symphony Hospital Grade Pumps, with a refrigerator in the room and a sink nearby. Swipe access.

Irving Cancer Research Center (only open 8am-6pm, Monday-Friday) third floor, room 300-ST-3. It is equipped with one Medela Symphony Hospital Grade Pump with a refrigerator in the room. After entering this room, please lock the door which will display the ‘occupied’ indicator on the outside of the door. Swipe access.

Other Columbia University Lactation Areas:

<table>
<thead>
<tr>
<th>Morningside Campus</th>
<th>Location</th>
<th>Room Details</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business School (Uris)*</td>
<td>Second floor</td>
<td>Sink in nearby bathroom</td>
<td>M-F: 7:00 a.m. - 1:30 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigeration in room</td>
<td>Sat-Sun: 9:00 a.m. - 1:30 a.m.</td>
</tr>
<tr>
<td>Butler Library</td>
<td>8th Floor (Stack Level 14)</td>
<td>Sink in nearby bathroom</td>
<td>Butler Library Service Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No refrigeration</td>
<td></td>
</tr>
<tr>
<td>Housing (Carman Hall)*</td>
<td>First floor</td>
<td>Sink in room</td>
<td>24-hour access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No refrigeration</td>
<td>7 days/week</td>
</tr>
<tr>
<td>Law School (Jerome Greene Hall)*</td>
<td>Third floor</td>
<td>Sink in room</td>
<td>9:00 a.m. - 6:00 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigeration in room</td>
<td>7 days/week</td>
</tr>
<tr>
<td>North West Corner Building</td>
<td>Eighth floor</td>
<td>Sink in room</td>
<td>24 hour access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigeration in room</td>
<td>7 days/week - access available at campus level on the 4th floor</td>
</tr>
<tr>
<td>School of Engineering &amp; Applied Sciences (Mudd Hall)*</td>
<td>Sixth floor</td>
<td>Sink in room</td>
<td>24 hour access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigeration in room</td>
<td>7 days/week</td>
</tr>
<tr>
<td>School of Social Work</td>
<td>Third floor</td>
<td>Sink nearby</td>
<td>M: 8:00 a.m.-10:00 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigeration in room</td>
<td>Tu-Th: 8:00 a.m.-11:00 p.m.</td>
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<tr>
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<td>F: 8:00 a.m.-6:00 p.m.</td>
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<td></td>
<td>Sa: 10:00 a.m.-6:00 p.m.</td>
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<td>Su 12:00 p.m.-10:00 p.m.</td>
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<td></td>
<td>Closed Sat &amp; Sun in August</td>
</tr>
<tr>
<td>Morningside Campus</td>
<td>Location</td>
<td>Room Details</td>
<td>Hours</td>
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</tr>
<tr>
<td>William and June</td>
<td>Third Floor</td>
<td>Sink nearby</td>
<td>M-F: 7:00a.m.-8:00p.m.</td>
</tr>
<tr>
<td>Warren Hall</td>
<td></td>
<td>Refrigeration in room</td>
<td>Sa-Su: 9:00a.m.-8:00p.m.</td>
</tr>
<tr>
<td>1125 Amsterdam Ave</td>
<td></td>
<td></td>
<td>Access til 10:00p.m. w/CUID</td>
</tr>
</tbody>
</table>

* Access to this room is limited to employees at The School.

**Campbell Sports Center Lactation Room**

There is a lactation room on the 3rd floor of the Campbell Sports Center at Baker Field Athletic Center, 218th St and Broadway. Women must bring their own pump and cooler for milk storage. Please check in at the reception desk when entering the building.

**Barnard College Lactation Room**

Barnard College Human Resources maintains a lactation room on the first floor of Milbank. This room is equipped with a breast pump and a refrigerator. There is a sink in a nearby bathroom.

- Please contact HR for the key pad access code at (212-854-2551) or HR@barnard.edu

**Teachers College Lactation Room**

There is a lactation room on the first floor of Thompson Hall at Teachers College. Access is provided through the President's Office at Teachers College. Visit this webpage for more information about the room and how to access.

If you are at the Columbia Doctors building on W. 51st street, contact the Office of Work/Life and we will work to find you a private room to express milk.

If you are looking for lactation rooms south of Morningside Campus, contact the Office of Work/Life and we will work to find you a private room to express milk.

Contact the Office of Work/Life at 212-851-9180 if you have questions or experience any difficulty with access.

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**E. Being a parent and considering specialties**
VI. Recommended resources for expectant parents

A. Books and Websites

- **The Birth Partner**: a wonderful and inclusive book to help both parents through labor and delivery.
- **The Happiest Baby on the Block**: a good book about newborns and sleep.
- **Baby 411**: it’s great, with quickly digestible chapters, and yet comprehensive guide to first year with baby in easy FAQ format. Essential, per a couple of the mothers interviewed — “If I were to do it again, the only book I would have bought.” Also available at NYPL.
- **Kelly Mom**: a terrific website with evidence-based information about all things breastfeeding and beyond.
- **Dr. MILK**: supporting physician mothers in breastfeeding.
- **Local New Parent Groups like Inwood Kids**: ask around to be added to one. It’s incredibly helpful to meet up with other new parents when schedules allow. Also! Buy gently used toys and gear there (so much cheaper and more green.)
- **Lucie’s List**: great for product reviews.
- **Office of Work/Life at Columbia** website
- **Wellness Office’s page on student parents**
- **Mental Health Services page**

B. Post-partum physical therapy

After delivery, many mothers express having need for physical therapy (for pelvic floor dysfunction and other reasons). This is a list of a few NYC physical therapists who come recommended for their post-partum & pelvic floor work:

- Renew-PT.com
- Peggy Brill
- Beyond Basics
- Central Park PT (takes insurance)
- Five Points PT
- Dr. Jaclyn Bonder
- Jodi Whitman (212-765-4800)
Pediatricians

Unless you have a reason to need a pediatrician who specializes in particular conditions or special needs, location trumps most other factors. Pick a pediatrician whose bedside manner you like, who is close to your home. It makes the early visits much easier.

**Upper West Side**
West Side Family Medical (W. 110th or 70th)
http://www.wfmnyc.com/
(212) 280-4740

Dr. Michael Yaker or Suzanne Bussetti
Westside Pediatrics
http://www.nywestsidepeds.com
620 Columbus Ave. Ste 1, New York NY 10024

Drs. Pran Saha, Judith Hoffman
Westcare Pediatrics
http://www.westcarepeds.info/
2 West 86th Street, #3B (first floor), 10024

Dr. Sonia Gidwani
ourkidsMD
https://www.ourkidsmd.com/
135 W 70th St, New York, NY 10023

Dr. Rebecca Farber at Bodhi Medical Group at
W 58th street. (Also sees patients at E 72nd St.)
http://www.mybodhi.com/pediatrician-nyc

Dr. Cathy Ward
http://www.bigapplepediatrics.com/meetdrward.html
315 W. 70th street, #1K

Dr. Jane Rosini
Cornell office on 84th and Broadway
http://weillcornell.org/jrosini

Dr. Rachel Lewis
Columbia West Side Pediatrics
http://westsidepeds.com/
86th and Columbus
212-799-2737

**Harlem/Washington Heights**
Drs. Joseph Richter, Jessica Wang, Ava Satnick
Hudson Heights Pediatrics
http://site.hudsonheightspediatrics.com/
180 Cabrini Boulevard, Ground Floor, Side Entrance

Dr. Christal Forgenie at SoHa Pediatrics at
118th and St. Nicholas in Harlem
www.sohapediatrics.com

Tribeca Pediatrics
Tribecapediatrics.com
212-226-7666
Many locations: one on 114th and Frederick Douglass Blvd

**East Side**
Drs. Stephanie Christensen, Tracy Gallagher, and Karen Lancry
159 E. 69th Street
212-249-2113

Dr. Irwin Gribetz and the Mount Sinai Faculty Practice
(212) 241-4242
98th St. between 5th and Madison

Dr. Goldstein and Dr. Licata
Global Pediatrics
http://www.globalpediatrics.com/
1559 York Ave. (between 81st and 82nd)
Tel: (212) 585-3329

Dr. Rebecca Farber
Bodhi Medical Group
W 58th street. Also sees patients at E 72nd St.
http://www.mybodhi.com/pediatrician-nyc
VII. Is this your first baby? A quick shopping guide

Thank you to Jessica Buesing, class of 2018, for sharing this list!

**Before baby arrives:**
- Set up a baby registry on Amazon or via Babylist (Babylist lets you add products from anywhere on the web, and you can also set up donations i.e. to college fund or charitable causes).
- Stock freezer with food that can easily be heated up (casseroles, soups, etc.) so you don’t have to worry about cooking for a week or two when the baby arrives.
- Your friends/family will say “let me know how I can help!” Schedule them to drop off meals or come by the apartment to do laundry, dishes, or clean up. Or watch baby while you shower. No, you’re not being selfish. We all need lots of help. It’s normal.

**Post vaginal delivery healing/recovery prep:**
- You will get huge pads from the hospital for recovery. Ask them for a whole bag and take them home, slather them in aloe and witch hazel and put them in the freezer. Padsickles = savior.
- Consider this lidocaine spray.
- Take your stool softeners :-D.
- You can also get a sitz bath on Amazon.
- Don’t try to “do” anything. Don’t tidy up. Don’t worry about what you look like. Big tasks should be: sleep/rest when you can, EAT, and feed baby.

**Post cesarean healing/recovery:**
- Stool softeners as above.
- Don’t be afraid to take painkillers, i.e. ibuprofen or Percocet for the first days.
- If you need a bassinet, consider the Halo brand which swivels and has a side that can be pushed down which will help you pick up baby if you’re in bed.
- Absolutely ask for help even with simple tasks. As above with sleeping, eating, and feeding baby as priorities.

**For the hospital:**
- Don’t go crazy with a hospital bag. Pack a bag for you and your partner and a small bag for baby.
- Cozy clothes for you and partner, breast feeding tanks (so helpful!), snacks, flip flops if you want for the shower, toiletries if you want your own, camera or phone + charger.
- Take everything you can from the hospital: pads, diapers, blankets, baby shirts, chucks, hat, etc. They give you a ton! (consider bringing an empty tote bag with you to stock up. Don’t be shy.)
- For baby: pack a onesie to leave, a soft blanket. Hospital has diapers and will provide long sleeved shirts for baby and hat.
- Car seat for going home
- Uber was great for taking baby home. Very easy to get the car seat in it.

**Early Days:**

**Clothes**
- Don’t get too many newborn size clothes; they grown out of them fast! Get some T-shirts and long sleeves, some onesies and sleepers.
- Mostly buy 0-3 month size clothes.
- 1 warmer blanket for snuggling/breast feeding.
- Burp cloths. There are many options to choose from. (On a recommendation, I used these which are technically cloth diapers but sooo soft and inexpensive. We kept them scattered through the apartment in arm’s reach.)
- Muslin swaddles. Maybe 2-3 for burping and swaddling and blanket but don't need very many.
- Can also get Velcro swaddles. Halo makes great ones. Summer Infant Swaddleme (check on Buy Buy Baby) are good; Small/medium size to start is great. We loved them!! Comes in pack of 3 for $35.

**Feeding**
- If you’re breast feeding: a breastfeeding pillow – yes, YOU NEED ONE. The Boppy and “Breast Friend” brands are popular and recommended.
- Nipple cream - they will give you some Lanolin at the hospital, I also bought “earth butter” which works well. You can use coconut oil on your skin/nipples too.
- For expressing breast milk: order a breast pump! Websites like Yummy Mummy make it easy through your insurance! You can get it before baby is here.
- Re: what pump to buy. S1 recommended by majority of Dr. MILK mommas, because it’s a good pump and designed to be cordless. S1 is usually not offered through listed insurance companies, but the company Pumping Essentials (run by all mothers!) can do it through many types of insurance. Other pumps may have cordless adapters that you can buy online. A couple of us got the Medela Pump-in-style… meh. It’s fine.
- Formula – good to have on hand even for families planning to breastfeed. Lots of brands out there. Most pediatricians will say they are all the same. If you’re concerned about additives/GMO ingredients you could order Holle formula (German brand) from Organic Start.
- Nursing tanks and nursing bras, nursing PJ/night gowns (a comfy flannel button down can work fine here).
- Bottle soap and brush.
- A few bottles. Babies have preferences with bottle nipples and flow rates, so maybe just start with a couple before you buy more. Also, don’t waste $$$ with the 4oz size. We promise. Get the 8oz because they will move to that so soon.
- A sterilizer if you want. There are microwavable pouches and larger pieces. Otherwise, throw the bottles and pump parts into a pot of boiling water for 10 minutes. And voila (although careful about over-boiling, you can damage the plastic).

**Gear**
- Bassinet for next to bed if that’s your route (get a few bassinet sheets, good to have one or two backups for accidents)
- The crib can wait if you want because it’s likely baby will be in bassinet at first.
- Stroller: such a personal decision and so stupid expensive. Something w/ a large basket under is helpful because you’ll have so much stuff. Likely need an adaptor to attach to your stroller. Albee Baby on UWS is great to pop in and test drive and ask questions.
- Diaper bag or knapsack.
- Sound machine, surprisingly vital!
- Baby nail clippers, baby acetaminophen, rectal or temple thermometer.
Having a Family in Medical School

Bath time
- Few washcloths
- Newborn soap
- Baby laundry detergent, optional. Seventh Generation, Honest Brand (can get from Loews), Babyganics, Whole Foods has one. All great just want something sensitive.
- Infant bath tub (plastic bath that converts as they get older is better use of your money, but can be bulkier to store)
- Some parents like to buy baby hooded towels. They are very cute and adorable for photo ops! But many families stop using them a few months in, and just towel their babies off with regular adult towels. We never bothered to buy any and found our big, warm fluffy adult towels were just fine.

Diapering
- Diapers: most of us use Pampers Swaddlers. Don't get too many in newborn size because they move to size 1 quickly. Start w 1 pack. Can always get more. No one I interviewed used cloth diapers, but if you can manage the extra work it's much more environmentally friendly.
- Sensitive wipes or even Water Wipes brand. Some hospitals use dry wipes that you just get wet with warm water as you use them, which are also nice. Babies have such sensitive bottoms! If you use wet wipes, you can consider a wipe warmer – nice for the newest babies especially.
- Aquaphor healing balm.
- Diaper cream.
- Changing pad with liners, cover/sheets- you don't need to a buy a change table! If you have a drawer set just throw the pad on top! The Kekaroo peanut changer is on the expensive end, but nice because if it gets poop or pee on it (which it will) it's an easy wipe & clean – it doesn’t use liners or sheets on top!
- Diaper pail for all those dirty diapers (Munchkin brand is good).

Weeks in
- A seat or somewhere to put baby down that's not the bassinet. The rock n play by fisher price is great. Nap nanny. Baby Bjorn. Leacho has a good seat for a newborn.
- Consider a pack and play for transport, parents' house, etc..
- Pacifier. 1-2 max. Don’t go crazy buying many before you know if they like it (some don’t). Nuk is a good brand.
- Baby monitor. We have Motorola. They are all good but don't need for a while.
- Activity mat - you can start tummy time right away so could be good to have earlier. Skip hop makes great ones.
- For winter — we suggest a JJ Cole or 7am Enfant Bundle Me. Looks like a giant sleeping bag. Put it on your registry.

Later
- Down the road high chair (can get at IKEA for $25!). Stokke is a great one and OXO but more pricey. Depends on what you want! Check Amazon.

Breast pump information/“rules”:
- Breast milk lasts for 6 hours on the counter, 6 days in fridge, and 6 months in freezer.
- If warming/defrosting, you can't use milk again so I would warm maybe 3oz and then if baby wants more add another 3oz versus 6oz at once and having to toss what they don’t finish.
- Mix milk of same temperature. E.g., you can't add fresh-pumped milk to a bottle in fridge that's cold. Leave out bottle in fridge to get to room temp then combine. Same goes with mixing frozen and cold or frozen and fresh. Defrost in fridge and then add cold milk to it.
- They suggest not keeping milk once it's warmed. The idea is: you can make milk warmer but can't go backwards if you want to keep milk (back in fridge).
- Would sterilize pump parts by throwing into a big pot of boiling water. Do not need a fancy sterilizer unless you get as gift and want
- Once you stop sterilizing (3-4 months) you can pump and put parts (Falange and bottle attached) right in fridge. Huge pump hack! Do not need to wash after every use. Just pump - throw in fridge (breast milk is sterile) and then
use again for next pump. Wash at end of day or even next day instead of after every pumping.
- Try not to let tubing get wet and if it does just whip it out. Otherwise can get moldy
- Buy a pump bra!
- Most recommended storage bags for breast milk are Lanisoh brand. You can also get nifty little plastic bins that fit the storage bags perfectly, to keep them upright in fridge/freezer. Hack for freezer storage: initially lay the bag of milk down flat so the milk freezes in a flat-ish rectangle. Once frozen, put in the storage bin standing upright in the freezer.

Photo taken April 2018, credit Ashley Paige Oliver