**The 17-week sleep regression PART II**

**Outro**

I heard someone describe the sleep progression in a way that actually it made it quite easy for me to understand; that they're more aware of their environment. And so when they wake in the night, they kind of do a mental check of the environment, and is it the same as it was when I fell asleep? So have I got the dummy in my mouth still? Or have I got mum's boob in my mouth or whatever it might be. So obviously at the moment he can't put his own dummy in his mouth. So I've been really making sure he's not using the dummy to fall asleep at night so that I don't have to get up and put the dummy in every time he does it. In the day, I'm not having so much success, but I think that's because he's got such a routine at night that he already has the sleep association of this is me going to sleep, whereas in the day the dummy is actually that sleep association. So two questions on that; you mentioned there about putting the dummy in that the 10 o'clock thing to settle him. If I'm trying to avoid the dummy at night, should I still do that and then take it out before I put him down? How do I do that?—**Cass**  
  
**Meg**

In this week's podcast Cass opens up a new kettle of worms; 17 weeks sleep regression. We talk about what causes sleep regression and what can do to manage it. Max sleep regression happens in the context of a viral infection and a dip and weight gain. So it's complicated. This allows us to unpack weight gain and how to manage our maternal obsession with the scale and our baby's weight, dummy habits and sleep association objects such as dodo blankets are also a hot topic this week. So stay tuned as we explore more about the fourth month through the highs and lows of parenting with Cass and Max.

Welcome to Sense by Meg Faure, the podcast that's brought to you by Parent Sense, the app that takes guesswork out of parenting. If you are a new parent, then you are a good company. Your host Meg Faure is a well-known OT infant specialist and the author of eight parenting books. Each week, we are going to spend time with new moms 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 everybody, I am delighted to have you back with me. As you know, each week we are joined by real moms who talk about what's going on in their world. I gave Elaine my ear, and then I also give a whole lot of wisdom, hopefully that helps them to kind of demystify what's going on for their baby in that particular week. And for many of these weeks, we've been joined by Cassidy with her little baby, Max who we've actually been tracking from the week after he was born. And he had quite a tricky start in that he was in the SCBU or neonatal ICU for the first week. He wasn't well, but has had the most incredible journey ever since. Little Max is 15 weeks this week, and we welcome back his mom, Cass who's going to share with us a little bit about his journey as a 15-week-old little guy. How are you, Cass?  
  
**Cass:** Yeah, well, a bit sleep deprived at the moment.   
  
**Meg:** Shame.  
  
**Cass:** So if I sort of start talking absolute nonsense, that's why.  
  
**Meg:** We'll understand. Has he been keeping you awake more often at night?  
  
**Cass:** Very much so, but shame. He's actually not been very well, and he's had a little cold and he's been vomiting a little bit as well. So I think he's just…We took him to the doctor and everything was checked, but I think it's just a little virus.

**Meg:** Yeah.

**Cass:** But he's been very shouty with that virus.

Meg: Yeah, not feeling well.   
  
**Cass:** It's not affected his throat. But yeah, he's just been feeling a bit under the weather and it…I think I've mentioned a few weeks about how he's struggling with the feeding in the day, his weight, he's actually dropped a percentile as well. So we don't know if that is related to the virus or if that has been a slow thing. So we're having to go back in a couple of weeks to track that and see what's going on.  
  
**Meg:** So let's talk about weight gain because I think it's one of the things that brings up a huge amount of anxiety from mums. You know, I mean, I've always said that there are only certain things that you can actually measure with babies. One is mls in a bottle and the other one is calibrations on a scale. And so for breastfeeding mums, you can't measure mls in a bottle because that doesn't exist. You know our breasts aren't calibrated, and so we rely very heavily on the scale and it can create a lot of anxiety. And I remember thinking back to my first baby's journey where a woman I was being advised by who only lasted one week with me, but she actually wanted a pre-feed and post-feed weigh, which was an absolutely crazy thing. Any mom who's being advised to do that, it's not a good idea, but it was kind of to see how many mls were supposedly going into my newborn baby. And I became through that process became quite obsessed by the scale. So maybe tell us a little bit about what his weight gain journey has been, and then we can talk about weight gain and scales and so forth.  
  
**Cass:** Yeah. So he wasn't a small baby when he was born yeah. So he was 9-pounds 10oz when he was born, which put him in the 91st percentile. So he was a decent sized baby and he kind of tracked around that 91st percentile. But actually when I looked back at the growth charts, having just been started this week, he'd sort of started above the 91st percentile, and then up to just below the line, and now he's on the 75th percentile. So I mean, he's still got some, you know, chubby little legs and he's looking…He still looks like a really healthy baby. And interestingly, my mom got out my growth chart from when I was born, and I was also very…I was 10 pounds 6, so I was a very large baby, but I actually at the same age as Max weighed less than Max does now.  
  
So I had a drop around a similar time as well. And my mom was actually advised to put me on solids at three months old. And it would be interesting when we go back in two weeks to see if they do start to say, you know, it might be a time start winning him. It's also interesting because I have been sleeping, we mentioned last week about the four months sleep progression, which we seem to have hit, which is obviously affecting my sleep, which is probably affecting the quality of my milk. So he is currently in the day, I've taken it back to three hourly because he obviously needs a little bit more. So he is having a feed three hourly, but it doesn't matter whether it's three hourly or four hourly. He only ever wants one boob. Once he's finished one boob, he's not interested. I pump every evening at six o'clock because my husband does the bed time feed, and I get around five to six ounces at six o'clock from both boobs combined.  
  
**Meg:** And how many mls is that?  
  
**Cass:** I’m getting around 130 to 150 mls.  
  
**Meg:** Okay, all right, which is really good. Especially at that time of day.  
  
**Cass:** This is exactly what my mom said. So what I'm hoping is that when he's doing one boob in the day, he's actually getting a decent feed in that one boob  
  
**Meg:** There's absolutely no doubt. I would completely agree with that. No question at all. All right, so there's a couple of things that I would like to look at here. So first of all you know, we really do hang our hat on our baby's weight again. And you would've probably heard me say in a prior discussion that we had, that we don't want babies to cross centile lines, which is what he's done. So we don't want babies to go from the 91st and then cross down past the 75th and below. And we generally like babies to track on their curve. Having said that babies do adjust and we sometimes see that babies who were born at a low birth rate do start to pick up and actually move up. And we expect that.

So when I say that they mustn’t cross lines, it's not as cast in stone as, you know, cross the line, and you've got a problem here. The other thing that we also know, and I've heard, Kath Megaw speak about this quite often, she's a dietician who's written three of my books with me, absolutely incredible. And she's often said that, our babies actually normalize their way it's art and they do it through intuitive eating. So an intuitive eating means that they kind of know their limits and they're either taken more if they're need to gain some extra weight or they're actually taken less. And that if we follow intuitive eating and we feeding the right food, particularly once they're on solids that we can trust their instincts. So I wouldn't actually be worrying about this and also you need to look at your family as well. You know, if you were a family of giants and you know, very big people, then maybe we would be expecting him genetically to be sitting around the 91st percentile. But that isn't the case, you know?

And so it is very possible that he's actually going to settle himself around about the 75th, or maybe even, you know, closer to the 70th and that'll be his weight gain curve going forward. So yeah, I am always very hesitant. And what you'll actually notice on the Parent Sense App is an actual fact we don't put the exact lines and we don't put the exact amounts; we’re just wanting moms to watch their babies' curve and that there is an increase and it's not flat lining completely. One of the other principles that we always use is that if there is no weight to gain for one in between two weighs, then that's fine. But if there is no weight gain for three, for the second weigh, in other words, one, two, and then the third weigh, then that's a problem. And if there's a reduction in weight, then that's a problem. And although he's coming off his curve, he still actually is still increasing, and so I wouldn't be worried.  
  
**Cass:** Yeah. I think in about five weeks he has gained a kg.

**Meg:** Perfect.

**Cass:** So yeah, he is gaining, the problem really that I have is at night, he is desperate for feeds. I mean, last night he was positively aggressive trying to get my boob. And that was on a…Last night was actually, that was a two hourly basis, and he was doing really big feeds each time. So, and I don't know if that's, because when he was sick, I mean, it is while he's been, so the sleep progression we've seen has been a case of he was feeding every four hours, but waking up in between, but I could resettle him in between without giving him a feed. Then after we went to the doctor and she mentioned about his weight gain, obviously I was a bit sort of like, oh, well I should feed him whenever he wants it. And I need to stop trying to put off the feeds because he's obviously needing more food for a couple of days. I sort of had that mentality. And so there were a couple of nights where I thought, well, I'm not going to stop you having a feed if you want to feed, I need you to get back on track. And then, and he was sick, so I thought, you know, rules kind of go out the window.  
  
**Meg:** They do go out the window when they're sick? Yes. Correct.  
  
**Cass:** But now he's starting to get a little bit better  
  
**Meg:** And he's in a habit now.   
  
**Cass:** And I am worried that he is sort of, you know, he's fantastic at self-settling, so I can put him down awake after the feed, he's not wanting the feed to…In fact, sometimes after the feed, he's still quite fidgety and crying. And weirdly last night, the way I had to calm him was to put him on his changing mat, and then he calmed himself and then I could transfer him to his bed, which was a bit odd. And then he would just put himself to sleep without a dummy, and he's self-settling when we put him down in the evening. So I don't really know what's going on. And I'm hoping you do.   
  
**Meg:** Yes. Well, I mean a couple of things I think, so you've gone…What I'm hearing you say is you've gone back to three-hourly day feeds, and you are currently doing two early night feeds?  
  
**Cass:** Yes.  
  
**Meg:** And he is gaining weight, but he's not gaining at the rate he was?

**Cass:** Mm-hmm.

**Meg:** And that he's feeding off one breast and you are able to pump 130 mils in the evening, at a time of day when your milk supply will be at its lowest.  
  
**Cass:** Yeah. And he's doing one breast in the day, two boobs at night.  
  
**Meg:** Okay. So, a couple of things; I mean the amount that you're pumping at that time of the evening is absolutely brilliant. I mean, at this age, we're expecting between 90 and 180 mils per feed that he should be having. So if you are pumping 130 mils at a time when you're really low and pumping is never as efficient as breastfeeding, then I would, first of all, say that one breast is enough for you. Clearly are one of those moms that has that. I wasn't one of those moms, I needed two breasts to satisfy my little ones. One breast is sufficient, so that's the first thing.

Second thing is he's gaining weight. You don't come from big genetics. I think that probably he's gaining weight to the point that he should be going. That he shouldn't be at the 91st percentile. My suggestion is that actually we relax on how much he's getting in. And I think probably if we spoke to the doctor who weighed him, she would probably say exactly the same. She probably flagged it for you, but didn't flag it as I'm concerned about it. She probably just said, okay, we're now at the 75th percentile, unless she said to you that she was worried, which I'm presuming she didn't.  
  
**Cass:** Well, she wanted me to go back in two weeks with him and…

**Meg:** Just to check.

Cass: She said I could go back in two weeks for a weigh, and I could either go to the health visitor, or I could go back to the doctor. But if I go to the health visitor and he's still dropping, then they'd refer me to the doctor anyway.  
  
**Meg:** But he's not dropping, right? He's just not gaining…

**Cass:** He’s dropping percentiles.

**Meg:** He’s dropping percentiles. Yeah. Correct. Yeah. Okay. So look, I don't think that you've got any problem with that. When did you say he was weighed?  
  
**Cass:** On Monday.  
  
**Meg:** On Monday.

Meg: Okay. So you've got two weeks to go. My suggestion would be to keep up with your three-hourly day feeds because that should definitely tick the box with the amount of mills that he's getting with the size that he is, you know, three-hourly brace feeds is absolutely adequate. So that 6,9,2,6 is probably what you're getting in, so that's five feeds in a day, which is adequate. I would suggest however, that do start to stretch the nights. And I think for a cap of reasons, I think, first of all, you're exhausted. Second of all, he's at that age where he's going to be getting into habits now and having the habit of having to have a full tummy in order to sleep is not really what we want for him. And at this age he should be making it through till 12 o'clock. So he's probably now…Is he waking at 9:00 PM?  
  
**Cass:** He's actually waking…Last night, he woke at half nine, but the night before that he's waking between half nine and half 10.  
  
**Meg:** Yeah. So I would definitely start pushing that one through to the middle of the night. And I would do that with cool boiled water at the stage and just push him through until midnight. And then after that feeding on demand through the night, just for the next couple of days, and then you can start to work on the midnight to 6:00 AM, but I would suggest that between our next week let's stop feeding him before midnight.  
  
**Cass:** So with the…Because he's never had anything but milk before, and so introducing cool boiled water when he's distressed at night, feels a little like I'm going to end up having an even angrier baby. Should I therefore be introducing that in the day in a different way, but…?  
  
**Meg:** No. So, babies don't need…So let's talk about water quickly. Babies don't need water when their own breast milk, because breast milk is so brilliant that it actually decides how much liquid and how much kind of calories nutrition should be in it. So if it's hot, you'll actually have a more watery milk as an example. So I don't think that a hundred percent breasted baby needs water at all. So in terms of nutritional and it can actually disrupt your milk supply if you start introducing it too early. Having said that, for those moms who listening who are on formula or who are—once you're on solids, then we do introduce water because we do need extra water then, but I wouldn't introduce it during the day. What you can do is you can have water that you have boiled at bedtime and put it next to your bed and let it cool down naturally.  
So have it in the bottle. So that by the time it gets to kind of 10, 11, whenever he's going to wake 9, 10, 11, it's cooled down to a Luke warm level and you can just obviously test it before you give it to him. And so you've got this kind of Luke warm water; you can warm it a little bit so that it's just Luke warm, which is the temperature of the breast milk would be, so that it's less of a shock. He probably will protest, but you're going to give it to him, and then you're going to give him his dummy and then re-settle him in other ways. But I definitely think that for another one who is gaining weight and at the weight he is having a little bit of cool boiled water before 12 o'clock is absolutely fine. And then have your first feed happening around about midnight and you'll probably go midnight and then 3:00 AM and 6:00 AM. That's probably what you're going to look at from now, and that could see us through until 17 weeks old.  
  
**Cass:** Okay. And you mentioned there about the dummy. So I heard someone describe the sleep progression in a way that actually it made it quite easy for me to understand that they're more aware of their environment. And so when they wake in the night, they kind of do a mental check of the environment. And is it the same as it was when I fell asleep? So have I got the dummy in my mouth still? Or have I got mom's boob in my mouth or whatever it might be? So obviously at the moment he can't put his own dummy in his mouth. So I've been really making sure he's not using the dummy to fall asleep at night so that I don't have to get up and put the dummy in every time he does it.

In the day, I'm not having so much success, but I think that's because he's got such a routine at night that he already has the sleep association of this is me going to sleep, whereas in the day the dummy is actually that sleep association. So two questions on that; you mentioned there about putting the dummy in at the 10 o'clock thing to settle him. If I'm trying to avoid the dummy at night, should I still do that and then take it out before I put him down? How do I do that?  
  
**Meg:** Very good question.  
  
**Interlude**  
If you enjoy my podcast, I would like to share one of my favorite podcasts with you. The Honest Hour, Christina Masuriek is mom to two boys and a third little boy on the way. She's an American ex-pat living in Cape towns, South Africa, since 2008, and decided to start sharing her experiences in parenting since 2017. Having grown up in a dysfunctional family environment in her own childhood, which led to her adoption at the age of 10, Christina is passionate about finding purpose and presence in parenting, as well as exploring our own opportunity for healing and personal growth as we navigate the world of parenting our own children, Christina believes in ending the trauma cycle and that in parenting our own children, we can learn how to re-parent ourselves. So, pop on over Christina's podcast, The Honest Hour.  
  
**Meg:** Okay. So, it is actually a matter of choosing the lesser of two evils, unfortunately.

**Cass:** Okay.

**Meg:** So I mean, obviously your gold standard is that you can use your hand and your voice to settle him without the dummy or the breast and for babies who for instance, suck their thumb, they'll get that right. And so they will be able to find a self-soothing mechanism at this age, where for babies that actually need breasts or dummies, it's much more tricky. What is probably going to happen is that you will end up with one or other becoming something that he is somewhat dependent on for a period of time. And when I talk about the lesser of two evils, you know, and unless you do some sleep training now, in other words, you just don't give him a bottle. I mean, you don't give him breast, you don't give bottle of water, you don't give him a dummy and you just expect him, you know, it would be some…A little bit of crying at the moment, which I'm not a big fan of. And I know that they're friends of yours who you've—I think I spoke to, or you mentioned them before who have done sleep training under six months. It certainly does happen. I'm not a huge fan of it.

So I would probably not be going down the steep training route. So for me, that means that we’re left with, either using the dummy or using the breast; of those two evils, the breast is an exceptionally difficult habit to break. And Cass, I speak from experience in that I've ran a sleep clinic over many years. I ran a sleep course, it's ongoing people can download it on the app. The bottom line is that the moms who come into the course, who came into my practice, who had got a feed to sleep habit and particularly breastfeeding, breastfeeding is a whole lot more difficult to break than bottle feeding. And the reason for that is that breastfeeding is warm. It is sweet. It is comfort. It is mom. It is attachment. I mean, there's just so much, there's so much in that moment. And so that's why I really would prefer him to have a dummy habit. A dummy habit is a lot easier to break, a lot easier to work with. And in fact, moms who are on my course with seven months old, who are on feed to sleep, I will still move them onto a dummy to sleep and then onto independently to sleep.

So my suggestion is let's rather go with the dummy. It could cause habits, but it might not, you know. But I would say, especially…And often I've said this too, like aim high and which you're doing when you're putting him down without anything, but if it's 10 o'clock in the middle of the night and he will not settle without anything, then you've got to choose. You've got to go, okay. You got to pick your poison. You've got to say, okay, are we going to do? Breastfeed? Are we going to do a water bottle? Are we going to do dummy? Because nothing else is working, and of the three, I would probably before midnight go with the dummy.  
  
**Cass:** And so that's kind of leads into my next question, because obviously I've heard with this sleep coaching, consistency is key.

**Meg:** Yes.

**Cass:** And at the moment he is going down without a dummy at bedtime and settling up, he loves his comforter and he actually sucks on the ear of the elephant on his comforter or the tail sometimes. I mean, I can really see how that is going to get, so monkey   
  
**Meg:** Yes,  
  
**Cass:** But he doesn't seem to, and he's okay later in the night when I put him down, he does the same. But it is that sort of, as you say, that 10 o'clock where he's looking for that extra comfort?  
  
**Meg:** Which is why the water bottle might work because if it's a little bit of something warm in his tummy and he can reach for his elephant, then that might work really well. So I would go with the water and go with the dummy and then at midnight change the game plan, and feed him. I'd like to just, you've touched on something that I cannot believe that we've never spoken about in any of our chats and that's an attachment object or a dodo blanket. So I call them dodo blankey, the French call them that and, or an attachment object or a sleep association security blanket. So basically what it is, is something that little ones can hold in their hands, pull towards them and associate with moms.

So for those moms of nine-week-olds, you should be holding onto your something like a little dodo blanket, you a little elephant or whatever it is, and kind of really getting it to smell like you, and then starting to put it into your nine week old baby's hands to hold. And very soon they will actually start to take to it like Max has taken to his elephant. One of the things that you've mentioned is that it's going to get man, and I can tell you right now, and I've always said this to moms, get another one or two. I don’t know if you know where you got it, did you get it as a stock party present?  
  
**Cass:** No, I actually I bought it for him, this particular one.  
  
**Meg:** And how many have you got?  
  
**Cass:** Well, actually, it's funny you say this, now he started getting so attached to it. I said, exactly that I've got to get another one quick.  
  
**Meg:** You need to get it quickly. And I've often said to moms, whatever you do, if you get given that gorgeous fortune expensive, you know, kind of little soft toy from Harold’s that you can never get hold of in your life again, don't get your baby attached to it because when they hit two and they throw it out, the car window, moving at pace, you're not going to be able to do anything about it. So definitely go back by another two elephants. And then one of the things though, is that what causes the comfort to be really comforting as they go get a little older is actually the smell. And the problem is that if you've got the one elephant sitting at the top of the cupboard until the first one disappears, the smell is going to be vastly different, it won't even feel like the same creature. So my suggestion to moms, once their baby's attached to something, and this is the age where attachment taps happens to an object, which is brilliant that he's done it because it's really something that makes a big difference with sleep, is that you now need to go and buy two more and you need to rotate them out. Okay, so one week, one week, one week, just so that they're always smelling the same, but that you've got to backup one, you know, always two at the top of the cupboard one in the cut type thing. So that is important.

The other thing on attachment objects that people often ask me about it, it's not the case with you is how big can this thing be because we worry about suffocation. And what I always say is try and keep it as less than 15 centimeter square. So if it's bigger than 15 centimeter square, like a big muslin blanket that they've taken to, cut it into 15 centimeter squares, and then you've got a whole lot of more backup ones anyway. So that is worth doing. But of course, in his case, it's not a piece of fabric it is a little toy so that you're not worried about that.  
  
**Cass:** It's a little elephant with a piece of fabric attached to it. So it's got a sort of very soft square piece of fabric, and then one corner is a little elephant.  
  
**Meg:** That's perfect, absolutely perfect. So in the middle of the night to go back to your responses, 10 o'clock, he's going to score tonight, you're going to lie there and you're going to look at your clock for two minutes. Whatever he's doing, just lie there and just listen. He can be screaming or he can be talking. And that's very important that your that's your first line of defense, second line of defense, use your voice. So get up and reposition him, put your hand on him and tell him to go to sleep. And you can aim high without the dummy there, if you'd like to, he's probably going to protest even more. And then third line is going to be a little bit of water if it's before 12 o'clock. And then if he doesn't settle immediately after that, pop the dummy in, and that's what your regime will be before midnight. After midnight, go back to your feeds for now.   
  
**Cass:** Okay. And how come he's not going to form a habit to the water?  
  
**Meg:** He can, and that doesn't matter. Absolutely doesn't matter. So if moms of toddlers are listening and the toddler's having a water bottle at night, throughout the night, no problem; and in actual fact, I'll often with toddlers, say, just pop a bottle of water in the cut with them so they can reach for it. And the reason for that is that some babies and particularly babies who are breast fed only and will not take a dummy. So for instance, they have been…This is not Max, but another baby who has been only soothing on the breast. And now we have to move them off the breast onto something else, and they won't take a dummy. We’ll often give them a water bottle because then they get the liquid, but the liquid that comes out of a water bottle is not harmful health wise.  
  
So the problem with milk feeds at night, or, you know, bottles with something in at night is that very often parents are putting some sort of dilute juice in there or milk. And the problem with milk and juice is that they do a couple of things, health wise; number one, they cause obesity, if there's free and unfitted access during the middle of the night. Number two, it causes tooth carries, so cavities in the teeth. Number three causes ear infections because milk has is full of sugar, and it kind of seeps down into the Eustachian tubes and can cause ear infections. And then number four, it causes habits. Whereas with water, the only thing that it causes is a habit and that habit can be managed independently. And so in my mind, any habit that can be managed independently at night is something you do want to encourage with your baby, because it means that you can sleep through it. So they might wake up which babies are going to do at night, but they can sort themselves out.

**Cass:** Okay.

**Meg:** So no problem with a water bottle, no problem if it becomes a habit.  
  
**Cass:** So I'm not…With that water bottle at 10 o'clock, I'm not looking to stop him waking at that time and wanting something.   
  
**Meg:** He probably will because he's not getting much out of it. Like it's not as gratifying as a bottle. So what we find when we add in a bit of water is that they just stop waking for it because their body is not waiting for those calories and they can kind of ignore it. So he'll probably do…Your path is going to be like this, and I'll be interested to hear next week, if this is what it's been, he's going to protest the bottle of water because it's not milk for the first couple of nights, and then he'll probably take to it reluctantly and then he'll probably start to push out from 10 until 11 and then eventually until between midnight and one for his first feed.  
  
**Cass:** Okay. And then just regarding the sleep progression, obviously that's going on, I'm sure this is something that mums do all the time. We have sorted the self-setting, which I heard was the key thing. You know, if you can help…In this regression, that's one of the key areas to get him self-settled. So how long am I looking at now that he's done that?

**Interlude**

This episode is brought to us by Parent Sense, the all in one baby and parenting app that help you make the most of your baby’s first year. Don't you wish someone would just tell you everything you need to know about caring for your baby when to feed them, how to wean them, and why they won't sleep? Parent Sense App is like having a baby expert on your phone, guiding you to parent with confidence, get a flexible routine, daily tips and advice personalized for you and your little one. Download Parent Sense App Now from your app store and take the guesswork out of parenting.

**Meg:** I think he is, although he is self-settling, he does have an expectation of feeds, particularly when you're looking at two-hourly feeds. So his metabolism is saying, right, I'm semi-empty, top me up. So that's why we need to stretch before midnight. So that's a rationale there. So hopefully that'll push him out and then it could end up being a longer period. So that's the first thing that you have taken care of. And then the second thing is that we going to start looking in the next three weeks towards nutrition and saying, okay, maybe it is time for solids, but it's not time yet because he's still under 17 weeks. And he is kind of reflecting for me that this is a little bit more of an expectation thing, more than a nutrition thing, because he's gaining weight well. I don't think it is. I don't think this is all about nutrition. I think this is a lot about expectations.  
  
**Cass:** Yeah. In fact, this morning, I did say to my mom, I just felt that he was getting better. He still wasn't still sick. It was just starting to, turn to be a bit of cheekiness in there.  
  
**Meg:** Yeah, exactly. Like, well, it's there and so I'm must, yeah. I'll have it, thank you.

**Cass**: Yeah.

**Meg:** So, yeah. Oh Cass, so you've had quite a week actually.  
  
**Cass:** Yeah. I've actually been making a bed on the floor of Max's bedroom and that's been my bed because he has been really struggling to settle when he was sick and he's been vomiting in the day. I mean, that was the other heartbreaking thing. I mean, I was finally getting a good feed down him having heard that there was this issue with the percentile drop and then he was just vomiting a lot. But I think, and he still is vomiting more than he had been. He'd kind of stopped being sick after a feed, but now he is. And sometimes he can be quite sick, that is luckily stopping now. And it's getting a little bit less, a little bit less, but he's still being more sick than he was. And I am just hoping that that is because of the virus.  
  
**Meg:** Well, I would say there could be two things if that virus created mucus, which I think you said it did, that mucus actually does make them a little bit sickly and, and we do see milk curds coming up much more frequently when they have that. The other thing that is at the back of my mind is that we are feeding him quite a bit more than he was a week ago. And you know, I do think that, and I'm not saying this for all positing, but I do think some positing is associated with overfeeding. So I think he's getting in a big dose of mills in 24 hours. And I just wonder if there isn't a little bit of potential and overfeeding aspect to that, you know. And especially now that he’s stop protesting his feeds as much, that he's actually taking them in.  
  
**Cass:** And it's so hard, I can really understand because I've had that thought, but then I thought, no, he's dropped a percentile, there's no way I need to get more in him. And it's so difficult to, yeah, it's just so difficult, being a mum.   
  
**Meg:** I know it is so difficult being in mom. It really is. It really, really is. But, and I think that it's easy for me to say because I'm more removed from him so I can be more clinical. My gut says to me that the weight that the weight, and it's not weight loss, the weight like plateau, and it's not even a plateau because it is still gaining, it's just not as much; is actually where he's should be going. So it's intuitive eating. And I think that we should take the pressure off trying to over feed him, because I think that could be contributing both to the fact that he's ups-ing or vomiting a little bit more. And the fact that he is waking up more at night as well, so I think it is worth an experiment towards actually stretching him a little bit.  
  
**Cass:** Definitely. And you know, I think she—the doctor didn't say you've got start feeding him more or anything like that. She just said will check him in two weeks, it might be because of this virus, he's lost a bit of weight and that sort of thing.   
  
**Meg:** But isn't that the psychology of being a mom, when somebody says we need to check something, we go, “Oh my gosh, something's wrong.” You know, I mean, we'll do it with developmental as well. I mean, if somebody said to you developmentally, oh, well just, I think we should just check in on that in a few weeks. You would go, “Uh? What's wrong? Do we need a new **[inaudible 32:00]** just to check him up?  
  
**Cass:** Absolutely. It happened from when I was pregnant. I remember I went for my 20 week scan and he was in the wrong position to be able to check his heart properly, and he wouldn't move. And so they said, you're going to have to come back in 10 days so that we can do that check again and I automatically…

Meg: And you automatically thought…

**Cass**: …started thinking, “Oh my God, my baby's got heart problems.”

**Meg:** Exactly.  
  
**Meg:** Oh my goodness. So that's exactly what it is. So I think in defense of the doctor's response, it probably wasn't that she wasn't concerned at all, but you know, it's such an important thing that you say because every single mom who's listening experiences that without question; that you are sensitized to, could there be something wrong.  
  
**Cass:** Yeah. And I think on that one of the things I have thought is almost I shouldn't be changing what I'm doing, because we've got to see if that, what I'm doing, is that okay or not? And if I change it, then I'm not going to know what would've happened with the way that we've been going. So, it's not sustainable to be feeding him regularly all the time. So I think probably I should be aiming to stick to what I'm doing and then we review and look, as I said, look at the data in two weeks and see the case. I'm saying, look at data because as I've mentioned before that's…

**Meg:** What you do. So, what you're doing is you're going into an AB test, but the only problem is you're changing all the variables, so…

**Cass:** Exactly.

**Meg:** It's going to be no AB test. All right, so let's go back to the way that you were feeding. Let's go back to stretching him through to midnight, which I really, absolutely believe he can do. And then we can check what happens with that weight gain in two weeks’ time.

**Cass:** Perfect. What a cliff hanger.  
  
**Meg:** Yes. Let's stay tuned for the next exciting episode. Anyway, but thank you so much for the chat to you.

**Cass:** Thank you, Meg.

**Meg:** And yeah, it's been very interesting to chat about weight gain. I'm surprised we actually haven't had this before, because I'm sure most moms have had it before their baby hits 15 weeks. That's the…   
  
**Cass:** Yes. No, thanks so much, Meg.  
  
**Meg:** Excellent. Thanks Cass.

**Cass:** Bye.

**Outro**

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