Baby Registry List

A Cottage Checklist for Welcoming Baby

for the nest, the list, and the joy of getting ready



Baby's name: _____

Parents: _____

Due date or arrival: _____

Registry kept at: _____

For this little one, with love

by Regina Marcella Adams

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

A Little Note

how to use this list

Baby Registry List

Design and content © Copyright 2026 Regina Marcella Adams. All rights reserved.

This checklist is for personal, household use. It may be printed for your own family. It may not be resold, reproduced for sale, or used for other commercial purposes, and it is not to be used without crediting the author, Regina Marcella Adams.

Tick what you have or still need. Where a name is linked to Amazon, Regina Marcella may earn a small commission if you purchase through that link, at no extra cost to you.

The short safety notes gather plain guidance from the AAP, NHTSA, the CPSC, the CDC, the FDA, the Dietary Guidelines for Americans, 2020–2025, and other sources printed and linked here.

Inside this list

1. Safety Notes to Keep Close
2. Sleep
3. Feeding & Nursing
4. A Good Latch, Step by Step
5. Three Kinds of Pumps
6. Pump Care & Cleaning
7. Which Pump Is Best for Me?
8. First Foods, 6–12 Months
9. Ready, textures, and first bites
10. New foods, allergens, and safety
11. New Food Tracker
12. Donor Milk & Health Testing
13. Diapering
14. Bath & Health
15. Soft Goods & Linens
16. Clothing
17. On the Go
18. Play & Development
19. Nursery
20. Postpartum Care for Mom
21. Mama Comfort
22. Maternity Clothing
23. Nice Extras
24. What to Expect in Labor & Delivery
25. Birth Plan Choices
26. Birth plan, continued
27. Baby Bump Photos, Month by Month
28. Popular Baby Names
29. Baby Shower Guide
30. Shower supplies
31. Baby songs
32. Baby songs, continued
33. Sources
34. Sources, continued

made with love for nests just beginning

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Safety Notes to Keep Close

plain guidance, with the sources linked

Read this page once as you build the list, and again before the baby shower gifts come home. The later sections repeat the points that belong with those items.

Safe sleep — AAP & CPSC

For every sleep, naps too: baby on the **back**, **alone**, on a **firm, flat, non-inclined** surface (a crib, bassinet, play yard, or bedside sleeper that meets current federal standards) with only a tight fitted sheet. No bumpers, pillows, loose blankets, stuffed toys, sleep positioners, or extra-plush mattresses. CPSC's reminder is "Bare is Best." If baby falls asleep in a car seat, stroller, swing, or carrier, move them to that firm, flat surface as soon as you can.

Blankets, swaddles, and wearable blankets — AAP

Loose blankets stay out of the crib. Dress baby in layers or use a **wearable blanket / sleep sack** (the right size, not covering the head) to keep them warm. A thin swaddle, hips free to bend, may soothe a newborn on their back — but **stop swaddling as soon as baby shows any signs of trying to roll**, which can begin around 2 months and sometimes earlier. Do not use weighted swaddles, weighted blankets, or weighted clothing. A sleep sack that does not pin the arms may be used after swaddling stops.

The car seat — AAP & NHTSA

Use a **rear-facing** seat as long as the seat allows — until baby reaches the manufacturer's rear-facing height or weight limit. A **new** seat is the surest choice, because you know its history. NHTSA advises that a second-hand seat may be used only if you can confirm every point on its Used Car Seat Safety Checklist (never in a moderate or severe crash; labels and model number present; no open recall, or the recall can be fixed; all parts; instructions). Have the installation checked by a certified technician before the due date. No puffy coats under the harness.

Cribs, recalls, and inclined sleepers — CPSC

Choose a crib that meets **current** CPSC standards (no drop-side, no vintage crib that cannot meet today's rules). Check **CPSC.gov/Recalls** and SaferProducts.gov before you buy or accept a hand-me-down. Inclined sleepers that lift a baby's head more than 10 degrees, and padded crib bumpers that attach to the rails, are **banned** in the United States under the Safe Sleep for Babies Act. They still turn up at resale shops and online — kindly say no.

If you use powdered formula — CDC & FDA

Powdered infant formula is not sterile. For most babies, it is fine to mix it with safe water, following the label: measure the water first, then the powder; never use a microwave to warm a bottle. For infants **younger than 2 months**, born prematurely, or with a weakened immune system, CDC recommends considering sterile liquid ready-to-feed formula, or preparing powder with very hot water (boil, wait about five minutes so the water is around **158°F / 70°C**), then cooling it and testing a few drops on your wrist. FDA notes that some specialty metabolic formulas should not be heated — always follow that product's label.

Sources on this page

1. A Parent's Guide to Safe Sleep. American Academy of Pediatrics, HealthyChildren.org.
2. Swaddling: Is it Safe for Your Baby?. AAP, HealthyChildren.org.
3. Car Seats: Information for Families. AAP, HealthyChildren.org.
4. Used Car Seat Safety Checklist. NHTSA.
5. Safe Sleep — Cribs and Infant Products. U.S. Consumer Product Safety Commission.
6. Recalls. CPSC.
7. Infant Formula Preparation and Storage. Centers for Disease Control and Prevention (CDC).
8. Cronobacter sakazakii. U.S. Food and Drug Administration.
9. Baby Products to Avoid: Unsafe Registry Picks & Secondhand Gear. AAP, HealthyChildren.org.

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Sleep

a firm, flat, bare place for every nap and night

The heart of a first registry is a safe sleep space. Tick what you will use at home, and look again at the notes on the previous page before you add anything meant to go in the crib.

Bare is Best. Firm, flat, non-inclined surface; fitted sheet only; baby on the back, alone. No bumpers, positioners, loose blankets, or inclined sleepers. (AAP / CPSC)

Item	Qty
☐ Crib that meets current CPSC safety standards (no drop-side) Check CPSC.gov/Recalls before you buy or accept a hand-me-down.	1
☐ Firm, flat crib mattress that fits snugly, with no gaps Covered with a tight fitted sheet only. Avoid extra-plush or memory-foam infant mattresses.	1
☐ Bassinet or bedside sleeper that meets current federal standards Optional for the early weeks. Same bare-sleep rules; not a substitute for a crib later on.	1
☐ Play yard with its approved firm mattress Useful for travel or a second room. Use only the mattress that came with it.	1
☐ Wearable blankets / sleep sacks (see also Soft Goods) A safe way to keep baby warm in the crib. Not a weighted sack.	2–3
☐ Baby monitor, audio or video Optional, but a comfort for many families.	1
☐ White-noise or sound machine, used at a modest volume and distance Optional.	1
☐ _____	

Better left off this section

Crib bumpers and mesh crib liners; sleep positioners, wedges, and nests; inclined sleepers or "nests" that tilt the head more than 10 degrees; weighted swaddles or weighted blankets; loose crib blankets, pillows, and stuffed toys in the sleep space; extra-plush mattresses; vintage drop-side cribs. (AAP / CPSC)

Notes

Sources AAP safe sleep; AAP products to avoid; CPSC Safe Sleep; CPSC Recalls

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Feeding & Nursing

for the early weeks, and for solids later on

You do not have to decide every feeding detail before baby arrives. Start with a small bottle set if you may use bottles at all, and let your pediatrician and a lactation counselor help you with the rest.

Item	Qty
☐ Breast pump Ask your insurer first — many plans cover a pump and lactation support as a preventive service. HealthCare.gov has a plain overview.	1
☐ Milk storage bags	1 box
☐ Nursing bras	2–3
☐ Nursing pillow, plus an extra cover Helpful for feeding. Never for sleep — nursing pillows are not a safe sleep surface. (AAP)	1
☐ Nipple cream, as your provider or lactation counselor suggests	1
☐ Bottles and nipples (start with a small set) Baby may prefer a particular shape; you can add more later.	4–6
☐ Bottle brush and drying rack	1
☐ Pacifiers, if you plan to use them If you are breastfeeding, many families wait until feeding is going well. (AAP)	2–4
☐ Formula, if you plan to use it, plus a mixing pitcher Powdered formula is not sterile. See the formula-prep note on the Safety page (CDC / FDA).	as needed
☐ High chair, when baby can sit for solid foods (often around 6 months) A later-registry item. Ask your pediatrician about starting solids. (AAP)	1
☐ Soft spoons, bowls, and a first cup, for later	1 set
☐ _____	

Notes

Sources HealthCare.gov, breast pumps; AAP breastfeeding; AAP starting solids; CDC formula prep; FDA, Cronobacter

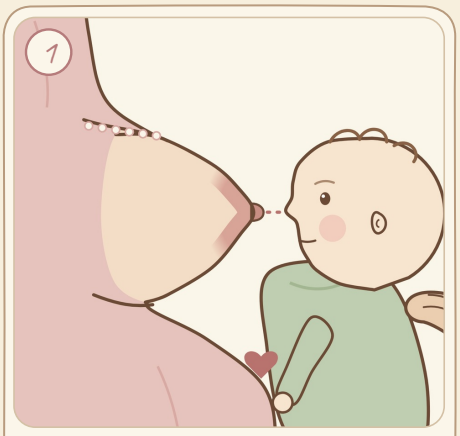
VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

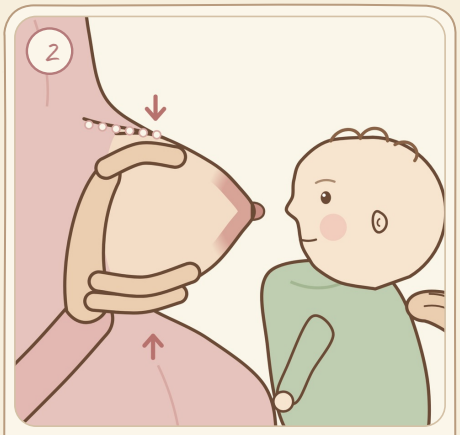
A Good Latch, Step by Step

a gentle walk through, with the sources linked

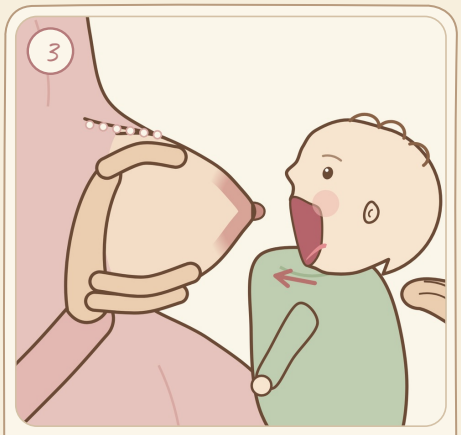
A good latch helps baby take milk well and helps you stay comfortable. These six steps follow guidance from the American Academy of Pediatrics, La Leche League International, USDA WIC, and the CDC. They are a starting place, not a substitute for someone watching you and your baby in person.



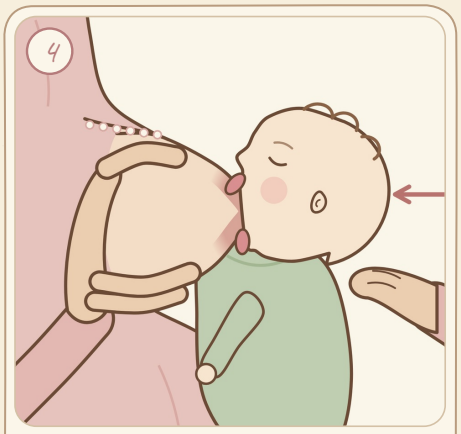
1. Tummy to tummy, nose to nipple.



2. The “breast sandwich”: a C-hold, with fingers well back from the areola; compress parallel to baby’s lips.



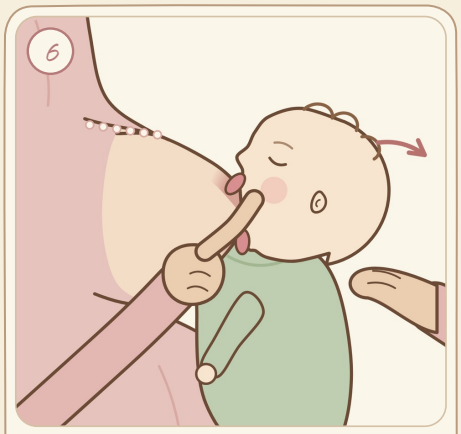
3. Wait for a wide-open mouth; the chin leads.



4. Bring baby to the breast, not the breast to baby. A deep latch shows more areola below than above.



5. Signs of a good latch: lips flanged out, chin touching, rhythmic sucking and swallowing, and no pinching pain.



6. To break the latch gently, slip a clean finger into the corner of baby’s mouth, then take baby off.

A lactation consultant (IBCLC) can check your latch in person. If feeding hurts, or baby does not seem to be transferring milk well, ask for that help early — a small change can make a kind difference.

Sources on this page

1. Positioning Your Baby for Breastfeeding. American Academy of Pediatrics, HealthyChildren.org.
2. Positioning. La Leche League International.
3. Steps and Signs of a Good Latch. USDA WIC Breastfeeding Support.
4. Breastfeeding: Newborn Basics. Centers for Disease Control and Prevention (CDC).

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

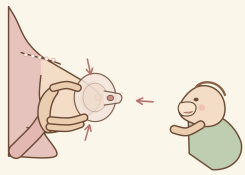
© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes. It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Three Kinds of Pumps

manual, electric double, and wireless wearable — with the sources linked

Three common kinds of pumps, with simple steps for each. Start suction low, and stop if there is pain — more suction is not always more milk. These pages follow the FDA, CDC, AAP, La Leche League, and the Office on Women's Health, and they match the pump-settings note in the Four-Trimester worksheet. They are a starting place, not a substitute for someone watching you and your baby in person.

Using a Nipple Shield

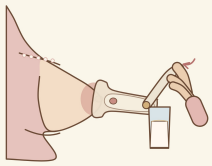


Using a nipple shield? Fold the brim back, press it on so the nipple draws into the tip, then compress the breast (breast sandwich) before bringing baby on; otherwise baby can't take it in deeply. Use a shield with help from an IBCLC.

Cleveland Clinic; LLL. Latch p. 6, step 2.

Manual Hand Pump

Pump flanges are for pumping only, never for baby's mouth.

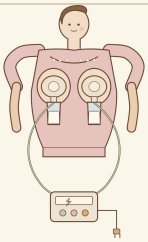


1. Wash your hands. Center your nipple in the flange so it is not pinched.
2. Start with a gentle, comfortable squeeze or stroke. More pressure is not always more milk, and it should not hurt.
3. A typical session is about 15–20 minutes, or until milk flow slows (the Four-Trimester worksheet uses this range; the FDA notes about 10–15 minutes per breast). Pump only as long as it is comfortable and productive.
4. When you finish, slip a finger beside the flange to break the seal (FDA). If it hurts, stop and ask an IBCLC to check the fit.

Electric Double Pump

plug-in or rechargeable

Pump flanges are for pumping only, never for baby's mouth.

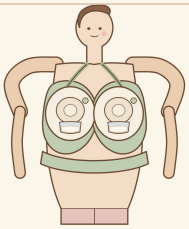


1. Wash your hands and assemble both sides. Center each nipple in its flange.
2. Turn the pump on at the lowest suction or speed (FDA). Increase only until it is comfortable.
3. Many pumps use a faster, lighter let-down (stimulation) mode, then a slower expression mode. Follow your pump's instructions — the same guidance as the Four-Trimester worksheet.
4. Pumping both sides at once can save time and support supply (LLL). A typical session is about 15–20 minutes, or until flow slows.
5. If it hurts, or milk is leaking, stop. Recheck the assembly and the fit; ask an IBCLC if pain continues.

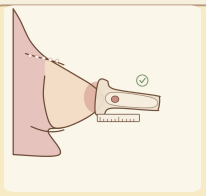
Wireless Wearable Pumps

(worn on both sides)

Pump flanges are for pumping only, never for baby's mouth.



1. Place one cup on each side, inside the bra, with each nipple centered in its flange.
2. Start on the lowest suction. Use the let-down (stimulation) phase, then the expression phase, as your pump directs.
3. Double-pumping tips: start both sides together — this can save time and give strong stimulation for supply (LLL). Keep the cups upright if your model needs it, and empty both cups when you finish.
4. A typical session is about 15–20 minutes, or until milk flow slows. Stop if there is pain, and ask an IBCLC to check the cup size and the settings.



A good fit, a gentle start, and when to stop

Flange fit: measure each nipple at the base in millimeters — not the areola. A starting size is often a few millimeters larger; confirm the fit while you pump. A good fit lets the nipple move freely in the tunnel, with little areola pulled in, and no rubbing, swelling, or pain. Left and right may differ (Cleveland Clinic; FDA). Start on a low, comfortable suction — more is not always more milk, and pumping should not hurt. A typical session is about 15–20 minutes, or until milk flow slows. If pumping hurts or output is low, ask a lactation consultant to check the flange size and the settings. This matches the Four-Trimester worksheet.

Sources on this page

1. Using a Breast Pump — U.S. Food and Drug Administration (FDA).
2. Choosing a Breast Pump — FDA.
3. Pumping Milk — La Leche League USA.
4. Expressing Breast Milk at Work: Tips for Nursing Parents — American Academy of Pediatrics, Hea...
5. Pumping and storing breastmilk — Office on Women's Health, U.S. Department of Health and Hu...
6. Finding Your Breast Pump Flange Size — Cleveland Clinic.
7. Nipple Shields: When and How To Use Them — Cleveland Clinic.
8. Nipple Shields — La Leche League Canada.

VISIT

www.reginamarcella.com

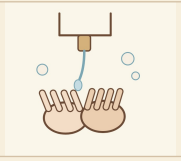
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

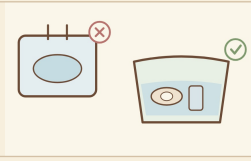
Pump Care & Cleaning

the CDC routine, milk storage, and a little checklist

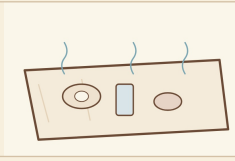
Follow your pump's own manual, and this CDC routine: "How to Keep Your Breast Pump Kit Clean." Clean parts that touch milk after every use. These steps also match the Four-Trimester worksheet: clean pump parts after each use.



Wash hands first



Wash in a basin, not the sink



Air-dry; do not rub dry

Before each use

1. Wash your hands well with soap and water for 20 seconds (CDC).
2. Assemble a clean pump kit. If tubing is moldy or soiled, throw it away and replace it.
3. If you are using a shared pump, wipe the dials, power switch, and countertop with a disinfectant wipe.

After every use

1. Store milk safely first: cap or seal, label with the date and time, and refrigerate, freeze, or use a cooler with ice packs (CDC).
2. Take the kit apart. Separate every part that touched the breast or milk — flanges, valves, membranes, connectors, and bottles.
3. Rinse those parts under running water to remove milk. Do not place parts in the sink to rinse (CDC fact sheet).
4. Wash as soon as you can, by hand in a basin or in a dishwasher if the parts are dishwasher-safe.

Wash in a basin, then air-dry

Wash by hand in a clean basin used only for infant feeding items — not in the sink. Add soap and hot water. Scrub only if your pump's maker says a brush is safe. Rinse under running water or in a second basin of fresh water. Air-dry thoroughly on a clean, unused dish towel or paper towel, in a place protected from dust. Do not use a dish towel to rub or pat the parts dry. Rinse the basin and brush and let them air-dry too; wash them every few days (CDC).

Sanitize daily when it matters most

Sanitize at least once a day after cleaning for extra germ removal. This is especially important if your baby is under 2 months, was born prematurely, or has a weakened immune system (CDC, current guidance). You can steam (follow the maker), boil safe parts for 5 minutes, or use a dishwasher sanitize setting — or hot water with a heated dry. If you already wash in a dishwasher with hot water and a heated dry (or a sanitize setting), a separate sanitizing step is not needed (CDC). Always check which parts your pump's maker allows you to steam or boil.

Tubing, valves, and storing the dry kit

When used correctly, tubing does not touch the milk and does not need routine cleaning. Keep a spare set. If you see water droplets in the tubing, leave it on the pump and run the pump until the tubing is dry. If you see milk or mold in the tubing, throw it away and replace it; check the valves, membranes, and how the tubing was attached (CDC). Replace valves and membranes as the maker directs. Let every part dry completely before you put the kit away, so mold cannot grow. Store the dry, reassembled kit in a clean, protected place, such as an unused sealable food-storage bag (CDC).

Storing milk (CDC)

Freshly expressed milk (CDC, for healthy full-term babies): up to 4 hours at room temperature (77°F or colder); up to 4 days in the refrigerator (40°F or below, toward the back); about 6 months in the freezer is best, and up to 12 months is acceptable (0°F or colder). In a cooler with ice packs, up to 24 hours. Never thaw or warm milk in the microwave. Use thawed milk within 24 hours if thawed in the fridge, or within 2 hours once it is at room temperature or warmed, and do not refreeze (CDC; Office on Women's Health).

A little checklist

- [ ] Hands washed for 20 seconds
- [ ] Kit inspected; moldy tubing replaced
- [ ] Milk capped, labeled, and put away
- [ ] Parts taken apart and rinsed (not in the sink)
- [ ] Washed in a basin (or dishwasher if safe)
- [ ] Air-dried on a clean unused towel — not rubbed dry
- [ ] Sanitized today if baby is under 2 months, premature, or immunocompromised
- [ ] Valves and membranes still in good shape
- [ ] Dry kit stored in a clean, protected place

Sources on this page

1. How to Clean and Sanitize Breast Pumps — Centers for Disease Control and Prevention (CDC).
2. How to Keep Your Breast Pump Kit Clean (fact sheet) — CDC.
3. Breast Milk Storage and Preparation — CDC.
4. Using a Breast Pump — U.S. Food and Drug Administration (FDA).
5. Pumping and storing breastmilk — Office on Women's Health, U.S. Department of Health and Hu...
6. Pumping Milk — La Leche League USA.

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Which Pump Is Best for Me?

a short quiz to sit beside the three kinds of pumps

These questions are a starting place, not a prescription. They follow the three kinds of pumps on the earlier pages: a hand pump, an electric double pump, and wireless wearable pumps worn on both sides. Insurance, a lactation consultant, and how your body responds all matter too.

How often do you think you will pump?

- ☐ Only now and then, or just to catch a letdown.
- ☐ Most workdays, or several times a day.
- ☐ While I am moving around, or without being tied to a wall outlet.

Do you want to pump both sides at once?

- ☐ Yes — I want to save time, or to keep both sides even.
- ☐ No — one side at a time is plenty.

Where will you pump most?

- ☐ At home, at a table or in a quiet chair.
- ☐ At work, in a short break.
- ☐ On the go — in a car, a shared room, or a place without a wall outlet.

How do you feel about parts and washing?

- ☐ I would rather have few parts to wash.
- ☐ I can wash a fuller kit, and I will follow the CDC cleaning steps on the pump-care page.

A gentle reading of your answers

If you are pumping only now and then, one side at a time, and you want few parts, a **hand pump** is often enough.

If you will pump most workdays, both sides at once, at a table or at work, an **electric double pump** is usually the workhorse.

If you need to be hands-free, on the go, or away from a wall outlet, and you want both sides at once, **wireless wearable pumps worn on both sides** may fit best.

Many mothers use more than one kind. Start with the one that matches your days, and add another later if you need it. Flanges are for pumping only — they never go in baby's mouth. (FDA / CDC / the pump pages just before this one)

The pump I think I will start with: _____

A question for my lactation consultant: _____

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

First Foods, 6–12 Months

whole veggies and fruit, mixed with breast milk

In our home we start with whole veggies and fruit mixed with breast milk, and hold off on packaged grain snacks like Cheerios. That is our way, not a rule for every family. The AAP and the Dietary Guidelines for Americans, 2020–2025, still remind us that **iron-rich foods matter from about 6 months** — meats, beans, and iron-fortified infant cereal are the usual examples, especially for a breastfed baby. The AAP does not advise delaying gluten for most babies. If celiac disease runs in the family, talk with the pediatrician about how to introduce wheat and other gluten-containing grains. (AAP / HealthyChildren.org / Dietary Guidelines for Americans, 2020–2025 / CDC)

Breast Milk to Puree Ratio

A starting point, adjust to your baby.

There is no official fixed ratio. The AAP and CDC say to thin infant cereal and mashed or puréed foods with breast milk or formula (or water, for cereal) until the texture is very smooth and easy for baby to swallow. At first, a runny, smooth texture is easier; you can gradually use less liquid and offer a thicker texture as baby's skills grow.

HealthyChildren.org suggests diluting cereal the first few times if it dribbles from baby's mouth, then gradually thickening it. For infant cereal, some WIC programs offer this practical start: mix **1 tablespoon of cereal with 4 to 5 tablespoons of breast milk or formula**, then use a little less milk over the following weeks as it becomes more like a soft porridge. For fruit and vegetable purées, add breast milk or formula a little at a time until the spoonful looks smooth and easy to swallow — no official spoon-to-spoon ratio is set.

Mix just before serving. Discard what baby does not finish; do not save leftovers of a mixed spoon-feeding. (AAP / CDC / Colorado WIC)

Our blender: an American brand, regional pick coming soon _____

Mixing Veggies with Breast Milk

Cook a whole vegetable or fruit until it is soft enough to mash with a fork. Mash or purée it, then stir in a little fresh breast milk just before serving until it is smooth and easy to swallow, as in the ratio box above. Start with one food at a time. Mix only what you will offer now, and discard leftovers of a mixed spoon-feeding. (CDC / AAP)

How we will use these pages

The next page is readiness, textures, safe soft-cooked veggies and fruit, and choking cautions. After that comes new foods, allergens, and a 911 line, then a New Food Tracker so we can wait 3 to 5 days and watch for a reaction.

First veggies and fruit we might try

- ☐ Ripe avocado, mashed and thinned with breast milk.
- ☐ Ripe banana, mashed.
- ☐ Sweet potato, cooked soft and mashed.
- ☐ Carrot or winter squash, cooked soft and mashed.
- ☐ Apple or pear, cooked soft and mashed (seeds and core removed).
- ☐ Peas or green beans, cooked soft and mashed.
- ☐ Ripe peach, mashed (pit removed).

Another we might try: _____

A note from our pediatrician: _____

Sources AAP, starting solids; AAP, introducing wheat; CDC, introducing solids; Dietary Guidelines, 2020–2025; Colorado WIC; CDC, breast milk storage

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Ready, Textures & First Bites

signs of readiness, and foods that are soft enough

The AAP and CDC recommend introducing foods other than breast milk or formula at about 6 months, when baby shows these signs of readiness. Introducing solids before 4 months is not recommended. (AAP / CDC / Dietary Guidelines for Americans, 2020–2025)

Readiness signs

- ☐ Sits up alone or with support, and can control the head and neck.
- ☐ Opens the mouth when food is offered.
- ☐ Swallows food rather than pushing it back out onto the chin.
- ☐ Brings objects to the mouth, and can move food from the front of the tongue to the back to swallow.

Texture progression

At first it is easier to eat mashed, puréed, or strained foods that are very smooth. As baby's skills grow, you can move to mashed or slightly lumpy textures, then to finely chopped or soft finger foods. It can take time; a cough or a little gag as baby learns is common, but always watch every bite. (CDC, Tastes and Textures)

Safe soft-cooked veggies and fruit

Cook hard vegetables and fruits — such as carrots, sweet potato, squash, apple, or pear — until they are soft enough to mash easily with a fork, then mash or purée and thin with breast milk if you need to. Banana, ripe avocado, peach, and cooked peas or green beans are other gentle starts. Remove seeds, pits, skin, and any tough parts. (CDC)

Choking cautions

Always sit with baby and watch every bite. Skip foods that are easy to choke on: whole grapes, hot dogs, raw carrots, whole nuts, popcorn, and large sticky spoonfuls of nut butter. Cut grapes, cherries, and tomatoes into small pieces; cut cylindrical foods into short, thin strips, not rounds. Offer small portions, and let baby eat slowly. (CDC / AAP)

Soft finger foods, later on

When baby can move food around and mash it with the gums, you can offer soft pieces — ripe banana, avocado, or well-cooked vegetable strips that squish easily between your fingers. Keep skipping the choking foods in the box above. (CDC)

First bites we will try

A vegetable: _____ A fruit: _____

Another: _____ How we will cook and mash it: _____

Sources CDC, introducing solids; CDC, textures; AAP, starting solids

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

New Foods, Allergens & Safety

one new food at a time, and what to watch for

Offer one new food at a time, and wait 3 to 5 days before the next new one so you can spot a reaction. This is the AAP and CDC practice. Use the New Food Tracker on the next page to jot down what you offered and how baby seemed.

Early allergens

The Dietary Guidelines for Americans, 2020–2025, and the AAP say to introduce potentially allergenic foods along with other complementary foods at about 6 months. There is no need, for most babies, to delay peanut, egg, wheat, or dairy (yogurt or cheese). If baby has severe eczema or an already-known food allergy, ask the pediatrician before the first taste. (AAP / Dietary Guidelines for Americans, 2020–2025)

Foods to wait on

No honey before age 1 — it can carry the germ that causes infant botulism. No cow's milk as a drink before age 1; yogurt and cheese may be offered earlier. (AAP / Dietary Guidelines for Americans, 2020–2025)

Talk with the pediatrician first if...

- ☐ Baby has severe eczema.
- ☐ Baby already has a known food allergy.
- ☐ Celiac disease, or a serious food allergy, runs in the family.

Our pediatrician's notes: _____

A question we want to ask: _____

Mild signs to jot on the tracker

A little rash, one episode of vomiting, diarrhea, or unusual fussiness can be written on the next page and mentioned at the next visit. Stop the food if you are worried, and call the doctor. The rose box below is for signs that cannot wait.

Call 911 for trouble breathing, swelling of lips or face, or repeated vomiting.

Sources AAP, starting solids; AAP, introducing wheat; CDC, introducing solids; Dietary Guidelines, 2020–2025

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

New Food Tracker

one new food at a time, with a 3 to 5 day wait

Write the food and the date. Tick a column if you notice rash or hives, vomiting, diarrhea, fussiness, or swelling, and use the notes column for anything else. Wait 3 to 5 days before the next new food so you can spot a reaction. (AAP / CDC)

Food	Date	Rash / hives	Vomiting	Diarrhea	Fussiness	Swelling	Notes
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

Call 911 for trouble breathing, swelling of lips or face, or repeated vomiting.

Sources AAP, starting solids; CDC, introducing solids

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Donor Milk & Health Testing

screened milk banks, window periods, and a home test

Pasteurized donor milk

When a mother's own milk is not available or is not advised, public-health agencies point to **pasteurized donor milk from a screened milk bank**. In the United States, the Human Milk Banking Association of North America (**HMBANA**) accredits nonprofit milk banks that blood-screen donors and pasteurize donor milk. You can find a milk bank at hmbana.org. The **FDA advises against informal or internet milk sharing**: milk from casual sharing has not been screened or pasteurized in the same way and may carry infectious or other risks.

Health testing before breastfeeding or donating

Talk with your doctor about **prenatal screening** — including HIV, hepatitis B, and syphilis — before breastfeeding or donating milk. CDC recommends HIV testing during every pregnancy. Testing is done on the mother's blood or oral fluid, not on breast milk.

A note on HIV testing. No HIV test can detect infection right after exposure; that delay is called the **window period** (CDC, Getting Tested for HIV, updated Sept. 15, 2026). Antibody tests, including most rapid tests and home self-tests such as OraQuick, usually detect HIV **23–90 days** after exposure. A rapid finger-stick antigen/antibody test: **18–90 days**. A laboratory antigen/antibody blood draw: **18–45 days**. A laboratory NAT (nucleic acid test): **10–33 days**. If a test is negative after a possible exposure, test again after the window period. A **positive self-test needs a follow-up test** with a health-care provider.

In the United States, mothers with HIV should talk with their health-care provider about infant feeding. This is a **shared decision**. With consistent antiretroviral treatment and an undetectable viral load, the risk of transmitting HIV through breastfeeding is less than 1%, but it is not zero. Feeding with commercial infant formula or pasteurized, banked donor milk eliminates the risk of postnatal transmission. (CDC)

An FDA-approved home test

An FDA-approved over-the-counter home test is the **OraQuick In-Home HIV Test** (oral fluid). A positive home test is not a final diagnosis — it needs a follow-up laboratory test with a health-care provider. If a test is negative after a possible exposure, test again after the window period.

A verified listing: OraQuick In-Home HIV Test (Amazon, tag ReginaMarcella-20).

Notes

Sources on this page

1. Use of Donor Human Milk. U.S. Food and Drug Administration (FDA).
2. Human Milk Banking Association of North America. HMBANA.
3. Find a Milk Bank. HMBANA.
4. Getting Tested for HIV. CDC (updated Sept. 15, 2026).
5. HIV and Breastfeeding (Special Circumstances). CDC.
6. Information Regarding the OraQuick In-Home HIV Test. FDA.

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Diapering

the everyday work of keeping a little one comfortable

Newborn sizes go quickly. A modest first supply, plus a plan for Size 1 and Size 2, is usually kinder than a closet full of one size. Fragrance-free, dye-free wipes and a good barrier cream will do a great deal of the quiet daily work.

Item	Qty
☐ Newborn diapers (outgrown quickly — do not overbuy)	1–2 pk
☐ Size 1 diapers	several
☐ Size 2 diapers A pick we like: ~~Seventh Generation Free & Clear Diapers, Size 2, 80-count~~.	several
☐ Fragrance-free baby wipes A pick we like: ~~Seventh Generation Free & Clear Wipes, 768-count~~.	several
☐ Changing pad	1
☐ Diaper cream / barrier ointment	1–2
☐ Diaper pail and liners	1
☐ Diaper caddy, for the changing place	1
☐ Portable changing pad, for the bag	1
☐ _____	
☐ _____	

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Bath & Health

gentle care, and a few things for the medicine cabinet

A first bath can be a small bowl of warm water and a soft cloth. The items below make the routine easier. Never leave a baby alone in water, even for a moment.

A rectal temperature is the most accurate reading for a young infant. Ask your pediatrician when and how to take one, and when to call. (AAP)

Item	Qty
☐ Infant bathtub Used in an empty adult tub or a safe, flat surface; stay within arm's reach.	1
☐ Baby nail clippers or a fine file	1
☐ Digital thermometer A rectal thermometer is the most accurate for young infants. (AAP)	1
☐ Nasal aspirator A pick we like: ~~Frida NoseFrida (with 4 filters)~~.	1
☐ Saline drops	1
☐ Soft hairbrush or comb	1
☐ Gentle, fragrance-free baby wash	1
☐ Medicine syringe or dropper	1
☐ Cool-mist humidifier (clean often) Optional.	1
☐ Kettle or baby teapot, for carefully measured, safely cooled water If you mix powdered formula, follow the CDC / FDA steps on the Safety page. Never microwave a bottle.	1
☐ Infant first-aid / care kit	1
☐ _____	

Notes

Sources AAP, fever; CDC formula prep

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Soft Goods & Linens

the washable things a new nest uses every day

These are the towels, cloths, sheets, and sacks you will wash often, so a little extra is a kindness. Muslin swaddles and receiving blankets are useful many ways — just not as loose bedding in the crib.

AAP: Loose blankets stay out of the crib. Use a wearable blanket / sleep sack instead. Stop swaddling as soon as baby shows any signs of trying to roll. Do not use weighted swaddles or weighted blankets. A sleep sack that does not pin the arms may be used after swaddling stops.

Item	Qty
☐ Hooded baby bath towels	2–3
☐ Soft washcloths	6–8
☐ Burp cloths	8–12
☐ Muslin swaddle blankets For swaddling only until signs of rolling; later useful as a stroller cover or tummy-time cloth — not loose in the crib.	3–4
☐ Receiving blankets Handy for burping, shade, and tummy time. Not for loose use in the sleep space.	4–6
☐ Fitted crib sheets	2–3
☐ Waterproof crib mattress protectors (thin and tight-fitting) Goes under the fitted sheet and should not add softness or leave gaps at the edges.	1–2
☐ Changing pad covers	2–3
☐ Nursing pillow covers	2
☐ Bibs	5–8
☐ Sleep sacks / wearable blankets (newborn and the next size) The preferred way to keep baby warm in the crib. Choose a size that does not cover the head.	2–3
☐ _____	

Notes

Sources AAP swaddling; AAP safe sleep

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Clothing

simple layers, in two early sizes

Babies grow quickly, and many are already too long for true newborn clothes. A modest stack in newborn and a fuller stack in 0–3 months is usually plenty. Wash everything before the first wearing, in a gentle, fragrance-free detergent.

No puffy coats in the car seat — the harness cannot hold a puffy jacket close enough. Use thin layers under the straps, and if needed a blanket **over** the buckled harness. Hats are not for indoor sleep after the first hours of life. (AAP / NHTSA)

Item	Qty
☐ Newborn onesies / bodysuits Many babies skip or quickly outgrow this size.	6–8
☐ 0–3 month onesies / bodysuits	6–8
☐ Footed sleepers / pajamas	6–8
☐ Pants or leggings	4–6
☐ Socks and scratch-mitts	4–6 pr
☐ Soft hats For going out or the first hours; not for indoor sleep. (AAP)	2–3
☐ Going-home outfits	1–2
☐ Weather-right outerwear (thin layers for the car seat)	1
☐ Gentle, fragrance-free laundry detergent	1
☐ _____	
☐ _____	

Notes

Sources AAP safe sleep (indoor hats, wearable layers); AAP / NHTSA car seats

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

On the Go

the car seat, the stroller, the carrier, and the bag

Install the car seat and have it checked before the due date, so the trip home is already settled. A compact stroller and a soft carrier cover most of the early outings. Leave room in this list for the bag you actually like to wear.

Rear-facing as long as the seat allows. A new seat is the surest choice. A used seat only if every point on NHTSA's Used Car Seat Safety Checklist is true. Find a certified inspection at NHTSA.gov. (AAP / NHTSA)

Item	Qty
☐ Infant car seat, used rear-facing New is the surest choice. Installed and checked before the due date.	1
☐ Extra car-seat base, for a second car Optional, and a great help if two cars are in daily use.	1
☐ Compact stroller A pick we like: ~~UPPAbaby Minu V3 Travel Stroller (Greyson)~~.	1
☐ Baby carrier or wrap A pick we like: ~~Moby Easy-Wrap (Olive/Onyx)~~.	1
☐ Diaper backpack	1
☐ Stroller rain cover or weather shield Optional; some strollers offer a matching one.	1
☐ Car-seat travel bag Optional.	1
☐ _____	
☐ _____	

Notes

Sources AAP car seats; NHTSA car seats; NHTSA used-seat checklist

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Play & Development

a little floor, a few good toys, and time together

The best "equipment" for the early months is a firm, clear floor and your face. A play gym and a few toys that are larger than baby's mouth are plenty. Supervised tummy time, a little at a time, can begin soon after you come home. (AAP)

Item	Qty
☐ Play gym A pick we like: ~~Lovevery The Play Gym~~.	1
☐ Play mat, if it is not already part of the gym	1
☐ Crib mobile Take it down once baby can push up on hands and knees or reach it, and follow the maker's age limit.	1
☐ Soft board books	a few
☐ Grasping toys and rattles larger than baby's mouth	a few
☐ A clear, firm tummy-time space (the floor or a mat) Supervised and awake. A nursing pillow or lounger is not for sleep. (AAP)	1
☐ Teething toys, for later	a few
☐ _____	
☐ _____	

Notes

Sources AAP products to avoid (loungers, walkers)

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Nursery

a quiet room, with the furniture held safely in place

The sleep space itself is listed under Sleep. This page is for the rest of the room: a place to sit and feed, a place to change, and the small safety work of anchoring furniture and gathering cords.

Anchor dressers, changing tables, and bookshelves to the wall to help prevent tip-overs. Keep cords from blinds and monitors out of reach. Check CPSC recalls on nursery products. (CPSC)

Item	Qty
☐ Dresser or changing table, anchored to the wall	1
☐ Comfortable chair or glider for feeding	1
☐ Blackout curtains or shades, with cords secured	1 set
☐ Dim, warm night light	1
☐ Hamper	1
☐ Storage bins or baskets	a few
☐ Outlet covers and cord wind-ups, as baby becomes mobile	1 set
☐ Bookshelf, anchored Optional.	1
☐	
☐	

Notes

Sources CPSC Safe Sleep; CPSC Recalls

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Postpartum Care for Mom

comfort for the fourth trimester, too

A registry is also a kindness to the person who has just given birth. These are practical comforts. Follow your own birth provider's care instructions, and ask before you add anything meant for the pelvic floor or for pain relief.

Item	Qty
☐ Peri bottle, for gentle cleansing with warm water A pick we like: Frida Mom Upside Down Peri Bottle.	1
☐ Maternity / heavy postpartum pads	1–2 pk
☐ Disposable or stretchy underwear	1 pack
☐ Belly support / postpartum support band	1
☐ Witch hazel or cooling pads	1 pack
☐ Sitz bath Optional.	1
☐ Nipple cream, if it is not already on the feeding list	1
☐ A large water bottle, easy to hold while feeding	1
☐ Comfortable nursing-friendly clothes	a few
☐ TENS unit with a pelvic or perineal attachment, only if recommended Do not use TENS on the belly during pregnancy. After birth, wait for your obstetric provider's clearance, especially if you have a wound, infection, or a pacemaker, and ask a pelvic floor physical therapist how to use it.	as advised
☐ Pelvic wand for trigger points, only if a pelvic floor PT teaches you Wait for provider clearance. Do not use on unhealed tears or incisions.	as advised
☐ _____	

Notes

Sources ACOG, postpartum care; APTA, pelvic floor physical therapy

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Mama Comfort

small kindnesses for a changing body

These are comforts for pregnancy and for rest: a way to have a back rub while lying face down, a pillow for side sleeping, and simple oils for a gentle massage. They are not medical devices, and they do not replace your own birth provider's advice.

Ask your OB or midwife before lying face down in pregnancy, and use a prenatal-trained massage therapist.

Item	Qty
☐ **Prenatal massage pillow, with a belly cutout and room for the breasts** An orthopedic-style cushion so mama can lie face down for a back rub. Ask your OB or midwife before lying face down in pregnancy, and use a prenatal-trained massage therapist. A pick we like: EarthLite Pregnancy Massage Cushion & Headrest.	1
☐ **Memory-foam knee pillow, for side sleeping** Tuck it between the knees to help keep the hips and back in a kinder line while you sleep on your side. A pick we like: Everlasting Comfort Memory Foam Knee Pillow.	1
☐ **Unscented organic jojoba carrier oil, for massage** A simple, fragrance-free carrier. Jojoba is not a tree nut; sweet almond is, and may not suit nut allergies. A pick we like: Cliganic Organic Jojoba Oil, 4 oz.	1
☐ **Pure lavender essential oil (Lavandula angustifolia)** Diluted (about 1%) in a carrier oil, after the first trimester, with your OB or midwife's OK; patch test first. Skip oils often flagged in pregnancy, such as clary sage and rosemary. A pick we like: NOW Essential Oils Lavender, 1 fl. oz.	1
☐ _____	

Sources Tisserand, oils in pregnancy; NAHA, prenatal oil lists

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Maternity Clothing

a wide band over the belly, and kinder shoes

A few well-chosen pieces with a wide, stretchy over-the-belly band will carry you further than a closet full of almosts. Look for a soft, wide elastic panel that sits over the bump rather than cutting in underneath it. Feet often swell in pregnancy, so a cushioned, supportive shoe — ideally available in a wide width — is a practical kindness.

Item	Qty
☐ Maternity leggings with a wide over-the-belly band A soft, high-rise pair with a U-shaped elastic panel that sits over the bump. A pick we like: ~~CRZ YOGA Butterluxe Maternity Leggings, 25-inch~~.	1–2
☐ Maternity jeans with a wide Secret Fit over-the-belly band A stretch bootcut jean whose seamless belly panel is made to grow with you. A pick we like: ~~Motherhood Maternity Secret Fit Belly Boot Cut Jean~~.	1
☐ _____	

Footwear

Look for cushioned support, not a medical claim. A slip-on loafer, a sneaker, or a low wedge from a comfort line is often enough. Try a wide width if your usual pair starts to pinch.

Item	Qty
☐ Cushioned slip-on comfort loafer, ideally in a wide width Cushioned OrthoLite Aerofly footbed and a flexible Diamond Flex sole; wide width is offered, which helps as feet swell in pregnancy. A pick we like: Aerosoles Sienna loafer.	1
☐ _____	

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Nice Extras

lovely, not required — and a few things to skip

Everything on this page can wait, or come as a gift. A meal, a gift card, or an afternoon of help is often the most used "item" of all.

Item	Qty
☐ Baby book or keepsake journal	1
☐ Milestone cards	1 set
☐ Keepsake box	1
☐ Gift cards for diapers, formula, or grocery delivery	as wished
☐ A little library of board books	a few
☐ A soft blanket for the stroller or for tummy time — not for the crib	1–2
☐ Infant bouncer or swing, for supervised awake time only Not for sleep. If baby dozes off, move them to a firm, flat sleep surface. (AAP)	1
☐ A meal-train or freezer-meal fund, in lieu of one more toy	–
☐ _____	
☐ _____	

Kindly leave these off the registry

Inclined sleepers, crib bumpers, sleep positioners, weighted swaddles and weighted blankets, loose crib-bedding gift sets, infant walkers (the AAP has called for a ban), and any second-hand car seat or crib whose history you cannot confirm. Also skip baby floats and neck rings for water play. (AAP / CPSC / NHTSA)

Notes

Sources AAP products to avoid; CPSC Safe Sleep

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

What to Expect in Labor & Delivery

a plain-language map of the three stages, and the first hours after

Labor usually follows three stages, though every birth has its own pace and length. This page is a friendly map, not a timetable. Review it with your OB or midwife, and use the Birth Plan Choices pages that follow to tick what you hope for. (ACOG / Mayo Clinic)

Stage 1 — Opening of the cervix, to 10 cm

Early labor (also called latent labor): the cervix opens to less than 6 cm. Contractions may be mild and not yet regular. If your pregnancy is not high risk, you may spend much of this time at home — walking, resting, or showering. (Mayo Clinic)

Active labor: the cervix opens from about 6 cm to 10 cm. Contractions grow stronger, closer, and more regular. If you have not left for the hospital or birth center yet, this is often the time. (Mayo Clinic)

Transition is the last part of Stage 1, when the cervix finishes opening to 10 cm. Contractions may last 60 to 90 seconds and come close together, and you may feel a strong urge to push. Wait until the cervix is fully open; pushing too soon can cause swelling and wear you out. (Mayo Clinic)

When to head in: follow your provider's instructions. A common **5-1-1 guideline** is contractions about 5 minutes apart, lasting about 1 minute, for about 1 hour. If you are not sure, call. (ACOG / Mayo Clinic)

Stage 2 — Pushing and birth

Once the cervix is fully open, you push with the contractions until baby is born. This can take a few minutes or a few hours. You may try different positions — squatting, sitting, kneeling, or hands and knees — unless close monitoring asks you to stay in one place. (Mayo Clinic)

Stage 3 — Delivering the placenta

After baby is born, milder contractions help the placenta come. It is usually delivered within about 30 minutes, often with one more gentle push. The team will check that it is complete and may massage your belly to help the uterus tighten and lessen bleeding. (Mayo Clinic)

Recovery in the first hours

If you and baby are well, this is a time for immediate skin-to-skin and a first feeding — often called the golden hour. The team will also check you and baby: bleeding and uterine tone for you; breathing, temperature, and a first exam for baby, often right at your side. (AAP / Mayo Clinic)

Throughout

Throughout labor, the team watches your **contractions** and your baby's heart rate (**fetal monitoring**), and checks your **vital signs**. You may have an **IV or a hep-lock**. **Comfort and pain-relief options**, **movement**, and **fluids** are part of the day, and your **care team** — your OB or midwife, nurses, and anyone you have invited — stays close.

Call your provider right away

Call your OB or midwife right away, and follow their instructions, if: your **water breaks** (a trickle or a gush); you have **heavy bleeding**; **baby is moving less** than usual; or you have a **severe headache or vision changes**. (ACOG / Mayo Clinic)

True labor contractions come in a regular pattern, get closer and stronger, and keep going if you rest or walk. Practice (Braxton Hicks) contractions are less regular and may ease with rest or a drink of water. If you are not sure, call. (ACOG)

Our provider's instructions for when to head in: _____

Sources ACOG, when labor begins; ACOG, preeclampsia signs; Mayo Clinic, stages of labor; AAP, the delivery room

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Birth Plan Choices

a checkbox wish list for labor, birth, and the first hour

A birth plan is a wish list, flexible for safety; review it with your OB or midwife.

Tick what you hope for. Your team will try to honor these choices when it is safe for you and baby. What is offered can vary by hospital or birth center. (ACOG / AAP)

Who is present

- ☐ My partner or support person
- ☐ A doula
- ☐ Family
- ☐ A photographer
- ☐ I would like a quiet room, with few extra people
- ☐ Someone else: _

Environment

- ☐ Dim lights
- ☐ Music I have chosen
- ☐ LED flameless candles (no open flame)
- ☐ My own gown
- ☐ Quiet voices, and a calm room
- ☐ A shower or tub, if it is offered

Pain management

- ☐ Unmedicated, or comfort measures first (movement, massage, water, breathing)
- ☐ Nitrous oxide, where it is offered
- ☐ IV pain medicine
- ☐ An epidural
- ☐ I would like to talk through options as labor unfolds
- ☐ A note: _

Movement and positions, in labor and for pushing

- ☐ Upright (standing, walking, or sitting)
- ☐ Side-lying
- ☐ Hands and knees
- ☐ A birthing ball
- ☐ A tub, if it is offered and I am a candidate
- ☐ Freedom to change positions as I need to

Monitoring preference

For many low-risk labors, intermittent listening can be an option when it is medically appropriate; continuous monitoring is used when it is needed, or if you prefer it. (ACOG)

- ☐ Intermittent monitoring, if I am low risk and it is medically appropriate
- ☐ Continuous monitoring, if needed or if I prefer it

Sources ACOG, limiting intervention in labor; ACOG, when labor begins

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Birth Plan Choices, continued

the cord, the first hour, newborn procedures, and other wishes

Delayed cord clamping, and who cuts the cord

ACOG recommends delaying umbilical cord clamping for at least 30–60 seconds after birth for healthy, vigorous babies, when it is safe. There is a small increase in jaundice that may need treatment, so the team will watch for it. (ACOG)

- ☐ I would like delayed cord clamping, if it is safe
- ☐ My partner cuts the cord
- ☐ I would like to cut the cord
- ☐ My provider cuts the cord

Immediate skin-to-skin and the golden hour

- ☐ Immediate skin-to-skin, if we are both well
- ☐ An uninterrupted golden hour for bonding and a first feeding
- ☐ If baby needs a check, bring baby back to me for skin-to-skin as soon as it is safe
- ☐ A first exam at my side, when possible

First feeding plan

- ☐ Breastfeeding, with help if we need it
- ☐ Expressed breast milk
- ☐ Formula, or a combination
- ☐ A lactation consultant as soon as one is available

Newborn procedures

The AAP recommends a vitamin K shot for all newborns to prevent serious bleeding, antibiotic eye ointment to prevent a serious eye infection, and the first hepatitis B vaccine within 24 hours for medically stable babies. The first bath can often wait 12 to 24 hours if baby is well. (AAP / HealthyChildren.org)

- ☐ Vitamin K shot (recommended for all newborns)
- ☐ Antibiotic eye ointment
- ☐ Hepatitis B vaccine, first dose within 24 hours if baby is medically stable
- ☐ Delay the first bath 12 to 24 hours, if baby is well

If a cesarean is needed

These are options some hospitals can offer when it is safe — a wish list, not a promise. (AAP / ACOG)

- ☐ Gentle or family-centered cesarean options
- ☐ A clear drape, so I can see baby
- ☐ My partner or support person with me in the OR
- ☐ Skin-to-skin in the OR, if we are both stable

Placenta wishes

- ☐ I would like to see the placenta
- ☐ Standard hospital handling and disposal
- ☐ A photograph, if it is allowed
- ☐ Another request: _

Anything else we want our team to know: _____

Sources ACOG, delayed cord clamping; AAP, the delivery room; ACOG, limiting intervention in labor

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Baby Bump Photos, Month by Month

a little memory, in the same light

One photograph a month is enough. Stand in the same spot, in the same natural window light, and keep the same side-profile angle so you can see the story unfold. A chalkboard or letter board with the week, the same outfit, and a photo with a partner, a pet, or a sibling will make a sweet set. Use a phone timer, or prop the phone and step into the frame.

Month	Date	Weeks	Photo idea
☐ 1 Weeks 1–4			The same window or doorway, just as you are.
☐ 2 Weeks 5–8			The same outfit you will wear each month, a gentle front view.
☐ 3 Weeks 9–13			A chalkboard or letter board with the week.
☐ 4 Weeks 14–17			A side profile, from the same angle you will use every month.
☐ 5 Weeks 18–22			A photo with your partner.
☐ 6 Weeks 23–27			The same spot again, in the same natural light.
☐ 7 Weeks 28–31			A photo with a pet, if you have one.
☐ 8 Weeks 32–35			A photo with a sibling, if this baby has one.
☐ 9 Weeks 36–40			The last bump photo: same spot, same outfit, and the week on a letter board.

Tips: natural window light, the same side-profile angle each month, and a phone timer so you can both be in the picture.

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Popular Baby Names

the Social Security Administration's top 10 for 2025

These are the official top 10 boys' and girls' names from Social Security card applications for babies born in 2025, published by the U.S. Social Security Administration. The list is the latest year available from ssa.gov. Names are a joy, not a rule — write the ones you love underneath. (SSA, ssa.gov/oact/babynames)

Boys' names	Girls' names
1. Liam	1. Olivia
2. Noah	2. Charlotte
3. Oliver	3. Emma
4. Theodore	4. Amelia
5. Henry	5. Sophia
6. James	6. Mia
7. Elijah	7. Isabella
8. Mateo	8. Evelyn
9. William	9. Sofia
10. Lucas	10. Eliana

Names we love

A boy's name we like: _____

A girl's name we like: _____

A family name: _____

Another we keep coming back to: _____

A middle name: _____

A name with a story: _____

The story of a name we love

_____

_____

_____

_____

_____

Sources SSA, Popular Baby Names

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Baby Shower Guide

games to play, lightly and kindly

A baby shower is a gathering of love around the parents-to-be. Keep the games light, the prizes small, and the afternoon unhurried. Eight classic games are written out below; you need only three or four for a lovely party.

Baby Bingo
Print boards of common shower gifts or baby words. Guests mark a square when that gift is opened, or when they hear that word. The first to complete a line calls “Bingo.”

Guess the Baby Food
Spoon a little of several purées into small cups and cover the labels. Guests taste or sniff and write down their guesses. The closest list wins a small prize.

Diaper Raffle
Invite guests to bring a pack of diapers for an extra raffle ticket. Draw a ticket near the end of the party and send someone home with a prize.

Name That Baby Photo
Ask guests to send a baby picture ahead of time, or collect them at the door. Display the photos, numbered, and let everyone guess who is who.

Guess the Bump Size
Cut lengths of ribbon or yarn and have each guest estimate the measure of the bump (around the middle, over the clothes). The closest length, without touching, wins. Keep it kind, never a comment on her body.

Baby Word Scramble
Print a short list of jumbled baby words (bassinet, swaddle, lullaby). Set a timer. The guest who unscrambles the most, or finishes first, wins.

Don't Say “Baby” (clothespin game)
Give each guest a clothespin as they arrive. Anyone who says the word “baby” forfeits their pin to the person who caught them. The guest with the most pins at the end wins.

Pass the Parcel
Wrap a small prize in several layers of paper. Guests pass the parcel while a lullaby plays; when the music stops, the person holding it unwraps one layer. The last layer keeps the prize.

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Baby Shower Supplies

a checkable list, so the day feels easy

Tick what you have, star what you still need, and leave the rest. A simple table, something warm to drink, and a place for the gifts is enough.

Decor

- [ ] A welcome sign or a little banner
- [ ] A tablecloth and a simple centerpiece
- [ ] Flowers, greenery, or dried stems
- [ ] A few balloons or paper fans, if you like
- [ ] Soft lighting or string lights

Tableware

- [ ] Plates, cups, and napkins
- [ ] Forks, spoons, and serving spoons
- [ ] A drink dispenser or a teapot
- [ ] Serving platters and a cake stand
- [ ] Place cards, if you are seating people

Food & drinks

- [ ] A simple savory spread or a few finger foods
- [ ] A cake, cupcakes, or a sweet tray
- [ ] A drink for those who want something special
- [ ] Water, tea, and coffee
- [ ] Ice, and a place to keep food cool

Games & prizes

- [ ] Printed game cards and pencils
- [ ] Clothespins, for the word game
- [ ] Ribbon or yarn, for the bump-size game
- [ ] A wrapped parcel, if you are playing Pass the Parcel
- [ ] A few small prizes and one raffle prize
- [ ] A bowl or jar for diaper-raffle tickets

The welcome table

- [ ] A guest book, and a pen that works
- [ ] A gift table, with a bag for cards
- [ ] Favor bags or a little take-home treat
- [ ] Extra pens
- [ ] A camera or a charged phone, and a playlist

The quiet practicalities

- [ ] Trash bags and a recycling bag
- [ ] Paper towels and a stain stick
- [ ] A spare extension cord
- [ ] A thank-you note list, started that day
- [ ] A way home for leftovers

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Baby Songs

lullabies to sing at the shower — public-domain words in full

These five songs are traditional or otherwise in the public domain, so the words may be printed and sung together. A short list of well-loved songs that are still under copyright appears at the bottom — titles only, to respect the writers.

Twinkle, Twinkle, Little Star

Jane Taylor, 1806. Traditional melody.

Twinkle, twinkle, little star, / How I wonder what you are. / Up above the world so high, / Like a diamond in the sky. / Twinkle, twinkle, little star, / How I wonder what you are.

Rock-a-bye Baby

Traditional nursery song.

Rock-a-bye baby, on the treetop, / When the wind blows, the cradle will rock. / When the bough breaks, the cradle will fall, / And down will come baby, cradle and all.

Rain, Rain, Go Away

Traditional nursery rhyme.

Rain, rain, go away, / Come again another day. / Little children want to play, / Rain, rain, go away.

Hush, Little Baby

Traditional American folk lullaby.

Hush, little baby, don't say a word, / Mama's going to buy you a mockingbird. / If that mockingbird won't sing, / Mama's going to buy you a diamond ring. / If that diamond ring turns brass, / Mama's going to buy you a looking glass. / If that looking glass gets broke, / Mama's going to buy you a billy goat. / If that billy goat won't pull, / Mama's going to buy you a cart and bull. / If that cart and bull turn over, / Mama's going to buy you a dog named Rover. / If that dog named Rover won't bark, / Mama's going to buy you a horse and cart. / If that horse and cart fall down, / You'll still be the sweetest little baby in town.

Notes

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Baby Songs, continued

Brahms' Lullaby, and a few titles to play, not print

Brahms' Lullaby (Wiegenlied)

Johannes Brahms, 1868. A traditional English singing version.

Lullaby, and good night, with roses bedight, / With lilies bedecked is baby's wee bed. / Lay thee down now and rest, may thy slumber be blessed, / Lay thee down now and rest, may thy slumber be blessed.

Lullaby, and good night, thy mother's delight, / Bright angels beside my darling abide. / They will guard thee at rest, thou shalt wake on my breast, / They will guard thee at rest, thou shalt wake on my breast.

Songs to play, titles only

These well-loved songs are still under copyright, so only the titles are listed here. You may play a legal recording at the party; the lyrics are not printed.

You Are My Sunshine · Over the Rainbow · What a Wonderful World · Baby Mine · Edelweiss · Dream a Little Dream of Me · Stay Awake (from Mary Poppins)

If you add a song of your own, write the title on the line below, and check that you have the right to print the words before you make a handout.

VISIT
www.reginamarcella.com
Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Sources

every citation on this list, ready to open

Each title below is a clickable link. These pages are a starting place for conversations with your own pediatrician, birth provider, and certified car-seat technician.

Official sources

Product names linked in the Qty lists go to Amazon, with the Associates tag ReginaMarcella-20. If you purchase through those links, Regina Marcella may earn a small commission, at no extra cost to you. Colors and pack sizes may vary; the product title on Amazon is the confirmation of each link.

1. A Parent's Guide to Safe Sleep. American Academy of Pediatrics, HealthyChildren.org.
2. Safe Sleep: Back is Best, Avoid Soft Bedding, Inclined Surfaces & Bed Sharing. AAP, HealthyChildren.org.
3. Swaddling: Is it Safe for Your Baby?. AAP, HealthyChildren.org.
4. Baby Products to Avoid: Unsafe Registry Picks & Secondhand Gear. AAP, HealthyChildren.org.
5. Sleep-Related Infant Deaths: Updated 2022 Recommendations for a Safe Infant Sleeping Environment. AAP, Pediatrics.
6. Car Seats: Information for Families. AAP, HealthyChildren.org.
7. Car Seats and Booster Seats (find a car seat inspection). National Highway Traffic Safety Administration.
8. Used Car Seat Safety Checklist. NHTSA.
9. Safe Sleep — Cribs and Infant Products. U.S. Consumer Product Safety Commission.
10. Recalls. CPSC.
11. SaferProducts.gov. CPSC.
12. Infant Formula Preparation and Storage. Centers for Disease Control and Prevention (CDC).
13. Preventing Cronobacter in Infants. CDC.
14. Cronobacter sakazakii. U.S. Food and Drug Administration.
15. Breast Pumps and Breastfeeding Equipment. HealthCare.gov.
16. Breastfeeding. AAP, HealthyChildren.org.
17. Starting Solid Foods. AAP, HealthyChildren.org.
18. Fever: When to Call the Pediatrician. AAP, HealthyChildren.org.
19. Optimizing Postpartum Care, Committee Opinion 736. ACOG.
20. Physical Therapy Guide to Pelvic Floor Dysfunction. American Physical Therapy Association.
21. Positioning Your Baby for Breastfeeding. American Academy of Pediatrics, HealthyChildren.org.
22. Positioning. La Leche League International.
23. Steps and Signs of a Good Latch. USDA WIC Breastfeeding Support.
24. Breastfeeding: Newborn Basics. Centers for Disease Control and Prevention (CDC).
25. Use of Donor Human Milk. U.S. Food and Drug Administration (FDA).
26. Human Milk Banking Association of North America. HMBANA.
27. Find a Milk Bank. HMBANA.
28. Getting Tested for HIV. CDC (updated Sept. 15, 2026).

A note to myself, as I tick the last box

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.

Sources, continued

the rest of the citations, ready to open

Official sources, continued

Product names linked in the Qty lists go to Amazon, with the Associates tag ReginaMarcella-20.

1. HIV and Breastfeeding (Special Circumstances). CDC.
2. Information Regarding the OraQuick In-Home HIV Test. FDA.
3. How to Clean and Sanitize Breast Pumps. Centers for Disease Control and Prevention (CDC).
4. How to Keep Your Breast Pump Kit Clean (fact sheet). CDC.
5. Breast Milk Storage and Preparation. CDC.
6. Using a Breast Pump. U.S. Food and Drug Administration (FDA).
7. Choosing a Breast Pump. FDA.
8. Expressing Breast Milk at Work: Tips for Nursing Parents. American Academy of Pediatrics, HealthyChildren.org.
9. Pumping Milk. La Leche League USA.
10. Pumping and storing breastmilk. Office on Women's Health, U.S. Department of Health and Human Services.
11. Finding Your Breast Pump Flange Size. Cleveland Clinic.
12. Nipple Shields: When and How To Use Them. Cleveland Clinic.
13. Nipple Shields. La Leche League Canada.
14. When, What, and How to Introduce Solid Foods. Centers for Disease Control and Prevention (CDC).
15. Tastes and Textures. CDC.
16. Breastfeeding & Solid Foods: Working Together. American Academy of Pediatrics, HealthyChildren.org.
17. Infants: Six to Twelve. Colorado WIC, Colorado Department of Public Health & Environment.
18. Essential Oils in Pregnancy & Early Motherhood. Tisserand Aromatherapy.
19. Evidence-Based Prenatal & Postpartum Essential Oil Lists. National Association for Holistic Aromatherapy (NAHA).
20. Top 10 Baby Names of 2025. U.S. Social Security Administration.
21. When should I introduce wheat into my baby's diet?. American Academy of Pediatrics, HealthyChildren.org.
22. Dietary Guidelines for Americans, 2020–2025. U.S. Department of Agriculture and U.S. Department of Health and Human Services.
23. How to Tell When Labor Begins. American College of Obstetricians and Gynecologists.
24. Stages of labor and birth: Baby, it's time!. Mayo Clinic.
25. Preeclampsia and High Blood Pressure During Pregnancy. American College of Obstetricians and Gynecologists.
26. Delayed Umbilical Cord Clamping After Birth, Committee Opinion 814. American College of Obstetricians and Gynecologists.
27. Approaches to Limit Intervention During Labor and Birth, Committee Opinion 766. American College of Obstetricians and Gynecologists.
28. What to Expect in the Delivery Room Following a Normal Vaginal Birth. American Academy of Pediatrics, HealthyChildren.org.

A last little note

VISIT

www.reginamarcella.com

Regina Marcella Adams 2026

© Copyright 2026 Regina Marcella Adams. It cannot be resold and may not be used for other commercial purposes.
It is only for personal use. Not to be used without crediting the appropriate author, Regina Marcella Adams.