Before Baby

A Cottage Journal for Hoping & Preparing

for the waiting, the wishing, and the getting ready



Our names: _____

We began hoping: _____

A prayer for this season: _____

For this child we pray

by Regina Marcella Adams

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A Little Note

Before Baby

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The health pages gather plain guidance from ACOG, the CDC, the NIH's MedlinePlus, and the Office on Women's Health, with the sources printed in small type and linked. They are a starting place for good conversations with your own doctor, who knows your story.

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made with love, for hoping hearts & homes

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Welcome, Dear Heart

a few words before the first page

If you are holding this little book, you are probably standing in one of the most tender seasons there is: the season of hoping. Maybe you have only just begun to dream about a baby. Maybe you have been waiting a while. Either way, I made these pages to keep you company.

Inside you will find gentle, plain explanations of how a cycle works, room to chart each month, a checkup list for both of you, honest guidance about when to call the doctor, pages for prayer and for the hard days, and the happy work of getting ready: a babymoon to look forward to, a nursery to dream up, a budget, and a first shopping list.

Please use it any way that helps. Write in pencil, skip around, tuck in a card or a pressed flower. And on the days when the waiting feels long, remember that you are not alone and you are not behind. Your story is held in good hands.

"Delight yourself also in the LORD, And He shall give you the desires of your heart."

– Psalm 37:4 (NKJV)

How to use this journal. Start with the checkup lists (Section 1), read the cycle basics (Section 2), then use one cycle chart each month. Section 3 tells you when it is time to ask for help. Sections 4–6 are for your heart, your babymoon, and your nest. Section 7 is the Four Trimesters worksheet, a home list you can keep beside you from pregnancy through the first year.

A note to myself, today

Notes

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Our Story So Far

a page to remember where we started

Our names: _____

Married on: _____

Where we live: _____

The day we started hoping: _____

Who knows our news so far: _____

How we feel as we begin

What we pray for our future family

A little wish list for the kind of parents we want to be

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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Section 1

Getting Ready Together

A preconception checkup is a simple visit, ideally a few months before you start trying, so small things can be handled early. ACOG and the CDC encourage both partners to take part.

"Through wisdom a house is built, And by understanding it is established;"

– Proverbs 24:3 (NKJV)

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Preconception Checkup: For Her

bring this page to your appointment

ACOG suggests a prepregnancy visit with your ob-gyn or family doctor so you can talk about your health, your medicines, and your family history before pregnancy begins. Tick each item as it is done.

- ☐ **Book the visit** — ideally 3 or more months before trying.
- ☐ **Medicines review** — bring a list of every prescription, over-the-counter medicine, vitamin, and herbal product. Do not stop a prescribed medicine on your own; ask first.
- ☐ **Folic acid** — the CDC recommends **400 mcg of folic acid every day** for anyone who could become pregnant, starting at least 1 month before trying. (If you have had a pregnancy affected by a neural tube defect, ask your doctor; a higher amount is advised.)
- ☐ **Vaccines up to date** — ask about MMR (measles, mumps, rubella), chickenpox, flu, Tdap, hepatitis B, and others your doctor recommends. Some live vaccines, like MMR, should be given at least 1 month before pregnancy.
- ☐ **Health conditions** — talk through diabetes, blood pressure, thyroid, seizures, depression or anxiety, or anything else you manage, so it is well controlled before pregnancy.
- ☐ **Family & genetic history** — note conditions in either family; ask whether carrier screening makes sense for you.
- ☐ **Screenings** — Pap/HPV test if due, and screening for infections your doctor recommends.
- ☐ **Dental checkup & cleaning** — healthy gums matter before and during pregnancy.
- ☐ **Healthy weight & movement** — ask what a healthy weight range looks like for you, and keep up gentle, regular activity.
- ☐ **Stop smoking, vaping, alcohol, and recreational drugs** — there is no known safe amount of alcohol in pregnancy. Free help: 1-800-QUIT-NOW (1-800-784-8669).
- ☐ **Workplace & home exposures** — mention chemicals, radiation, or lead you may be around at work or in a hobby.
- ☐ **Cycle notes** — bring a few months of period dates (the charts in this book help).

Notes

Sources

1. Good Health Before Pregnancy: Prepregnancy Care (FAQ). American College of Obstetricians and Gynecologists (ACOG).
2. About Folic Acid. Centers for Disease Control and Prevention (CDC).
3. Trying to Conceive. Office on Women's Health, HHS.

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Preconception Checkup: For Him

healthy dads-to-be start early, too

A father's health matters before conception, too. Sperm take roughly two to three months to develop, so habits now can make a difference. Many of the same steps apply.

- ☐ **Yearly checkup** — blood pressure, weight, and any long-term conditions under good control.
- ☐ **Medicines review** — ask the doctor whether any prescription or supplement could affect fertility.
- ☐ **Vaccines up to date** — flu, Tdap, and others recommended for adults; a protected household helps protect a newborn later.
- ☐ **Stop smoking and vaping; limit alcohol; avoid marijuana and other drugs** — ACOG notes these can lower sperm count and movement.
- ☐ **Healthy weight, food, and movement** — a balanced plate and regular activity.
- ☐ **Heat & exposures** — mention workplace chemicals, pesticides, solvents, lead, or radiation.
- ☐ **Infection screening** — ask whether testing for sexually transmitted infections is recommended for you both.
- ☐ **Family history** — note any genetic conditions in your family to share with your wife's doctor.
- ☐ **Emotional health** — stress, sleep, and mood count too; ask for help if you need it.

Questions he wants to ask

Notes

Sources

1. Good Health Before Pregnancy: Prepregnancy Care (FAQ). American College of Obstetricians and Gynecologists (ACOG).
2. Evaluating Infertility (FAQ). ACOG.
3. Trying to Conceive. Office on Women's Health, HHS.

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Healthy Habits for the Two of Us

little steps we can take together, starting now

Kitchen & table

- Build plates around vegetables, fruit, whole grains, beans, and lean protein.
- Choose foods fortified with folic acid, plus leafy greens, beans, and oranges.
- Once pregnant, ACOG advises keeping caffeine under 200 mg a day (about one 12-oz cup of coffee); many couples start easing back now.
- Choose fish lower in mercury; avoid shark, swordfish, king mackerel, and tilefish.
- Drink water through the day.

Rest, movement & home

- Walk together after supper — easy, free, and good for the heart.
- Aim for 7 or more hours of sleep.
- Wear gloves for cat litter or gardening, and wash hands well.
- Keep cleaning products and chemicals ventilated and labeled.
- Make a plan to quit tobacco and alcohol together.

Our habit tracker (tick the days we did it)

Habit	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Folic acid vitamin							
A walk together							
Water, water, water							
Lights out on time							
Vegetables at two meals							

Notes

Sources

1. Good Health Before Pregnancy: Prepregnancy Care (FAQ). American College of Obstetricians and Gynecologists (ACOG).
2. About Folic Acid. Centers for Disease Control and Prevention (CDC).
3. Trying to Conceive. Office on Women's Health, HHS.

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Before Baby – What to Avoid

foods, drinks, and prescriptions to set aside or use more carefully

A quiet companion for good conversations with your own doctor or midwife, who knows your story. Where the advice is to avoid something, I say so plainly. Where it is to limit it, or to ask first, I say that too. **Please never stop a prescribed medicine on your own.** If you used something on this list before you knew you were pregnant, tell your provider — many of these notes are about going forward, not a reason to panic.

Food & Drink

Raw sushi, raw fish & shellfish

Skip: raw or undercooked seafood, and refrigerated smoked fish such as lox unless it is heated in a cooked dish. **Instead:** fully cooked seafood; cooked or vegetable sushi; canned or shelf-stable smoked fish is okay.

High-mercury fish

Skip: shark, swordfish, king mackerel, Gulf of Mexico tilefish, bigeye tuna, marlin, and orange roughy. **Instead:** 8–12 oz a week (two to three 4-oz servings) of lower-mercury fish. You do not need to give up seafood.

Lower-mercury fish (Best & Good Choices)

Choose well, rather than stopping fish. **Best Choices** (salmon, sardines, shrimp, canned light tuna, cod, tilapia, trout…): two to three servings a week. **Good Choices** (albacore or "white" tuna, yellowfin, halibut, mahi-mahi): one serving that week and no other fish. Cooking does not remove mercury.

Raw or undercooked meat & poultry

Skip: undercooked meat (Toxoplasma risk). **Instead:** cook to temperature — poultry and leftovers 165°F, ground meat 160°F, whole cuts and fish 145°F (then rest whole cuts 3 minutes). Do not taste meat before it is done.

Raw or undercooked eggs

Skip: raw batter, cookie dough made with raw eggs, and homemade Caesar, hollandaise, mayonnaise, or eggnog unless made with pasteurized eggs or cooked through. **Instead:** cook eggs until yolks and whites are firm; store-bought pasteurized mayonnaise is fine.

Deli meats, hot dogs & luncheon meats

Skip: eating them cold (Listeria can grow in the refrigerator). **Instead:** reheat until steaming hot, then eat promptly. Keep the refrigerator at 40°F or below.

Refrigerated pâtés, meat spreads & smoked seafood

Skip: refrigerated versions eaten without further cooking. **Instead:** canned or shelf-stable; or cook refrigerated smoked seafood in a hot dish.

Unpasteurized milk, cheese & juice

Skip: raw milk, cheeses made from it, and untreated juices, including many fresh-squeezed glasses with no warning label. **Instead:** pasteurized milk and juices; if you cannot tell, skip it or boil it first.

Soft cheeses, including queso fresco-type

Skip: unpasteurized cheese, and skip queso fresco, queso blanco, and requesón even when pasteurized unless your provider says otherwise. **Instead:** feta, Brie, Camembert, and blue cheese if the label says "made with pasteurized milk." Hard cheeses, cream cheese, cottage cheese, and mozzarella made with pasteurized milk are generally fine.

Raw sprouts

Skip: raw alfalfa, clover, radish, and mung-bean sprouts, including homemade. **Instead:** cooked sprouts; ask that raw sprouts be left off when you eat out.

Alcohol — wine, beer & liquor

Skip: all alcohol; there is no known safe amount, time, or type. **Instead:** alcohol-free drinks. If you drank before you knew you were pregnant, tell your provider — this is about going forward.

Caffeine

Keep under **200 mg a day** (about one 12-oz cup of coffee). Count tea, soda, energy drinks, and chocolate too.

Herbal teas & herbal supplements

This is "ask first," not a blanket ban. **Skip:** new herbal products and "detox" or "cleanse" teas unless your provider clears them. Culinary herbs in ordinary cooking amounts are generally fine. Bring every tea and tincture to your visit; even ginger or peppermint tea is worth a check if you drink a lot.

High-dose vitamin A (retinol) & frequent liver

Skip: extra high-dose retinol supplements and frequent liver (one serving can be very high). **Instead:** one prenatal unless your provider directs otherwise; enjoy carrots and leafy greens (beta-carotene is a different form). The upper limit for preformed vitamin A is 3,000 mcg (10,000 IU) a day.

Prescriptions

Never stop a prescribed medicine on your own. Call the prescriber and your OB or midwife.

Isotretinoin & other oral retinoids (Accutane)

These can cause serious birth defects. Do not start a pregnancy while taking isotretinoin; use the required birth control and ask how long to wait after the last dose (often at least one month). If you become pregnant, contact your prescriber and OB right away.

ACE inhibitors & related blood-pressure medicines

"-pril" and "-sartan" drugs can harm the baby, especially later in pregnancy. Do not stop on your own; ask about switching, ideally before you conceive.

Warfarin (Coumadin & similar)

Can cause birth defects and other complications. Do not stop an anticoagulant on your own; call the prescriber and your OB so they can make a plan together.

Some anti-seizure medicines, including valproate

Valproate has a higher chance of birth defects and later learning problems; other seizure medicines have different, often lower, risks. Do not stop suddenly. Ask your neurologist and OB for a plan — seizures themselves can also harm a pregnancy.

Methotrexate

Can cause miscarriage and birth defects. Do not stop or start on your own. Ask how long to wait after the last dose before trying to conceive. If you become pregnant while taking it, contact your clinicians the same day.

Tetracycline antibiotics

Including doxycycline and minocycline; can affect bone growth and stain developing teeth, especially after about the fourth month. Tell every clinician you are or might be pregnant so they can choose a different antibiotic. A short early course before you knew is a different situation — tell your OB.

For general information; ask your OB or midwife.

Sources: ACOG, CDC, FDA, and NIH/MotherToBaby. Medicine questions: MotherToBaby, 866-626-6847.

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Before Baby – What to Avoid, continued

over-the-counter items, body and home, travel and activities

Over-the-Counter

NSAIDs (ibuprofen, naproxen & related)

Skip at 20 weeks or later unless your clinician tells you to (kidney, amniotic-fluid, and later a heart-vessel concern). Includes Advil, Motrin, Aleve, and many cold combinations. Before 20 weeks, still ask; acetaminophen is often preferred first. Prescribed 81 mg aspirin is a separate case.

Aspirin, unless it is prescribed

Skip regular-strength or high-dose aspirin on your own, especially at 20 weeks or later. Take 81 mg only if your OB recommends it, and follow their start date. Do not start or stop it on your own.

Some decongestants

Skip pseudoephedrine in the first three months (a small risk of abdominal-wall defects). Oral phenylephrine is not a reliable substitute. **Instead:** saline spray, a humidifier, rest, and fluids. Some antihistamines or a steroid nasal spray may be options — ask your OB first.

High-dose vitamin A in over-the-counter supplements

The same retinol concern as under Food & Drink. Two "beauty" or "immune" supplements plus a prenatal can add up. Use one prenatal as directed; bring every bottle to your visit.

Herbal supplements (capsules, gummies, tinctures)

Strength, purity, and pregnancy safety are often unknown. Do not start a new herbal supplement unless your OB agrees; review anything you already take. Be especially cautious of products that claim to "start labor" or "balance hormones."

Acetaminophen (Tylenol) — a careful note

This is not a "never." **ACOG (September 2025) reaffirms it as the first-choice pain and fever medicine in pregnancy** — lowest effective dose, shortest time needed. The FDA has noted studies of a possible association with autism or ADHD, especially with frequent use, but has not established a causal link and still calls it the safest OTC option compared with aspirin or ibuprofen. Use it when you need it, not around the clock; never exceed the daily maximum.

Body, Beauty & Heat

Hot tubs, saunas & overheating

Skip saunas and hot tubs in early pregnancy, and skip getting overheated (too-hot baths, hot yoga or hot Pilates, very hot weather). **Instead:** a warm, not hot, bath or shower; drink water and use a temperature-controlled room when you exercise.

Acrylic nails & salon fumes

Mostly about ventilation, not a proven birth-defect risk. MotherToBaby notes that routine acrylic services are not expected to increase pregnancy risks. Choose a well-ventilated salon, or open a window at home. If fumes bother you, leave or reschedule.

Hair dye

Likely low risk: ACOG says most experts think hair dye is not toxic to the fetus, though evidence in people is limited. Use a well-ventilated space and follow the bottle's timing. Waiting until after the first trimester, or choosing highlights, is extra caution — not a proven requirement.

Body, Beauty & Heat, continued

Chemical straighteners & formaldehyde

Skip formaldehyde-releasing keratin or "Brazilian blowout" treatments. Ask for the ingredient list and a formaldehyde-free alternative, and discuss it with your OB first. Ordinary heat styling is a simpler option.

Spray tans, sunless lotions & tanning pills

Skip tanning pills (unsafe for anyone). A lotion or cream self-tanner is the lower-exposure choice. Spray booths are not an FDA-approved way to apply DHA; if you use one, cover eyes, nose, and mouth. Sunless color does not replace sunscreen.

Tanning beds & sunburn

Skip tanning beds (skin-cancer and overheating risk). For the sun: shade, a hat, covering clothes, and a sunscreen you and your provider are comfortable with.

Retinoid skincare (tretinoin, adapalene, retinol)

Pause retinoid creams and retinol serums. Oral retinoids cause birth defects; topicals are absorbed only in small amounts, but avoiding them in pregnancy is generally recommended. Ask about benzoyl peroxide, azelaic acid, ordinary-strength salicylic acid, or glycolic acid.

Salicylic acid peels

Ordinary OTC salicylic-acid washes or spot treatments may be used as directed if your provider agrees. **Skip** high-strength peels unless both your dermatologist and OB are comfortable with the specific treatment.

Home & Environment

Cat litter & toxoplasmosis

You do not need to give away an indoor cat. If possible, have someone else change the litter daily; if you must do it, wear disposable gloves and wash your hands. Keep cats indoors, do not feed raw meat, and do not adopt a new or stray cat (especially a kitten) while pregnant. Wear gloves for gardening too.

Lead & old-paint renovation

Skip scraping, sanding, or demolishing old paint yourself (homes built before 1978 may have lead paint). Hire lead-safe certified contractors, and stay elsewhere during work and cleanup if you can. Ask about a blood lead test if you may have been exposed.

Pesticides

Wash produce under running water. Use non-chemical pest control first. If a pesticide is needed, have someone else apply it, leave the area, and air out the room.

Solvents (thinners, strippers, strong cleaners)

Skip do-it-yourself paint stripping and heavy solvent work. If painting, choose a low-odor or low-VOC product, keep windows open, and let someone else handle the strongest products.

Mercury (beyond fish)

Use a digital thermometer. If a mercury item breaks, have others leave, air out the room, and follow EPA or local cleanup guidance — never vacuum or sweep it. Tell your OB about any job involving mercury, lead, solvents, or radiation.

Home & Environment, continued

X-rays & other imaging

This is "tell the provider," not "never have an X-ray." Do not skip medically needed imaging, including dental films. Tell every clinician you are or might be pregnant. If you had imaging before you knew, tell your OB.

Smoking, vaping & secondhand smoke

There is no safe amount. **Skip** cigarettes and nicotine vapes; make the home and car smoke-free. It is never too late to quit. Free help: 1-800-QUIT-NOW (1-800-784-8669). Ask your OB about counseling or an FDA-approved quit medicine.

Cannabis, in any form

Skip smoking, vaping, dabbing, edibles, drinks, and skin products; THC can reach the baby, and CBD in pregnancy is not well known. If you use it now, tell your provider honestly so they can help you stop — and skip while planning a pregnancy or breastfeeding.

Recreational & non-prescribed drugs

These can harm you and the baby. Tell your OB, who can connect you with treatment. If you are in crisis, call 988 or 911.

Travel & Activities

Zika areas

Pregnant travelers should avoid areas with an active CDC Zika Travel Health Notice; check before you book, because risk changes. If a partner was in a Zika area, ACOG advises condoms for the rest of the pregnancy. If travel is unavoidable, ask about mosquito protection.

Contact sports & high fall or impact risk

Regular exercise is encouraged if your OB agrees. **Skip** contact sports (hockey, boxing, soccer, basketball) and high-fall activities (downhill or water skiing, surfing, off-road cycling, gymnastics, horseback riding, skydiving). Safer: walking, swimming, a stationary bike, and prenatal yoga or Pilates (not hot yoga).

Scuba diving

Skip scuba; the baby is not protected from decompression problems, and there is no well-established safe depth. **Instead:** swimming and water exercise. If you dived before you knew, tell your OB.

High altitude

Skip new activities above 6,000 feet if you do not already live at high altitude. If you live at sea level, talk with your OB before a mountain trip; go slowly, drink water, and have a plan to descend.

Long travel & blood clots

Travel of four hours or more doubles DVT risk, though occasional air travel is almost always safe in a healthy pregnancy (often most comfortable at 14–28 weeks). Talk with your OB first. On the way: loose clothes, water, walk and stretch; belt low on the hip bones. Ask about compression stockings (not for everyone).

For general information; ask your OB or midwife. · Sources: ACOG, CDC, FDA, and NIH/MotherToBaby. Medicine questions: MotherToBaby, 866-626-6847.

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Our Checkup Record

dates, notes, and what the doctor said

Date	Who	Doctor / office	What we covered	Follow-up

Questions to ask at our preconception visit

- ☐ Is there anything in my health history I should take care of before we try?
- ☐ Are my medicines and supplements okay for pregnancy?
- ☐ Which vaccines do I need, and how long should we wait afterward?
- ☐ Do you recommend any genetic carrier screening for us?
- ☐ Is my weight in a healthy range for pregnancy?
- ☐ _____
- ☐ _____
- ☐ _____

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Section 2

Learning Your Cycle

Knowing the rhythm of your own body is a gift. These pages explain the phases of a cycle, the fertile window, and the gentle signs of ovulation, followed by twelve monthly charts.

"To everything there is a season, A time for every purpose under heaven:"

– Ecclesiastes 3:1 (NKJV)

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Your Cycle, Gently Explained

the four phases and the fertile window

A cycle is counted from the **first day of your period (day 1)** to the day before the next period begins. In adults a typical cycle runs about **21 to 35 days**, and it is normal for it to vary a little from month to month.

1 · Menstrual phase

Days of bleeding, often 2–7 days. The lining of the womb sheds.

2 · Follicular phase

From day 1 until ovulation. An egg matures in the ovary and estrogen rises; the lining begins to thicken.

3 · Ovulation

An ovary releases an egg, which can be fertilized for about 12–24 hours. Ovulation usually happens about **14 days before the next period**, which is mid-cycle only for a 28-day cycle.

4 · Luteal phase

From ovulation to the next period, usually about 12–14 days. Progesterone rises and your resting temperature stays a little higher.

The fertile window

Sperm can live in the body for up to about **5 days**, and the egg for about a day. So the days you are most likely to conceive are the **5 days before ovulation and the day of ovulation**. Many couples simply plan to be together every one to two days through that window.

Example: a 28-day cycle

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
period								fertile window (days 9–14)					ovulation ≈ day 14							luteal phase							

Notes

Sources

General information; cycles differ, and your doctor can help you read your own.

1. Your Menstrual Cycle. Office on Women's Health, HHS.
2. Fertility Awareness-Based Methods of Family Planning (FAQ). ACOG.
3. Trying to Conceive. Office on Women's Health, HHS.

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Signs of Ovulation

three gentle clues your body gives

Cervical mucus

After your period, mucus often moves from dry or sticky, to creamy, to **clear, slippery, and stretchy like raw egg white** in the days just before ovulation. That egg-white kind is your most fertile sign. Check at the same time each day and note it on your chart.

Basal body temperature (BBT)

Your resting temperature rises slightly, usually **about 0.5 to 1 °F**, after ovulation and stays up until your next period. Take it by mouth **every morning before getting out of bed**, at about the same time, with a basal thermometer that reads to tenths of a degree. BBT **confirms ovulation after it happens; it cannot predict it**, so it is most useful over 2–3 cycles to learn your pattern. Illness, alcohol, poor sleep, and travel can throw a reading off.

LH ovulation tests

These home urine tests look for the surge of luteinizing hormone (LH) that triggers ovulation. A positive result suggests ovulation will likely happen in about the **next 24 to 48 hours**, a good time to be together. Follow the package directions closely, test at about the same time each day, and start testing a few days before you expect to ovulate.

Other signs some women notice: a twinge or mild ache on one side, breast tenderness, or a slight rise in desire. These vary and are not reliable on their own. **Call your doctor** for very painful periods, bleeding between periods, or cycles shorter than 21 or longer than 35 days.

Notes

Sources

1. Evaluating Infertility (FAQ). ACOG.
2. Fertility Awareness-Based Methods of Family Planning (FAQ). ACOG.
3. Ovulation Home Test. MedlinePlus, National Library of Medicine (NIH).
4. Trying to Conceive. Office on Women's Health, HHS.

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How to Use Your Cycle Charts

a key for the twelve monthly pages

Start a new chart on **day 1 of each period**. Write the date under each cycle day, take your temperature each morning and place a dot on the grid, then join the dots. Fill in the rows below the grid as the days go by.

Row	What to write	Example
Date	The calendar date for that cycle day.	3/14
Period	H = heavy, M = medium, L = light, S = spotting.	M
BBT grid	A dot at your waking temperature (°F); join the dots. Draw a line after 3 higher readings in a row.	97.6 •
Mucus	D = dry, St = sticky, C = creamy, W = watery, E = egg-white.	E
LH test	− = negative, + = positive (the surge).	+
Together	A small heart or tick on the days you were together.	heart
Notes	Illness, travel, late night, stress, medicines.	cold

Reading the chart. Most women see lower temperatures before ovulation and a higher plateau after. The rise usually comes a day or so after a positive LH test and the last egg-white day. After three months you may begin to see your own pattern. Bring your charts to any doctor visit.

My usual pattern (fill in after a few cycles)

Typical cycle length: _____ Usual LH-positive day: _____

Usual temperature rise day: _____ Usual period length: _____

Notes

_____

_____

_____

_____

_____

_____

_____

Sources

1. Evaluating Infertility (FAQ). ACOG.
2. Fertility Awareness-Based Methods of Family Planning (FAQ). ACOG.
3. Ovulation Home Test. MedlinePlus, National Library of Medicine (NIH).

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Cycle Chart · Month 1

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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What I am thankful for this month

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Cycle Chart · Month 2

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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How my heart is doing

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Cycle Chart · Month 3

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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A prayer for this month

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Cycle Chart · Month 4

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Something kind we did for each other

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Cycle Chart · Month 5

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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What I learned about my body

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Cycle Chart · Month 6

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Where I saw God's goodness

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Cycle Chart · Month 7

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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A small joy this month

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Cycle Chart · Month 8

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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How we rested

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Cycle Chart · Month 9

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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A hope I am holding

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Cycle Chart · Month 10

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Something I want to let go of

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Cycle Chart · Month 11

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Words of encouragement to myself

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Cycle Chart · Month 12

one chart for each cycle, starting on day 1 of your period

Month / year: _____ Day 1 date: _____ Cycle length: _____

LH+ on day: _____ Temp rise on day: _____ Next period: _____

Cycle day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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What I am looking forward to

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Our Year at a Glance

a summary of each cycle, to share with the doctor

Cycle	Day 1 date	Length (days)	LH+ day	Temp rise day	Period length	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Cycles that are regularly **shorter than 21 days or longer than 35 days**, periods that stop, or no clear temperature rise over several months are worth mentioning to your doctor, and they are a reason to ask for help sooner than the usual timelines on the next page.

Notes

Sources

1. Your Menstrual Cycle. Office on Women's Health, HHS.
2. Infertility Workup for the Women's Health Specialist, Committee Opinion 781 (2019). ACOG.

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Section 3

When to Ask for Help

Asking for help is wise, not a failure. Many couples are helped by a simple evaluation, and often both partners are checked together.

"Trust in the LORD with all your heart, And lean not on your own understanding; In all your ways acknowledge Him, And He shall direct your paths."

— Proverbs 3:5-6 (NKJV)

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When to See the Doctor

timelines from ACOG, kept simple

For healthy couples in their 20s and early 30s, the chance of pregnancy is about **25 to 30 percent in any single cycle**, so it is normal for it to take several months. ACOG recommends an evaluation at these points:

Under 35
after **12 months** of regular, unprotected intercourse

Age 35 to 40
after **6 months** of trying

Over 40
talk with your ob-gyn **now**, before trying for long

Ask sooner if any of these are true

- ☐ Periods are irregular, very far apart, or have stopped.
- ☐ Known or suspected endometriosis, or very painful periods.
- ☐ Past pelvic infection, ectopic pregnancy, or surgery on the tubes or uterus.
- ☐ Two or more pregnancy losses.
- ☐ A known thyroid, pituitary, or hormone condition.
- ☐ Past cancer treatment (chemotherapy or radiation) for either partner.
- ☐ A known concern with the husband's fertility, testicular injury or surgery, or a past infection.

What an evaluation may include

For her: a health history and exam, blood tests (such as progesterone to confirm ovulation, thyroid, and prolactin), and sometimes an ultrasound or a test to see whether the tubes are open. **For him:** a semen analysis and sometimes hormone tests. Many evaluations are finished within a few cycles. Call your insurance company ahead to ask what is covered.

Notes

Sources

1. Evaluating Infertility (FAQ). ACOG.
2. Infertility Workup for the Women's Health Specialist, Committee Opinion 781 (2019). ACOG.
3. Having a Baby After Age 35: How Aging Affects Fertility and Pregnancy (FAQ). ACOG.
4. Infertility. MedlinePlus, National Library of Medicine (NIH).

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Appointment Notes

for the visits that help us along

Date: _____ Doctor / clinic: _____

Phone: _____ Next visit: _____

Questions we want to ask

- ☐ Based on my charts, am I ovulating regularly?
- ☐ Which tests do you recommend for each of us, and in what order?
- ☐ What will these tests cost, and what does our insurance cover?
- ☐ Is there anything we can do at home in the meantime?
- ☐ _____
- ☐ _____
- ☐ _____

What we learned

Our next steps

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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Section 4

Care for the Waiting Heart

Hoping can be joyful and heavy at the same time. These pages are a quiet place for feelings, prayers, and letters to the little one you are praying for.

"The LORD is good to those who wait for Him, To the soul who seeks Him."

— Lamentations 3:25 (NKJV)

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Tending Our Hearts

gentle care for the waiting season

It is normal to feel excitement, worry, disappointment, and hope all in the same month. The two of you may also feel things differently and at different times. Be patient with each other, and with yourself.

Ways to care for each other

- Keep a weekly date night that is not about trying.
- Agree together how much you want to share with family and friends.
- Take breaks from social media when announcements sting.
- Name one thing you love about each other each week.
- Let some months be lighter: less charting, more rest.

Ways to care for yourself

- Sleep, walk, eat well, and get outside in the light.
- Write it down here; tears on paper are allowed.
- Lean on a trusted friend, mentor, or pastor.
- Ask your doctor about a counselor if sadness lingers.
- Remember: your worth is not measured by a calendar.

If you need someone to talk to now. If sadness or worry is heavy for more than two weeks, or you feel hopeless, please talk with your doctor. If you ever feel you might harm yourself, call or text **988** (the 988 Suicide & Crisis Lifeline), or call 911.

This week, my heart feels

Notes

Sources

1. Trying to Conceive. Office on Women's Health, HHS.
2. 988 Suicide & Crisis Lifeline (call or text 988). 988 Lifeline.

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Prayers & Promises

scriptures to hold while we wait

"For this child I prayed, and the LORD has granted me my petition which I asked of Him."

— 1 Samuel 1:27 (NKJV)

"Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God;"

— Philippians 4:6 (NKJV)

"But those who wait on the LORD Shall renew their strength; They shall mount up with wings like eagles, They shall run and not be weary, They shall walk and not faint."

— Isaiah 40:31 (NKJV)

"For I know the thoughts that I think toward you, says the LORD, thoughts of peace and not of evil, to give you a future and a hope."

— Jeremiah 29:11 (NKJV)

A simple prayer

Lord, You know the desires of our hearts before we speak them. Teach us to wait with hope and not with fear. Bless our marriage, guard our health, and prepare us to love the children You give us. Into Your hands we place our tomorrows. Amen.

Notes

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Prayer Journal

date, pray, and look back to see His faithfulness

Date	What I prayed for	How I saw it answered

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Letters to Our Future Baby

words to read to you someday

From Mom

From Dad

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Section 5

Working Up to a Babymoon

A babymoon is a restful getaway for the two of you before baby arrives. Dreaming and saving for it now gives you a happy thing to look forward to.

"This is the day the LORD has made; We will rejoice and be glad in it."
– Psalm 118:24 (NKJV)

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Planning a Babymoon

timing, safety, and sweet ideas

A babymoon can be a weekend at a cottage an hour away or a longer trip. What matters is time together to rest, talk, and celebrate.

Best timing

ACOG says the best time to travel during pregnancy is usually **mid-pregnancy, 14 to 28 weeks** (the second trimester), when energy has often returned and morning sickness has eased. After 28 weeks travel can be harder and riskier.

Safety, from ACOG and the CDC

- **Talk with your ob-gyn first.** Travel may not be advised with some complications. ACOG suggests a prenatal checkup 4–6 weeks before you leave.
- **Bring your records:** a copy of your prenatal record, your due date, insurance card, and prescriptions.
- **Prevent blood clots:** on trips over 4 hours, walk and stretch regularly, move your feet and legs, wear loose clothes, and drink water.
- **Seat belt every time,** with the lap belt low on the hip bones, below the belly.
- **Check the rules:** most U.S. airlines allow flying until about 36 weeks; many cruise lines stop at about 23 weeks.
- **Check destination health notices** on the CDC Travelers' Health site; avoid areas with an active Zika notice.
- **Know where the nearest hospital is,** and ask your insurer whether you are covered away from home or abroad.

Babymoon ideas we love

- ☐ A cozy cabin or cottage weekend
- ☐ A bed-and-breakfast in a small town
- ☐ A beach or lake stay with short drives
- ☐ A city weekend with good food and a show
- ☐ A spa day close to home
- ☐ A countryside farm stay

Notes

Sources

1. Travel During Pregnancy (FAQ). ACOG.
2. Pregnant Travelers. CDC Travelers' Health.
3. Travel Health Notices. CDC Travelers' Health.

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Our Babymoon Wish List

places we dream about

Place	Why we love it	Drive or fly?	Best season	Estimated cost	Top pick

Our top choice, and why

Things we want to do there

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

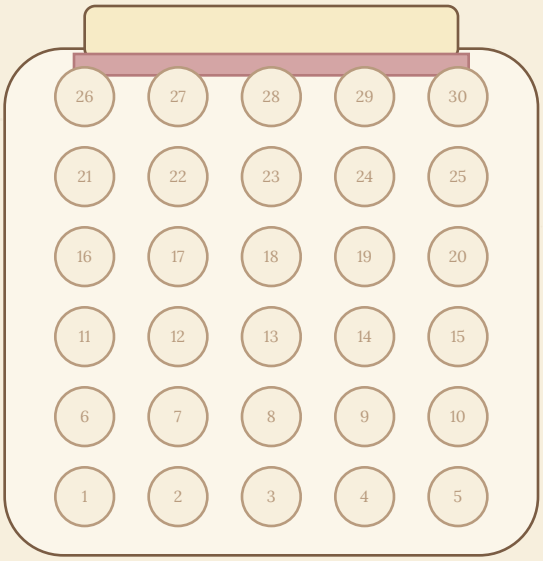
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Babymoon Savings Tracker

a little at a time adds up



Color in one circle
for every $_____ saved.

Our goal: $ _____

Saving each week: $ _____

Start date: _____

Trip date: _____

Date	Amount	From (gift, side job, cut-back)	Running total

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Babymoon Plan & Packing List

check it off before you go

Where: _____ Dates: _____

Weeks along on the trip: _____ Nearest hospital: _____

Lodging & confirmation #: _____ Travel insurance: _____

- ☐ Ob-gyn says it is okay to travel
- ☐ Copy of prenatal record & due date
- ☐ Insurance card & coverage checked
- ☐ Prescriptions & prenatal vitamins

Comfort

- ☐ Loose, layered clothes
- ☐ Comfortable walking shoes
- ☐ Pregnancy pillow or small pillow
- ☐ Compression socks (ask your doctor first)
- ☐ Swimsuit & cover-up
- ☐ Sunscreen & hat

Health & snacks

- ☐ Refillable water bottle
- ☐ Healthy snacks & crackers
- ☐ Insect repellent (if needed)
- ☐ Hand sanitizer & wipes
- ☐ Phone charger & doctor's number
- ☐ Ginger candies or mints

Memories

- ☐ Camera or phone for bump photos
- ☐ This journal & a pen
- ☐ A card for each other
- ☐ A small gift for baby from the trip
- ☐ Our favorite music
- ☐ _____

Favorite memories from our babymoon

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Section 6

Feathering the Nest

A little planning now makes the first weeks calmer: a safe, simple nursery, a realistic budget, and a starter list of what you truly need.

"Unless the LORD builds the house, They labor in vain who build it; Unless the LORD guards the city, The watchman stays awake in vain."

– Psalm 127:1 (NKJV)

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Nursery Dreams

colors, feelings, and a safe place to sleep

Theme: _____

Colors: _____

Room: _____

Must-haves: _____

Swatches & pictures

paste swatches here

Sketch the room

Safe sleep from the start

The AAP recommends that baby sleep **on the back**, on a **firm, flat surface** in a crib, bassinet, or play yard that meets current safety standards, with only a **fitted sheet**: no pillows, bumpers, blankets, or soft toys. Room-sharing (baby's own bed in your room) is recommended, ideally for at least the first 6 months; bed-sharing is not. Keep cords from blinds and monitors out of reach.

Notes

Sources

1. A Parent's Guide to Safe Sleep. American Academy of Pediatrics, HealthyChildren.org.
2. Safety at Home. American Academy of Pediatrics, HealthyChildren.org.

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Our Baby Budget

one-time costs and monthly costs

One-time costs

Item	Estimate	Actual
Car seat (rear-facing)		
Crib or bassinet & mattress		
Stroller		
Changing area		
Breast pump or bottles		
Baby monitor		
Hospital / birth costs		
Nursery paint & decor		
Total		

Monthly costs

Item	Estimate	Actual
Diapers & wipes		
Formula or feeding supplies		
Childcare		
Health insurance change		
Clothes as baby grows		
Toiletries & laundry		
Savings for baby		
Life insurance		
Total		

Leave, insurance & paperwork to plan

- **Family leave:** the federal FMLA gives eligible employees up to **12 weeks of unpaid, job-protected leave** for the birth of a child. Ask each employer about paid leave, and check your state's program.
- **Health insurance:** a birth is a qualifying life event. Employer plans usually allow you to add baby within about **30 days**; Marketplace plans allow **60 days**. Mark the deadline on your calendar.
- **Choose a pediatrician** before the due date, and ask the hospital about applying for baby's **Social Security number** with the birth certificate.
- **Update** your will, a guardian for your children, and life-insurance beneficiaries.

Notes

Sources

1. Family and Medical Leave Act. U.S. Department of Labor.
2. Special Enrollment Period. HealthCare.gov.
3. Social Security Numbers for Children (Pub. 05-10023). Social Security Administration.

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What to Buy Before Baby

a starter checklist (part 1)

Babies need less than the stores suggest. Start with the essentials, borrow or buy secondhand where it is safe, and let the rest come with time. Check secondhand cribs and car seats for recalls, and never use a car seat that has been in a crash or is past its expiration date.

Sleep

- ☐ Crib, bassinet, or play yard (meets current safety standards)
- ☐ Firm, flat, snug-fitting mattress
- ☐ 2–3 fitted sheets
- ☐ Wearable blankets / sleep sacks
- ☐ Baby monitor (optional)

Feeding

- ☐ Nursing pillow & nursing bras
- ☐ Breast pump (ask your insurer; many cover one)
- ☐ Bottles & nipples (a few to start)
- ☐ Bottle brush & drying rack
- ☐ Burp cloths (a stack!)
- ☐ Formula, if you plan to use it

Travel & safety

- ☐ Rear-facing car seat, installed and checked before the due date
- ☐ Stroller
- ☐ Baby carrier or wrap
- ☐ Outlet covers & cabinet latches (for later)
- ☐ Smoke & carbon-monoxide alarms tested
- ☐ Infant thermometer

Diapering

- ☐ Newborn & size 1 diapers
- ☐ Unscented wipes
- ☐ Diaper cream
- ☐ Changing pad & covers
- ☐ Diaper pail or lidded bin

Notes

Sources

1. A Parent's Guide to Safe Sleep. American Academy of Pediatrics, HealthyChildren.org.
2. Car Seats: Information for Families. American Academy of Pediatrics, HealthyChildren.org.
3. Car Seats and Booster Seats (find a car seat inspection). National Highway Traffic Safety Administration.

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What to Buy Before Baby

a starter checklist (part 2)

Clothing

- [ ] 6–8 bodysuits (newborn & 0–3 months)
- [ ] 4–6 footed sleepers with zippers
- [ ] Socks & soft hats
- [ ] Weather-right outerwear (no puffy coats in the car seat)
- [ ] Gentle, fragrance-free laundry detergent

Bath & care

- [ ] Infant tub
- [ ] Soft washcloths & hooded towels
- [ ] Mild, fragrance-free baby wash
- [ ] Baby nail file or clippers
- [ ] Nasal aspirator
- [ ] Soft brush

For Mom

- [ ] Comfortable nightgowns or pajamas
- [ ] Peri bottle & pads for after birth
- [ ] Nursing pads & nipple cream
- [ ] Big water bottle & easy snacks
- [ ] Stool softener (ask your doctor)
- [ ] Freezer meals

Hospital bag

- [ ] ID, insurance card, birth plan
- [ ] Car seat ready in the car
- [ ] Going-home outfits for baby & Mom
- [ ] Phone charger
- [ ] Toiletries & lip balm
- [ ] Snacks for Dad

Gifts & hand-me-downs we have received

Item	From	Thank-you sent

Notes

Sources

1. A Parent's Guide to Safe Sleep. American Academy of Pediatrics, HealthyChildren.org.
2. Car Seats: Information for Families. American Academy of Pediatrics, HealthyChildren.org.

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Section 7

The Four Trimesters

I made these pages as a home worksheet to walk with you through the first year — four seasons of about three months each, plus feeding care, a page for new dads, supplies, and common concerns. Tick what you have reviewed with your pediatrician, and write what is true for your baby. There is no rush.

"He will feed His flock like a shepherd; He will gather the lambs with His arm, And carry them in His bosom, And gently lead those who are with young."

– Isaiah 40:11 (NKJV)

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Caring for Our New Baby

The Four Trimesters of the First Year

"He will feed His flock like a shepherd; He will gather the lambs with His arm,
And carry them in His bosom, And gently lead those who are with young."
— Isaiah 40:11 (NKJV)

How to use this page. I made this as a gentle map of the first two seasons. Tick what you have reviewed with your pediatrician, and write what is true for your baby. You can come back as the weeks unfold; there is no need to finish it all at once.

The first year can be thought of in four seasons of about three months each. The opening season is often called the fourth trimester: baby is earth-side, yet still needs the closeness of the womb. This is a home worksheet to walk through with your pediatrician — not a complete medical guide. Tick what you have reviewed, and write what is true for your baby, who will grow at their own pace.

Trimester 1 · 0–3 months *The Fourth Trimester*

- ☐ Feeding. Breast milk or iron-fortified formula is all the food a newborn needs. Feed on cue, day and night; clustered feeds are common. Do not give water, juice, cow's milk, solid foods, or honey. If you are breastfeeding, ask your pediatrician about a vitamin D supplement.
- ☐ Sleep. Place baby alone, on the back, on a firm, flat sleep surface (crib, bassinet, or play yard). No pillows, blankets, bumpers, stuffed toys, or other soft bedding. Room-share without bed-sharing for at least the first six months. Avoid overheating.
- ☐ Soothing & bonding. Skin-to-skin, a calm voice, rocking, and a well-fitted swaddle can soothe. Stop swaddling as soon as baby shows signs of rolling. Offer daily, supervised tummy time while baby is awake.
- ☐ Health & visits. Newborn, 1-month, and 2-month well-child visits, with vaccines on the CDC/AAP schedule, usually fall here. Call your pediatrician for fever in a baby under three months, poor feeding, fewer wet diapers, trouble breathing, unusual limpness or irritability, or any worry that does not ease.
- ☐ Development & play. Faces, soft talk, and brief tummy time are the best toys. Around two months many babies smile, coo, and lift the head briefly on the tummy. These are typical patterns, not a test.
- ☐ Safety. A rear-facing car seat, correctly installed, for every ride. Never leave baby alone on a sofa, bed, or changing table. Keep cords, loose plastic, and small objects out of reach. Infant walkers are not recommended.
- ☐ For Mom & Dad. Rest when you can and accept help. The baby blues often ease within two weeks. If sadness, anxiety, or trouble bonding lasts, or if you have thoughts of harming yourself or the baby, call your obstetrician, midwife, or pediatrician. If anyone may be in immediate danger, call 911.

Trimester 2 · 3–6 months *Finding a rhythm*

- ☐ Feeding. Breast milk or formula remains the main food. Around six months, and not before four months, your pediatrician may talk with you about complementary foods when baby shows readiness (steady head, sitting with support, interest in food).
- ☐ Sleep. Longer night stretches may appear, though waking is still normal. Keep the same safe-sleep rules: alone, on the back, on a firm flat surface, with no soft bedding. Once baby can roll, stop swaddling; still start every sleep on the back.
- ☐ Soothing & bonding. Talk, sing, and read. Offer simple toys and supervised floor play. A pacifier at sleep times may be used once breastfeeding is well established, if you choose.
- ☐ Health & visits. The 4-month and 6-month well-child visits, with vaccines as scheduled. From six months, a flu vaccine may be offered in flu season.
- ☐ Development & play. Reaching, chuckling, rolling, and pushing up on the arms are common. Follow baby's cues, and talk with your pediatrician if a skill seems delayed or is lost.
- ☐ Safety. Rolling changes everything: never leave baby unattended on a raised surface. Begin babyproofing before the first crawl. Keep the car seat rear-facing.
- ☐ For Mom & Dad. Postpartum depression and anxiety can begin months after birth, not only in the first weeks. Call your clinician or the pediatrician if mood, sleep, or bonding worries persist. Call 911 in an emergency.

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How to use this page. These are the later seasons, from six months toward the first birthday. Tick as you go, jot questions for the pediatrician, and remember that your baby will grow at their own pace.

Trimester 3 · 6–9 months *On the move*

- ☐ Feeding. Continue breast milk or formula, and offer complementary foods. Sit baby upright and stay close while they eat. Introduce common allergens (such as peanut and egg) in the form your pediatrician recommends, unless you have been told to wait. No honey until after the first birthday. A little water in a small cup may be offered with meals, as advised.
- ☐ Sleep. About 12–16 hours in a day, including naps, is typical later in infancy. Keep a calm bedtime routine and the same safe, firm, flat sleep surface. Sleep often changes around new skills.
- ☐ Soothing & bonding. Peekaboo, songs, board books, and naming everyday things. Stay nearby as baby starts to move.
- ☐ Health & visits. The 6-month visit (if not already completed) and the 9-month well-child visit, with vaccines as scheduled.
- ☐ Development & play. Sitting, transferring toys, raking food, babbling, and knowing familiar people are often seen. Some babies crawl now; some do not yet. Both can be typical.
- ☐ Safety. Latch cabinets, move medicines and cleaners up high, cover outlets, hide cords, gate stairs, and keep small objects, batteries, and magnets out of reach. Empty tubs and buckets. Stay within arm's reach around water.
- ☐ For Mom & Dad. Keep your own meals, rest, and a little time outdoors in view. If you feel hopeless, numb, or unlike yourself, ask for help promptly. Call 911 if you or the baby may be in danger.

Trimester 4 · 9–12 months *Toward the first birthday*

- ☐ Feeding. Offer more family-table foods in soft, safe pieces, while breast milk or formula remains important through the first birthday. Toward twelve months, ask your pediatrician about the next step (often whole cow's milk or a recommended alternative). Practice an open cup. Still no honey before age one. Watch closely for choking.
- ☐ Sleep. A regular nap and bedtime rhythm helps. Wait to add blankets or pillows until your pediatrician says the sleep space is ready — often not before twelve months, and later is fine. Continue: alone, on the back, on a firm flat surface.
- ☐ Soothing & bonding. Simple games, reading, and gentle goodbyes help a baby who may now be shy with strangers. Celebrate ordinary days as much as the first birthday.
- ☐ Health & visits. The 12-month well-child visit, with vaccines on the CDC/AAP schedule. Bring questions about hearing, vision, feeding, or development.
- ☐ Development & play. Pulling to stand, cruising, a pincer grasp, waving, and a first word such as mama or dada are common near the year mark. Walking may start now or later. Talk with your pediatrician if you have concerns, or if a skill is lost.
- ☐ Safety. Keep the car seat rear-facing as long as the seat's height and weight limits allow. Anchor heavy furniture and TVs, lock windows, use safety gates, and re-check the house at baby's new height. Never leave baby alone in a bath or a car.
- ☐ For Mom & Dad. Keep watching for lingering sadness, anxiety, or frightening thoughts — they can appear even late in this year — and call your clinician, the pediatrician, or 911 when needed. You do not have to do this alone.

Our notes

Questions for the pediatrician

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. CDC recommends HIV testing during every pregnancy. Testing is done on the mother's blood or oral fluid, not on breast milk. Accredited milk banks (HMBANA) blood-screen donors and pasteurize donor milk.

Sources

AAP, HealthyChildren.org: safe sleep; feeding and starting solids; well-child visits.
CDC Developmental Milestones (Learn the Signs. Act Early.) and the CDC Child and Adolescent Immunization Schedule.
CDC, Getting Tested for HIV (updated Sept. 15, 2026); Human Milk Banking Association of North America (HMBANA).

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Feeding & Breastfeeding Care

a home list for the first days and the months that follow

How to use this page. Walk through this feeding list with your pediatrician or a lactation consultant. Tick what you have reviewed, fill in today's tally, and keep the trusted help links close if you want someone to talk with.

Tick what you have reviewed with your pediatrician or lactation consultant, and write what is true for your baby. This is a home worksheet, not a complete medical guide.

- ☐ Breastfeeding basics. Breast milk or iron-fortified formula is all the food a newborn needs. The American Academy of Pediatrics encourages exclusive breastfeeding for about six months, then complementary foods, with breastfeeding continuing as long as you and baby wish. Formula is a sound choice when it is what your family uses.
- ☐ Colostrum. The first milk, often thick and golden, is rich in antibodies. The amount is small and is usually enough in the first days, before mature milk comes in around days 3–5.
- ☐ On-demand feeds. Feed on cue, about 8–12 times in 24 hours for most newborns, including at night. Cluster feeding is common. Watch baby's cues more than the clock.
- ☐ Pumps and coverage. A breast pump can help you express milk when you are apart from baby. Under the Affordable Care Act, most marketplace and many other health plans cover a pump and lactation support as a preventive service, without a copay when you use an in-network provider. Ask your insurer which pump, whether it is a rental or a purchase, and how to order.
- ☐ Pump settings. Start on a low, comfortable suction — more is not always more milk, and pumping should not hurt. Many pumps use a faster, lighter let-down or stimulation mode, then a slower expression mode; follow your pump's instructions. A well-fitted flange lets the nipple move freely in the tunnel without much areola being pulled in or rubbing. 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. Clean pump parts after each use. (WIC / AAP / CDC)
- ☐ Nipple and chafing cream. Purified (medical-grade) lanolin is commonly used on sore or chapped nipples after feeds. If you are allergic to wool, choose another product. If pain lasts, or feeding is difficult, ask a lactation consultant or your pediatrician — a latch issue is often the cause.
- ☐ Vitamin D and mom's prenatal. AAP recommends 400 IU of vitamin D daily for breastfed infants, starting soon after birth. If baby is formula-fed, ask whether the amount of formula already meets this need. Continue your own prenatal vitamin while breastfeeding, as your provider advises.
- ☐ Extra energy while nursing. On average, breastfeeding mothers may need about 330 extra calories a day in the first six months and about 400 a day after that (CDC / Dietary Guidelines). This varies; follow your provider's advice rather than a strict target.
- ☐ Lactation herbs. Herbs such as fenugreek are sometimes used as galactagogues, but the evidence is limited and they can cause side effects or allergies (fenugreek is related to peanuts and chickpeas). Check the NIH LactMed database and talk with your provider or a lactation consultant before using an herb or tea. Frequent, effective feeding comes first.

Today's tally

Feeds in 24 hours: _____ Wet diapers: _____ Bottles (if used): _____

Our notes

_____

_____

Trusted Breastfeeding Help

When you want a person to talk with, these official pages and lines are a kind place to start. They do not replace your own pediatrician, birth provider, or a lactation consultant who can see you in person.

La Leche League International (llli.org).
American Academy of Pediatrics, HealthyChildren.org, Breastfeeding.
CDC, Breastfeeding: Newborn Basics.
Office on Women's Health helpline, 1-800-994-9662, English or Spanish, Monday–Friday, 9 a.m.–6 p.m. ET.
USDA WIC Breastfeeding Support, including pumping guidance.
ILCA, Find a Lactation Consultant (IBCLC).

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How to use this page. Continue the feeding list here — diapers, bottles, milk storage, and the rest. Tick as you go, and jot questions for the pediatrician in the space on the right.

- ☐ Wet diapers, by day of life. A typical pattern: at least 1 wet diaper on day 1, 2 on day 2, 3 on day 3, 4 on day 4, and at least 6 in 24 hours from day 5 on. Stools change from dark meconium to transitional, then often yellow and seedy if baby is exclusively breastfed. Call the pediatrician if wet diapers fall short, urine is dark, or baby is feeding poorly.
- ☐ Bottle count. If you use bottles of expressed milk or formula, tally how many baby takes in 24 hours — often still 8–12 feeds. Follow your pediatrician and the formula label for amounts. Hold baby close; never prop a bottle.
- ☐ CDC milk storage. Freshly expressed milk: up to 4 hours at room temperature (77°F / 25°C or cooler); up to 4 days in the refrigerator (40°F / 4°C); about 6 months in the freezer is best, up to 12 months acceptable. Label the date, store at the back, and do not refreeze after thawing. Use thawed milk within 24 hours in the fridge. Never microwave breast milk.
- ☐ Tummy time and belly massage. Offer short, supervised tummy time while baby is awake, starting from the first weeks. A gentle clockwise belly massage may comfort a gassy baby; stop if baby is unhappy.
- ☐ Nasal aspirator and saline. A few saline drops and a gentle bulb or other aspirator can clear a stuffy nose, especially before a feed. Clean the aspirator after each use.
- ☐ Baby nail clippers. Use baby clippers or a file, and trim when baby is calm or asleep. Cut straight and not too short.
- ☐ Peri pads and peri bottle. Maternity (peri) pads and a peri bottle of warm water are for mom's postpartum comfort and gentle cleansing. Change pads often, and follow your birth provider's care instructions.
- ☐ Infection and screening. If a breast becomes red, hot, and painful, or you have a fever, call your provider — it may be mastitis, and breastfeeding can often continue with guidance. Talk with your obstetric and pediatric providers about any infection or screening result, including HIV testing in pregnancy (see the note on the Four Trimesters page). Accredited milk banks (HMBANA) blood-screen donors and pasteurize donor milk.

Our notes

Questions for the pediatrician

Sources

AAP, HealthyChildren.org: **breastfeeding**, **vitamin D**, **how often babies eat**, and **low milk supply** (pump fit and settings). CDC: **milk storage**; **maternal diet while breastfeeding**; **pump cleaning**.
Healthcare.gov, **breast pumps and breastfeeding equipment** (ACA preventive coverage). NIH **LactMed** (including **fenugreek**). **HMBANA**. CDC, **Getting Tested for HIV**. USDA WIC, **learning to pump**.
Trusted Breastfeeding Help, also on the previous page: **La Leche League International**; the **OWH helpline** (1-800-994-9662); **WIC Breastfeeding Support**; and ILCA (find an IBCLC).

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Care for New Dads

walking with mom and baby through the first year

How to use this page. This is a companion list for dad through the same four seasons. Tick what you will take on, write what you want to remember, and keep the help numbers at the bottom if the days feel heavy.

You matter in this season. Baby needs your arms and your calm, and mom needs a partner who guards her rest. Tick what you will take on, and write what you want to remember. A companion page for fathers through the same four seasons.

Trimester 1 · 0–3 months *The Fourth Trimester*

- ☐ Expect. Broken nights, cluster feeds, and a steep learning curve are ordinary. Mom is still recovering. Feeling unsure, or a little left out, does not mean you are failing.
- ☐ Sleep. Adults do best with 7 or more hours in a day (CDC). Split the night into shifts, nap when you can, and never fall asleep with baby on a couch or armchair (AAP safe sleep).
- ☐ Your part. Diapers, burping, bathing, skin-to-skin, and soothing. Cook, clean, and protect mom's rest. Go to the newborn, 1-month, and 2-month visits. Install the rear-facing car seat. If you are not up to date, ask your doctor about Tdap and a flu vaccine — "cocooning" helps protect the baby (CDC).
- ☐ Hygiene. Wash your hands before you hold baby. Shower and change out of work clothes. Do not smoke or vape, and do not let anyone smoke around baby. If you are sick, keep your distance and let another caregiver step in.
- ☐ Your health. Healthy men usually do not need special "new dad" supplements; a balanced diet is the foundation, and you should ask your own doctor before starting any (NIH ODS). Paternal postpartum depression is real — about 1 in 10 fathers. If sadness, anger, withdrawal, or frightening thoughts last, get help.

Trimester 2 · 3–6 months *Finding a rhythm*

- ☐ Expect. More smiles and play, and perhaps slightly longer stretches of sleep. Rolling may begin. Work schedules and the couple's rhythm often need a fresh plan.
- ☐ Sleep. Keep sharing nights so each of you can aim for those 7 hours, even if they come in pieces. Never sleep with baby on a sofa or chair.
- ☐ Your part. Floor play and tummy time, bottles if you use them, the 4- and 6-month visits, and a first pass at babyproofing. Keep taking meals and chores so mom can rest or recover.
- ☐ Hygiene. The same clean-hands, clean-clothes habit. Stay home from close contact when you are ill.
- ☐ Your health. Depression or anxiety in dads can begin months after the birth, not only in the first weeks. Tell your doctor. Call 988 if you are in crisis, or Postpartum Support International at 1-800-944-4773.

Trimester 3 · 6–9 months *On the move*

- ☐ Expect. Sitting, starting solids, and, for many babies, the first crawls. Sleep can wobble again around new skills. Baby may prefer one parent for a while; stay gentle and present.
- ☐ Sleep. Guard a regular nap and bedtime routine, and still split the demanding nights. The 7-hour aim still matters for your own health.
- ☐ Your part. Sit with baby at meals, watch for choking, go to the 9-month visit, and finish the babyproofing (gates, cabinets, cords, water). Keep the car seat rear-facing.
- ☐ Hygiene. Hands before feeds and play. No smoking or vaping. If you are sick, step back from close care.
- ☐ Your health. Check in with yourself as honestly as you check on mom and baby. Ask your doctor before any supplement. Help is still 988 and PSI (1-800-944-4773).

Our notes, from dad

Trimester 4 · 9–12 months *Toward the first birthday*

- ☐ Expect. Cruising, first words, and a baby who has opinions. The first birthday is a milestone, and so is simply having kept this little person safe.
- ☐ Sleep. A steady evening rhythm helps everyone. Still never fall asleep with baby on a couch or armchair. Aim for 7 or more hours when the night allows, and trade shifts when it does not.
- ☐ Your part. The 12-month visit, more table foods (no honey before age one), and a house re-checked at baby's new height. Keep the car seat rear-facing to the seat's limits. Be mom's partner in the decisions of this season, not only a helper on request.
- ☐ Hygiene. Keep the same protecting habits: clean hands, clean clothes, no smoke, and distance when you are sick.
- ☐ Your health. Paternal depression can appear even late in the first year. If you cannot feel like yourself, or have thoughts of harm, call your doctor, 988, or PSI. You do not have to carry this year alone.

Help: 988 Suicide & Crisis Lifeline · Postpartum Support International 1-800-944-4773 · talk with your own doctor.

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Healthy Dad Supplies

simple, useful things to have on hand — and a few appointments to keep

How to use this page. Tick what you already have, star what you still need, and talk with your own doctor before you start a supplement, a nicotine-replacement product, or a screening test.

A short, mainstream list to sit beside the Care for New Dads page. Tick what you already have, star what you still need, and talk with your own doctor before you start a supplement, a nicotine-replacement product, or a screening test.

- ☐ **Pelvic floor (Kegel) exercises** — A simple daily practice — tighten the muscles you would use to stop urine, hold briefly, then release — can support bladder control and pelvic health. A reputable guide or app can help you learn the form. Ask your doctor if you have pain or questions. (Mayo Clinic, "Kegel exercises for men"; NIDDK)
- ☐ **Lumbar support, an ergonomic baby carrier, and supportive shoes** — For back health while you carry, lift, and walk with baby.
- ☐ **A foam roller or massage ball** — For a tight back and neck after feeds and carrying.
- ☐ **A home blood pressure monitor** — Choose a validated upper-arm cuff, and ask your doctor how to use the readings. (American Heart Association)
- ☐ **A sleep mask and earplugs** — To protect off-shift sleep when you are not on baby duty.
- ☐ **Gentle fragrance-free soap, hand sanitizer, and nail clippers** — For baby-safe hygiene at home and after work.
- ☐ **A refillable water bottle** — So you remember to drink water on long, busy days.
- ☐ **Sunscreen for outings** — For walks and porch time with baby.
- ☐ **Nicotine replacement, if you are quitting** — Ask a clinician or pharmacist which product is right for you, and follow the label. (CDC)
- ☐ **His own annual checkup** — Book it. Include a talk with his doctor about prostate screening when age-appropriate. PSA (prostate-specific antigen) blood test: a lab test his doctor can order. USPSTF advises men 55–69 decide with their doctor whether to screen; earlier talks for higher-risk men (Black men, family history).

Our notes

Questions for his doctor

Sources

CDC, About Sleep — adults do best with 7 or more hours; AAP, HealthyChildren.org, safe sleep (never on a couch or armchair); CDC, Tdap and flu vaccine for close contacts ("cocooning").
NIH Office of Dietary Supplements. Paternal postpartum depression: Paulson & Bazemore, JAMA, 2010; AAP, HealthyChildren.org, Depression in Dads of Young Children. 988 Suicide & Crisis Lifeline; Postpartum Support International, 1-800-944-4773.
Mayo Clinic, "Kegel exercises for men"; NIDDK, Kegel exercises. American Heart Association, monitoring blood pressure at home. CDC, quitting smoking and nicotine replacement.
U.S. Preventive Services Task Force, 2018 recommendation on prostate-cancer screening; National Cancer Institute, Prostate-Specific Antigen (PSA) Test fact sheet.

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Supplies for Mom & Dad

comforts for recovery, with room to tick what you have on hand

How to use this page. Use these comforts after your obstetric provider has cleared you. Tick what you have on hand, write what you still need, and ask a pelvic floor physical therapist before you start TENS or a pelvic wand.

A short display to sit beside the baby and new-dad pages. Use these after your obstetric provider has cleared you, and ask a pelvic floor physical therapist before you start TENS or a pelvic wand. Tick what you have; write what you still need.

- ☐ **Peri pads and a peri bottle** — Maternity pads and a peri bottle of warm water for gentle cleansing after birth. Change pads often, and follow your birth provider's instructions.
- ☐ **Postpartum soups and easy meals** — Warm, simple soups and ready meals help you eat and drink while you recover and feed the baby. Keep a water bottle nearby.
- ☐ **Mommy oil or balm** — A gentle, fragrance-free oil or balm may comfort dry belly or skin. Patch-test a small area first. This is comfort care, not a treatment for scars or muscle separation.
- ☐ **Belly support band** — A well-fitted support band can ease the sacrum and low back while you carry the baby, in pregnancy or after birth. It does not replace rest, good lifting, or medical care.
- ☐ **TENS with a pelvic or perineal attachment** — Some people use a TENS unit for back or perineal comfort. 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.
- ☐ **Pelvic wand for trigger points** — A pelvic wand is sometimes used, with instruction, to ease pelvic-floor trigger points. Wait for provider clearance, and learn the method from a pelvic floor PT. Do not use it on unhealed tears or incisions.

A careful note: do not place TENS electrodes on the abdomen during pregnancy. After birth, wait for clearance before TENS or internal pelvic-floor tools. A pelvic floor PT can teach safe use.

Our notes

Questions for the provider or PT

Sources

ACOG, Optimizing Postpartum Care. Academy of Pelvic Health / American Physical Therapy Association, physical therapy for the pelvic floor. Follow your own obstetric provider and a licensed pelvic floor PT.

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Common Baby Concerns & Gentle Care

short signs, simple comforts, and when to call

How to use this page. Read these short signs and simple comforts with your pediatrician in mind. Tick what you have read, and if something feels urgent, call the doctor or 911.

A conservative home list, to use with your pediatrician. Tick what you have read. If something feels urgent, call the doctor or 911.

- ☐ Colic. In an otherwise healthy baby, colic is often described as crying for 3 or more hours a day, on 3 or more days a week. It usually peaks around 6 weeks and eases by 3–4 months. Try a calm hold, soft sound, or a walk. If you feel overwhelmed, put baby down on their back in a safe crib or bassinet and step away for a few minutes. Never shake a baby. Call the pediatrician if crying comes with fever, poor feeding, vomiting, or you are worried. (AAP / HealthyChildren.org)
- ☐ Gas and burping. Pause to burp during and after feeds. For bottles, use a paced, more upright feed, and consider an anti-colic nipple or bottle if your pediatrician agrees. Gentle bicycle legs can help some babies. Gas usually comes from swallowed air or a fast feed.
- ☐ Spit-up and reflux. Many babies spit up small amounts and still grow well. Call the pediatrician for warning signs: poor weight gain, forceful or projectile vomiting, green or bloody vomit, arched pain, feeding refusal, or breathing trouble.
- ☐ Cow's milk protein allergy vs. lactose intolerance. A milk-protein allergy may show as hives, vomiting, or blood in the stool, and sometimes as skin or breathing symptoms. True lactose intolerance is rare in infants. Do not switch formulas on your own; your pediatrician may recommend an extensively hydrolyzed (or other) formula if needed. (AAP / ACAAI)
- ☐ Formula clumping or caking. Follow the can exactly: measure the water first, then add the powder; use the scoop provided; swirl or shake until smooth; store the can dry and tightly closed. Never dilute or add extra powder. Powdered formula is not sterile. For babies younger than 2 months, premature, or immune-weakened, CDC advises extra care — such as mixing with water at about 158°F (70°C), then cooling, or using ready-to-feed. Cool the bottle and test a drop on your wrist before feeding so it is warm, not hot. (CDC / FDA)
- ☐ Ready-to-feed and liquid concentrate. These need no powder mixing, so they do not clump, and they are sterile until opened. Refrigerate after opening and use within 48 hours, or sooner if the label says so. They usually cost more.
- ☐ A note on U.S. formulas. U.S. infant formulas must meet FDA nutrient requirements. There is no strong evidence that "fewer preservatives" reduces gas. Gas usually comes from swallowed air or fast feeding.
- ☐ Diaper rash. Red, sore skin in the diaper area. Change promptly, give brief air time, and use a thick barrier cream. Call if it blisters, spreads, comes with a fever, or does not improve.
- ☐ Cradle cap. Yellowish, greasy scales on the scalp are common and usually harmless. Gentle washing and a soft brush often help. Call if it oozes, spreads, or baby seems unwell.
- ☐ Newborn jaundice. Yellowing of the skin or eyes is common in the first days. Call the pediatrician if the yellowing spreads or deepens, or if baby is sleepy and not feeding well.
- ☐ Fever. In a baby under 3 months, any temperature of 100.4°F (38°C) or higher: call the doctor right away.
- ☐ Thrush. White patches in the mouth that do not wipe away easily; a stubborn diaper rash may appear too. Call the pediatrician. If you are breastfeeding, both of you may need treatment.

Our notes

Sources

AAP, HealthyChildren.org: colic relief; never shake a baby; spit-up and reflux; diaper rash; cradle cap; jaundice; fever; thrush. ACAAI and AAP on milk allergy.
CDC, Infant Formula Preparation and Storage, and Preventing Cronobacter (powder is not sterile; extra care with water at about 158°F / 70°C for babies younger than 2 months, premature, or immune-weakened). FDA, Infant Formula.

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A Fertility Shower

a hopeful blessing, with no hurry in it

This is a soft gathering for a couple who is trying to conceive — a blessing, not a timeline. Come as you are. There is no test to pass, no date to guess, and no need to explain the waiting. The aim is only this: to let friends and family wrap the two of you in kindness, and to send you home a little more held.

Keep the day gentle. Avoid games that guess a pregnancy, a due date, or a baby's sex. Let every word be a wish, not a prediction.

A planning timeline

Move these dates if you need to. The point is a little structure, not a deadline.

- ☐ **Six to eight weeks before.** Ask the couple, quietly, whether a small blessing gathering would feel like a gift. If yes, choose a date, a home or a quiet room, and a short guest list they are comfortable with.
- ☐ **Four weeks before.** Send a simple invitation. Tell guests this is a hopeful celebration, not a baby shower, and that no one will be asked to guess a timeline. Invite a small self-care gift for a "nest" basket if you like, or only their presence.
- ☐ **Two weeks before.** Confirm the tea, the flowers, a guest book, and the activity supplies. Ask one or two close friends to help with the blessing circle, so the hosts can simply receive.
- ☐ **The week of.** Shop for pregnancy-safe teas (such as rooibos or ginger, if the couple's clinician agrees), set out the wish jar, and write a short welcome so you do not have to find the words on the day.
- ☐ **The day itself.** Keep the schedule loose: welcome and tea, a few gentle games, a blessing or prayer circle, a nest of gifts, and a song. End while it is still sweet.
- ☐ **After.** Send a short thank-you, and return any leftover food. Leave the couple with the wish jar and the guest book; do not follow up by asking "any news?"

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Fertility Shower Supplies

a checkable list for a quiet, kind afternoon

You do not need all of this. Tick what will make the room feel warm, and leave the rest.

The room

- ☐ A welcome sign, in gentle words
- ☐ A tablecloth and a small centerpiece
- ☐ Flowers or greenery
- ☐ Soft lighting or candles (attended)
- ☐ Extra chairs and a few blankets

Tableware

- ☐ Cups, saucers, and spoons
- ☐ Small plates and napkins
- ☐ A teapot or kettle, and a carafe of water
- ☐ A honey pot and lemon, if you like
- ☐ Serving plates for a simple sweet

Food & drink

- ☐ A cozy tea tasting: rooibos, ginger, or another tea the couple's clinician is comfortable with
- ☐ Water and a decaf option
- ☐ A simple cake, scones, or fruit
- ☐ A few savory bites
- ☐ Honey, milk, or a dairy-free splash

Activities

- ☐ A clear jar and small papers, for wishes
- ☐ A bowl of smooth stones, or a string of prayer beads
- ☐ A basket, for the "nest" of self-care gifts
- ☐ Printed Newlywed-style questions, and pens
- ☐ A poster board or a large sheet, for a dream-nursery collage
- ☐ Magazines, scissors, and glue, if you are making the collage

The welcome table

- ☐ A guest book, and a pen that works
- ☐ A place for cards and small gifts
- ☐ Favor bags, or a sprig of something to take home
- ☐ A camera or a charged phone

The quiet practicalities

- ☐ Trash bags
- ☐ Paper towels
- ☐ A playlist of public-domain hymns and lullabies
- ☐ A short written blessing, in case words catch in the throat

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Fertility Shower Games & Activities

light, kind, and free of guessing

Choose three or four of these. The best game is the one that leaves everyone softer than they arrived.

A wishes-for-our-future-family jar

Set out a clear jar and small papers. Guests write a hope for the couple's future family — a value, a prayer, a small kindness — and fold it in. No dates, no counts, no predictions. The couple may read the wishes at home, whenever they are ready.

Love-story trivia, about the couple

Ahead of time, ask the couple a few fond questions (where they first met, a favorite meal, a trip that still makes them laugh). Guests guess the answers. Keep it warm, never embarrassing.

A blessing-stone or prayer-bead circle

Pass a smooth stone or a small strand of beads. Each guest, if they wish, speaks a short blessing or a hope, or simply holds the stone in silence and passes it on. No one is required to speak.

Build a nest: a basket of self-care gifts

Invite guests to bring one small kindness for the waiting season — tea, socks, a book, a candle, a meal voucher — and tuck it into a shared basket. This is for the couple, now, not for a nursery.

A dream-nursery collage

Set out paper, clippings, and colors. Guests help make a loose, playful board of textures and rooms the couple likes. It is a daydream, not a deadline, and it can be put away whenever it is enough.

Newlywed-style questions, gently

Ask the couple a few kind questions about each other ("Who makes the tea?" "What song would we play on a quiet night in?"). They may answer together. Skip anything about timing, tests, or "when the baby comes."

A cozy tasting of pregnancy-safe teas

Brew two or three gentle teas, such as rooibos or ginger, if the couple's own clinician is comfortable with them. Guests sip, note a favorite, and send a little tin home in the nest basket. This is not medical advice; herbal teas are a personal choice to confirm with their provider.

A letter to the two of you

Leave cards out so guests may write a note the couple can open on a hard day. Encourage words of love and staying, not advice about "trying harder."

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Songs for a Fertility Shower

public-domain hymns and lullabies, to sing together

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Amazing Grace

John Newton, 1779.

Amazing grace! how sweet the sound, / That saved a wretch like me. / I once was lost, but now am found, / Was blind, but now I see.

'Twas grace that taught my heart to fear, / And grace my fears relieved. / How precious did that grace appear / The hour I first believed.

Through many dangers, toils, and snares, / I have already come. / 'Tis grace hath brought me safe thus far, / And grace will lead me home.

The Doxology

Thomas Ken, 1709.

Praise God, from whom all blessings flow; / Praise Him, all creatures here below; / Praise Him above, ye heavenly host; / Praise Father, Son, and Holy Ghost. Amen.

Twinkle, Twinkle, Little Star

Jane Taylor, 1806.

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.

Brahms' Lullaby (a traditional English version)

Johannes Brahms, 1868.

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.

May these songs sit in the room like a quiet hand on a shoulder. When the afternoon is over, they are still yours to hum at home.

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Notes

for thoughts, lists, and little things to remember

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A Blessing for the Road Ahead

until we meet our little one

"The LORD bless you and keep you; The LORD make His face shine upon you, And be gracious to you; The LORD lift up His countenance upon you, And give you peace."

— Numbers 6:24-26 (NKJV)

Whatever the months ahead hold, may you know that you are loved, that your marriage is a home, and that every hope you carry is seen. When the day comes, there is a second book waiting: *After Baby: Our First Year Together.*



Signed with love

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