**What’s all the fuss: Understanding baby catnaps and niggles**

“**As soon as I put the white noise on, it was just like, he just fell asleep on my shoulder almost instantaneously. And then last night he did really well, and I had the white noise much closer to his crib. And I'd read somewhere that someone said, you have to have it louder than you think you have to have it for it to work. But I also read in a few places that it can damage their hearing. White noise for babies can actually be a bit damaging. So what is the right balance and how do you do that?” —Cass.**

**Intro**

In today's chat with Cass, we talk about white noise in the context of getting little ones to sleep better. This week, Max is experiencing very short day sleep of only 30 to 45 minutes. And so we look at what's normally in terms of normal sleep cycles and how to help babies’ link sleep cycles at this age. We chat about health issues like thrush, nappy, and diaper rash, the value of probiotics as well as reflux, and how to prevent little ones from spitting up so much. So stay tuned for this one as we explore early health and sleep issues with Cass and her little one, Max.

Welcome to Sense by Meg Faure, the podcast that's brought to you by Parent Sense, the app that takes the guesswork out of parenting. If you're a new parent, then you are in good company, your host Meg Faure is a well-known OT infant specialist and the author of eight parenting books. Each week, we're going to spend time with new mums and dads just like you to chat about the week's wins, the challenges, and the questions of the moment. Subscribe to the podcast, download the Parent Sense App, and catch Meg here every week to make the most of that first year of your little one's life. And now meet your host.

**Meg:** Welcome back, I'm Meg Faure and I am so excited to journey with mums and dads through the highs and lows of each week of parenting. And today we welcome back Cass and look at the life of a one-month-old. In fact, Max is five weeks old today, isn't he Cass?

**Cass:** He is up to five weeks, Maximum.

**Meg:** Happy Birthday. And he's been a smiley bundle, but of course, no baby is all roses and kettles. So how has it been this week Cass?

**Cass:** Yes, certainly. The last two days have been a bit more challenging because he's decided that in the day, he doesn't want to sleep for more than 30 to 45 minutes. I mean, luckily he's not crying too much, but if you're trying to get anything done as a mom, you rely on those long timeouts, even a two-hour sleep in the morning, I could get a lot done. And I had a bit of work I needed to do yesterday, and so we'd been talking about how it was going to be the first day that Alex was going to do a feed. So I'd expressed and he was going to do a feed, and then I would have at least two hours because he'd do the feed. Max would have a sleep and I'd have plenty of time to get my work done.

**Meg:** That didn't happen?

**Cass:** It did only because Alex went and walked the lanes. It ended up yesterday Alex had to take Max for a walk and he slept for half an hour on that hour-long walk. Whereas usually he'd fall asleep at the start of the walk and that would be it, you know, he'd sleep for the whole walk and beyond. So he took him for a walk that didn't work. He still did half an hour. Then we both thought, well, we'll go for a drive. I hadn't got out the house yet, so we went for a drive, and sure enough, exactly 30 minutes, he did. He fell asleep on the drive. Fine. No problem. And we got home and brought him in and he woke up within, I think he did 45 minutes. So eventually at the end of the day, I was exhausted, he hadn't slept. And we just said he needs to get some sort of sleep because otherwise tonight is just going to be horrific. And so Alex went and drove around the Island for an hour, which was so nice for me because I just was able to breathe. yeah. And sort some stuff out that I hadn't been able to do all day. And he did. And then of course he refused to wake up, but it ended up, we had to wake him to do bath and bedtime because he'd been asleep for two and a half hours.

**Meg:** Isn't it amazing?

**Cass:** Yeah. If he was a girl, I think we'd have called him Mary because he was being particularly contrary yesterday.

**Meg:** Yeah, it certainly happens. And I think it speaks to two things. The one is that you know, and this is with all parenting and Cass, I don't even know that this is ever going to end because it still goes on for me. Is that just as you think you've got it all right, and just as you think you’ve determined the person, the upend, everything. And I think particularly with little babies, you think, okay, I know exactly what time, which bedtime routine works best, exactly how to get them to sleep, and then the next day they'll do something very different. And I think it's also realizing that babies have on days and off days. And one of the things that I think is helpful whenever you are in a period like that, or kind of iffy patches, is to label it as this is what they're doing today, rather than this is a new phase. And if you just have it as just one day and, in fact, I'm quite sure that today he's going to do maybe longer stretches potentially. So you don't need to think that this is not a new pattern, but in the moment it does feel like it's, “oh my goodness how am I going to cope with this?” I do know that.

**Cass:** Yeah. And I mean, because this week is the last week of Alex's paternity leave and I suddenly just thought, oh my word, I've got one week after with Alex and then I'm doing this by myself, and, you know, it's quite daunting. It's daunting anyway, that time when you the father goes back to work and we've been really lucky that Alex had said six week's paternity leave.

**Meg:** Yeah. That's unusual. That’s amazing.

**Cass:** Yeah. And Jersey is very good for that, but the kind of catch to that is I've got very used to having him around.

**Meg:** Yeah.

**Cass:** And suddenly I'm, you know, I'm very lucky my mom is around the corner because I know a lot of people don't have mum right there, and I've got family on the island, but it is, it is quite daunting. And then just as you're leading up to that, for him to decide he's going to do very short sleep. But as you say, I'm hoping it just, we are back to the doctor again today because his oral thrush still hasn't cleared up. So we're entering into week three of that, and that's three weeks of him being on medication as well after having his first week as well on antibiotics. And I really don't like the fact that he's having to have so much medication. The thrush gives him mild nappy rash as well. So, you know, all of the bits where you are niggly or you do have those days where you're not seeing is it, you can't have, is it because of this thrush or is it—

**Meg:** It may be physiological. Yeah.

**Cass:** How do you get rid of it? And so I feel so sad for him because he's had about three days of his life in those five weeks where he hasn't had something wrong with him.

**Meg:** It’s been a bit rough, yeah. I mean the other thing, you talked about that kind of 30 minutes waking up and it's absolutely classic. I think almost every mom, who's got a baby between about five weeks old and 12 weeks old is probably going through something like this. So what babies typically do and you know, sleep is very interesting because it happens in cycles that are very similar universally. So most babies sleep for very long stretches until about four weeks old. So that can almost be from like one feed to the next feed. They can literally go down and sleep for three hours and then have the next feed, you know? So you have these very long stretches of sleep and they tend to link sleep cycles very well. And then around four, five weeks, they stop linking those sleep cycles and they start waking up in the light sleep stage of every single sleep cycle.

A little bit about sleep, we spend about the first 15 minutes of our sleep time in a very light state of sleep where we can be very easily woken and, aroused. And then we go into our deep state of sleep and just a bit of a back story, as you drop from that light state of sleep, into a deep state of sleep, you have what's called a hypnagogic startle, which I might have mentioned before on another podcast. And what that is, is, and it happens for all of us as we go into a deep state of sleep, our muscles lose tone. Because it's a defensive mechanism or protective mechanism to prevent us from acting out in our dreams. So when we are in a deep sleep, we are actually paralyzed; the messages from our brain don't go to our muscles for good reason, because otherwise, we'd sleepwalk and we'd hit people and we'd like to act what we're doing. But as we lose that muscle tone, we get this tiny little jerk and you would've experienced it when you were on an airplane, your head kind of drops to the side, and you kind of wake yourself up as you lose muscle tone.

Now babies do that at about 15 minutes. Now, this is not what Max is doing because otherwise, he'd be waking, he'd be catnapping and doing only 15-minute cat naps. So it's not what he's doing. He's going through into a deep state of sleep, but once he's in that deep state of sleep, he's in every time he comes into a light state of sleep, he's waking up. And that is between 30 and 45 minutes at this age, it's usually 45 minutes, so he's doing it a little earlier. Babies who do it earlier, can because they're uncomfortable, so it might be that oral thrush that you spoke about or that nappy rash associated with the thrush. And you know, sometimes a nappy rash is not just a nappy rash, it is thrush on the bum which is a whole lot more painful. So he could have that.

We can talk more about thrush, but very often thrush affects both the mum's nipples, the baby's mouth, and, in fact, their bum as well. So it's not great. So it could be that he's a little bit uncomfortable and that's why he's coming up as soon as he's in that light state of sleep, he wakes up.

So just a couple of things in terms of dealing with that. The one thing is I would definitely watch those awake times. I know that we've spoken about the fact that he does tend to stretch his awake times a little longer. My suggestion would be to pull those back to what the awake times are recommended on the app. And the reason is that if you're overtired, you are actually more likely to wake you kind of fall into the deep sleep, and then you wake when you come into the light sleep state. So that's one, is to watch the awake times.

Second thing is swaddling helps because swaddling gives us that deep pressure. And I remember us talking about Max and swaddling and that he doesn't necessarily love it. And so if they're not loving swaddling, I probably would try and persist and swaddle his arms tightly to see if you can get it so that he can't unravel himself. And then if you can't do that, I'd actually use a little weighted product. So I like, you can buy them in the stores where you get, they're almost like little barley bags that you can heat in the microwave and pop on your shoulders to relax your muscles. And I would get one of those, but not heat, we never heat anything if we’re putting it on babies. And if he's lying on his back, popped that just over the bottom of his esophagus. So where his esophagus meets his tummy as a little weight, and that often keeps them in a deeper state of sleep. You can buy one of these, a product called the Zaki, which is shaped like a glove, like a hand, and also weighted. And you put the hand on the baby when they go down and those things tend to keep them in a bit of a day deeper state.

And then the last thing would be to use white noise because white noise also keeps them a deeper state.

**Cass:** Yeah. It's interesting you talk about white noise because last night I then was filled with trepidation because, oh my goodness, you've had a terrible day and usually terrible days lead to terrible nights. What I was really surprised, as I said, we couldn't wake him up, we ended up doing, when he did wake up he was really happy and we did some time on his play mat and he was smiling away and having, and I thought, oh, okay, good, at least you haven't woken up screaming when we've woken you up. That could have happened. So that was, step one, tick, but then we did the bedtime routine and it had only been the exact awake time, about 45 minutes once I'd finished playing, play gym bath, and feeding. And usually, he is so difficult to get down in that 45-minute space. I’ve walked miles within the house trying to get him, rocking him down. I thought, okay, I'm going to put the white noise on which we don't usually do for him to go into his sleep. I usually put it on at night if he’s stirring.

And the other thing we did last night is actually for the first time we put him down in his room and I used the monitor rather than putting him down his room and then bringing him downstairs while we had our meal, which I thought there's background noise, there's a bit more light and that sort of thing. So even if he does sleep through it, it's probably not maybe as restful, I have no idea. So I thought we'll set up the monitor, and we'll put him down there. As soon as I put the white noise on, it was just like, he just fell asleep on my shoulder almost instantaneously. And then last night he did well. And I had the white noise much closer to his crib. And I'd read somewhere that someone said, you have to have it louder than you think you have to have it for it to work. But I also read in a few places that it can damage their hearing. White noise for babies can be a bit damaging. So what is the right balance and how do you, how do you do that?

**Meg:** Great. I'm so glad you've brought this up because it is a very important topic. So let's talk about white noise in depth. So first of all, white noise is used because it absorbs all other sounds. So that's the reason why it's so useful is that you know, if a door closes downstairs, or if you guys are talking, it absorbs that, and the baby doesn't hear it. So it's really useful. It's also the sound that your baby, that Max heard in utero for a whole nine months or, well, since 24 weeks when his hearing must have started to kick in. And so he hears the gurgles and the movements of your blood and of your stomach and that becomes background or white noise. And so white noise really does dampen babies' arousal levels down, and it prevents them from waking. So I am a big advocate of white noise.

Having said that, we don't want to play too loud. And the correct amount would be about 70 decibels, which is about how we speak now. So it's kind of that sort of level of sound that would be appropriate. No louder. I have seen white noise used a lot louder than that, just to stop babies crying. So in my practice, when I had very fussy babies, so highly dysregulated babies with what we call infant regulatory disorders, then we sometimes use white noise for a very short period, a little bit louder. And that's an off switch that if a mom's ever had a baby who's crying a lot, and she turns on the hairdryer, that'll often quiet some babies, but you can imagine the sound of a hairdryer, that's much louder than 70 decibels. You can't hear a voice through it. And so I wouldn't use it that loud and I wouldn't use it on going that loud. I would use it at 70 decibels and you can use it throughout the night gently in the sleep space.

Quite a nice thing to do with the bedtime routine is to put on lullabies as you're putting them down to sleep. And then the minute you want them to go to sleep, you pop on the white noise and I do leave it on loop for the whole night and have it playing throughout the night. It definitely does assisted sleep. And it did do that with Max last night as well because he slept well.

**Cass:** Yeah, it did. Absolutely. And I think we had it a bit further away from the crib, and possibly a bit too quiet. So previous nights when we've had it, it hasn't seemed to make too much of a difference. Some nights it had, but I think I probably pumped up the volume those nights out of desperation. But I put it a bit closer to his crib and yeah, he did sleep well last night. So I think I'm going to use white noise. We are also trying to, I think we became a bit too reliant on the dummy rather than becoming reliant on the dummy. So we are trying to because what we also noticed was happening with those 30-minute sleep cycles is quite often it was when the dummy fell out. And so we thought, well, we're going to remove that as the thing if he falls asleep without the dummy, it can't provide a disturbance for the dummy falling out. And that's what we did when Alex drove around the island and we said, let's try and get him to fall asleep in the car without the dummy. And he then slept for two and a half hours. Now whether that's related or not, I don’t know, but we are trying now to avoid that dummy. Is that quite common? So would that be another reason he was maybe waking up a bit earlier than the sleep cycle?

**Meg:** Probably not just because the dummy fell out, but I would say in principle, if Max will fall asleep without a dummy, rather let him go to sleep without a dummy, and use the dummies when you have to. We will be heading towards, probably between about six- and seven-months dummy patrol, where they're not able to put their dummies in themselves, but we've got to help them do it. Some babies don't do that, but many babies do, but then, I'll help you through that as well. But yeah, I do like dummies, so if he needs it, I would use it.

The other thing that you mentioned just now, which is interesting. And in fact, I picked up on our last podcast, or maybe two podcasts ago when we were chatting about you going downstairs and taking him with you in the darker top on a sleepy head. And I was going to say to you today, leave him upstairs with a monitor on. And so I'm so glad to hear you've done that because I think it is best. I think that we get very anxious because we think, oh my goodness, we're going to leave him completely alone, and will we hear them if they're awake, and will they be okay? But if he's got a monitor in the room, I think that's a spot-on thing to do.

**Cass:** Yeah. And it's a video. So I had it set up and the screen that we have, it does actually go into like a screen saver where it switches off and it just shows you if there's, and then it'll switch on again if there's movement, but I just kept pressing it on and watched him constantly. More than anything just because he looks so cute or peaceful. But the other thing I was just going to ask, and we've mentioned reflux before, he does seem to be spitting up a lot more than he was. So in weeks four to five, sort of back end of week three, he started spitting up and he is doing it a lot more than he did. He didn't do it at all in the first three weeks, three and a half weeks. So, is that a developmental thing as well? Or is there some, am I needing to change positioning breastfeeding or for him to be more upright or something?

**Meg:** Yeah. So first of all, you're seeing the doctor today and I'd probably just check out his weight and I would probably hazard to guess it's really, really good. So I would say probably he's gaining, you know, a kind of, you know, good hundred 50 to 200 grams a week. And if he's doing that, I would then start to just watch how closely I'm feeding him. So how often are you feeding him during the day at the moment?

**Cass:** It varies. Sometimes it's two hours. Sometimes it's three to four hours. Sometimes I'm having to wake him because it's coming up to over four hours, but obviously not in the last two days. But for example, Friday, it was five hours because I just couldn't wake him. I started trying to wake him around four hours and he takes a long time to wake up and I have to make sure he's fully awake. So the way he just has a few sucks and then he falls asleep on the boob again. So, sometimes it can be a long time, and other times he can kind of, in the mornings he cluster feeds a little bit.

**Meg:** So what we do say is in the early days demand feed, and I know that that's what you've done to an extent, and that is why you've got such a good, robust milk supply. So that's fabulous. The question comes in at what point can we start to put in a little bit of a feed routine? And my suggestion is that if he's gaining weight well, which I think he is, you can start to stretch his feeds through until about three to four hours. And, you know, I don't think for breast-fed babies, four hours rigidly is reasonable, but anywhere between three and four hours is a good idea. Now what that does do is that can start to prevent a little bit of that reflux happening because sometimes, we are just feeding too often and particularly with babies who gaining weight well and moms who've got very good milk supplies. And so I think I would start with that. I would start at that point and see whether or not that decreases the reflux. He must feed by four hours. So I know that you were battling to wake him, but I would almost start waking with three hours. If it looks like he's moving through, then I would start waking up at three hours so that he can feed by four hours for certain.

So you've got, kind of waking him up to feed, not that if he wake, if he needs a feed after two hours, rather walking with him and taking for a walk in the garden or show him things and then just stretch him through until three hours, because if he's gaining weight well, then that would be very reasonable. And that also, I know you're not having a problem with this, but for moms who are having that two hours at night waking, so there are regular wakings at night, that's often because we feed him too often in the day. After all, they will not get our babies kind of get used to it - almost like their constitution get used to just having frequent feeds. And so if you're doing that in a day, that'll happen at night. So the minute babies are gaining weight well, are approaching six weeks of age, and then we need to start stretching them through into about three to four hours between day feeds. And then at night, we don't wake them let them wake themselves.

**Cass:** And it's interesting because at night he goes at four to five hours initially, and then two to three hours after that. And what's interesting is he doesn't have any reflux at night. He there's no, he doesn't spit up at night at all. So I'm guessing that's probably because he is going longer and that kind of shows exactly, it proves exactly what you're saying. So in the day, he's getting it too regularly and at night when it's more spaced out, he's not having the reflux.

**Meg:** Yeah. And it's really difficult because you get some quite, I mean, not with you because he hasn't got extreme reflux. But when you've got severe reflux, you often get advised to do very small feeds. And so mom ends up doing at just one side every two hours. And my feeling is that that exacerbates the problem rather than solves it. I think that they need time to empty their tummy before they have the next feed coming through, which is why a nice three-hour stretch is what you should be doing or, three to four.

**Cass:** Yeah, because one of the things, because he was being sick quite a bit, I was feeding on both boobs. He would drain one boob and then I burp him a bit and then go on to the next. And sometimes it could happen on the first and second, he'd start to sort of get quite fussy after a few minutes, he'd pull away and come back on, pull away. And so what I've started doing, as soon as he starts doing that, I just stopped the feed because I realized that he was full, that was after a while. He was almost like he was full, but the boob was there, so he kept latching onto it. And that did seem to help a little bit, he doesn't cry afterward. It's almost like he's had enough. I just need to read his signals about saying I'm full now. You're still putting this in my face. Yeah. Yeah. So yeah, that's again in line with the overfeeding thing.

**Meg:** Excellent that you’re reading those signals.

**Cass:** I have a question about the app very quickly. On the sleep pattern piece when I've noticed they're sort of shaded faint-square, so what are they? Are they a guide of when he should be sleep or—?

**Meg:** Those are the approximate times. So those are based on the awake times. So what happens is if we take the awake times and his awake time at the moment as we know is 45 minutes to an hour, it’s more like an hour now, by the way. So, you know, it's six weeks old, it's an hour. And so what you'll find is that those shadings will be an hour after he's waking in the morning as a guide and if he wakes later than 6:00 am because that's based on 6:00 am. So if he waits later than 6:00 am, it'll move up. But what you'll start to see is your routine, actually developing out of that. So he won't necessarily, and that's why, you know, many years ago there was a very rigid routine book that came out. I think it's still around. And it was like every baby in the whole world went to sleep at nine o'clock in the morning, regardless of what time they wake up type thing, or you had to wake your baby at a certain time. And this is not that sort of rigid routine. It's more the guideline that the average babies wake somewhere between five and seven, and so therefore the average sleep time for going down would be at a certain time. And you'll see, as he gets older like now there's probably four sleeps showing in a day there for you, but as he goes towards six months, it'll be three sleeps, and as he goes towards nine months, it'll be two sleeps, and as he gets to a year, it'll start to drop into one sleep. So it's what he should be doing approximately.

**Cass:** Okay, so that's interesting because for example, today, just looking at it, there's a couple of shorter ones and then a longer—two shorter ones and then a longer one at about 3:30. And then I wish we’re thinking the whole night.

**Meg:** So no, the whole night is not necessarily realistic.

**Cass:** No, no, that's okay, that’s great. I thought that might be what they were, but I haven’t checked.

**Meg:** But for your newborn babies, I'm having my app at the moment for my newborn babies, there is no rigid routine because babies are going to sleep as, and when they go. So for instance, if there’re moms listening, who looking at their app and wondering why there are only two sleeps for their baby, that's just because we don't prescribe how many sleeps should be happening at that age.

**Cass:** Sure. One of the things I observed and I think for mums in general, I've certainly noticed in the first few weeks, I was a lot calmer and almost less kind of, oh, he is doing that, is that normal? Why do you think, you know, the last couple of weeks his skin have changed color or he got a bit of baby acne at one point, as I said, the reflux increased. And I think I've sort of entered into that phase where you do look at things you think is that normal? Should I be checking that? I don’t know. And it is a horrid thing because you don't want to be too relaxed about things, but at the same, you don't want to sort of overthink everything. And it's that adjustment period of finding that balance of spotting, what you need to be aware of. And it's quite tough, and I think all mums are going through that period and especially the first time.

**Meg:** Yeah. Well, it's not even just the first time, it's even the third time. I can remember when my third baby was born and I had written Baby Sense, and it was a bestsell already. A mom wrote to me, and I had a huge community of moms following me online and she said, “You're so lucky, third baby, you've written these bestsellers, you're going to know exactly what to do.” And in actual fact, I wrote a blog about it because I felt just as insecure as every other mom did because you seek and face everything you're doing and you question exactly what's going on for your baby all the time. And so that does not go away because there isn't a textbook for parenting and there isn't a textbook baby either. And so, you know, we have lots of questions.

What was very interesting was I spent time yesterday, I had lunch with a pediatrician here on the island and he was saying to me that he thinks that about 90% and potentially more of doctor's visits, pediatrician visits, and GP visits for babies under the year, under the age of one are for well babies. And it's only 10% that are for babies that need to be there. And the reason is exactly what you've said. It’s that we have so many questions about, you know, why is he waking so much at night? Or, you know, what do those spots on his face mean? And for most of 90% of everything, it's just a stage they're moving through, it's some hormones and they'll come out the other side, absolutely fine. 90% of inquiries that go through our minds are just totally typical.

And in fact, what he was saying, which was interesting was that he thinks that's the value of the Parent Sense App because he said if mums can have their questions answered on an app, without having to go to the doctor, that decreases the expense for them and the medical systems. And it allows doctors to focus on things that are important, which are the babies who are in distress and they're in real trouble. So yeah, but it is like that, you second-guess everything. Is this normal? Will he survive it? Am I being negligent?

**Cass:** Absolutely. I mean when he first got his baby acne, Alex said, oh, he's got some spots on his face. I said, no, that's completely normal. And in a couple of days, I was looking at like, well, is it normal? I should check. I just I've said it's normal, but if it's not normal, I need to check then. Anyway, but luckily I just asked, lots of people, is this normal? Did you have this?

**Meg:** Yeah. And there are completely normal, there're little white spots that are called milia, which means milk spots. And those come and they go away. The very, very critical thing is not to touch those spots because you can spread them on your baby's face or, their neck, so, leave them well alone. The only time we really do worry is if something is seeping, and so if there's a rash that's gooey and wet, and particularly if there's a raw and red rash around the bum, we want to get that sorted out quickly. And so for that, you know, I like using zinc-based barrier creams, something like Pseudo cream, I think works the best on nappy rash and in fact, Pseudo cream can also work on those little pimples as well. So you just pop it on the pimples as well. It's really lovely. And there's no need for a barrier cream if your baby doesn't have a nappy rash. And I think in the old days, going back to tying nappies 50 years ago, you did have to put a barrier cream on with every nappy change. You now don’t need to do that because the new nappies remove the moisture so effectively that you don't need to do that at all.

**Cass:** I think with this thrush, we're so back and forth, just as the nappy rash recovers, we stop using the Pseudo cream, and then a few days later there'll be a mild nappy rash coming back. And so we said, we'll just put a very thin layer of Pseudo cream on all the time at the moment, just cause there's obviously a sensitivity in that area.

**Meg:** Agreed.

**Cass:** And then hopefully if he ever stops having thrash, I've heard that maybe a probiotic, a baby probiotic might be a good idea. So I'm going to speak to the doctor about that today.

**Meg:** Actually, that was the very next thing I was going to ask you. Did they put you on probiotics?

**Cass:** No, they haven't yet. So I'm pushing—

**Meg:** That's essential.

**Cass:** Yeah. I'm pushing that conversation.

**Meg:** In fact, to be honest, Cass, I use probiotics with most babies, even if they haven't necessarily had antibiotics, if they've got very frosty poos, or if they're little bit irritable, a probiotic is a really good thing. And they're very, very good probiotics specifically for young babies. And so that's certainly something that he should be on and almost really that should have been on. I think any baby who's been on antibiotics should be on that. It's the only way that you can assist to get the flora back, the gut flora back to its old state. Well, of course, breastfeeding does it as well. And breastfeeding's interesting because breastfeeding has these incredible prebiotics. It's one of the magical components of breast milk and the prebiotics are what feeds the probiotics in the gut. So actually the very best thing you can do for a baby who's been on antibiotics is to breastfeed. But aside from that, I would still pop in a probiotic as well.

**Cass:** Yeah, I know. I'm going to push that. I did go to the pharmacist to try and get one, they hadn't even heard of the option for a young baby here. They only had for slightly older young children. So, I'm going to speak to the doctor for that because I think that will, well, hopefully, that will make a difference because it doesn't seem to be, the medication doesn't seem to be doing anything. So, it makes breastfeeding hard work because I've got to put a gel on my boob before he can feed. I've got to make sure I'm cleaning my nipple after every feed, putting on fresh breast pads after every feed. And then I've got to make sure I'm remembering to give him his medication. It's quite tricky if he is finally falling asleep and I have to think, no, you still have to have your medication. So luckily breastfeeding's been relatively easy outside of that. But it would be nice to just be able to put him on without having to think, oh, where's the medication and where's my breast pads and where's this—? I've got to make sure I've got everything in front of me, or send Alex running around the house, trying to gather everything.

**Meg:** Or find everything. But it's good that you've mentioned that because those are all things that you have to think about when your baby's got thrush because you don't want to, you can get into a cycle of your breast get thrush gives it to him, he gives it back to you. It is a cycle. So yeah. Good Cass, well enjoy Max's birthday today, his five weeks old birthday.

**Cass:** It seems only right he's going to a doctor on his birthday, then after his start life.

**Meg:** Is this your first visit back?

**Cass:** No this is, our third.

**Meg:** Of course, you had your previous visit

**Cass:** Yeah, because we've had to get three repeat prescriptions. So yeah.

**Meg:** Cass, well, have a good day.

**Cass:** Thanks very much, Meg. You too. soon.

**Meg:** Talk to you soon. Bye.

**Cass:** Bye.

**Outro**

Thanks to everyone who joined us. We will see you at the same time next week until then download Parent Sensor App and take the guesswork out of parenting.