**Baby weight gain: What's normal? Q&A with Kath Megaw**

**Intro**
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 for is a well-known OT infant specialist and the author of eight parenting books. Each week we are 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 Mums and dads. I'm Meg Faure, and this is Sense by Meg Faure your weekly dose of sense to deal with your babies. Each week I join you and we talk about a variety of topics; we go as far and wide as sleep to development and stimulation all the way across to potty training. And very often the topic comes up with feeding and that's the topic we're going to be talking about today. And sometimes I'll be talking to a real mum and we're going to be talking about what's going on in her feeding journey. And sometimes I have an expert and the expert who usually joins me to talk about feeding is Kath Megaw, Kath is a pediatric dietician, she's based in Cape Town, South Africa. She got her pediatric dietetics qualification from the John Hopkins University in the United States. She runs a super busy practice, and she sees neonates and pre-babies all the way through into picky toddlers and picky children and tricky eaters as well as I'm looking at ketogenic diets for little ones who've got epilepsy. So she really is the expert when it comes to pediatric dietetics. And Kath, it is my absolute pleasure to welcome you back here today.

**Kath:** Oh, thanks for having me, lovely being on.

**Meg:** It's always such a pleasure. Kath and I have written three books together and you've given input on an additional couple of mine. How many books have you written? How many titles do you have?

**Kath:** I've got five. Yeah, including the ones we've done, yeah.

**Meg:** Excellent. And the biggest seller of that for both of us across the board is Weaning Sense. So, many of you will be Weaning Sense mummies, so you will have weaned your babies with our journey. We’ll have a look at COLLAB weaning, which is really a collaborative approach to weaning your little one. And today we are going to be talking about a topic that's really, really a hot topic. It's the topic of weight gain in babies. And you know, I think as a mum, and I'm a mum of three as you know, it was really something that I always measured my success on. How much is my baby weighing? How much weight are they gaining? And in fact, Kath will horrify you probably to know that with my first baby, I wasn't a terribly brilliant breast feeder, which I think I've told you before, but I came across a clinic sister in Cape Town who told me that we had to do pre-feed and post feed ways. And so I'd go in and we'd weigh James, I'd then breastfeed him and with tears in my eyes, she would tell me, no, he's only gained 60 grams, whatever it is, you've only fed him 60 mls of milk or whatever it was. And we'd all be in tears about the fact that I was maybe stopped breastfeeding and rather go into bottle feeding. So I became absolutely obsessed with the scale and obsessed with the feeding charts and the growth charts. And I think that's a lot of the journey for a lot of moms.

Of course there's a flip side to that, which is when babies have obesity and weigh too much. And that probably is more of a concern to you in some respects and I'd love to touch on that today. But today we're really going to talk about everything from too little weight gain to too much weight gain and everything in between. And Kath is going to weigh in on it. So I'm super excited about today's topic. I know it's close to your heart.

**Kath:** Yeah, absolutely. I think like you said, it's a topic that probably is one of the areas that causes the biggest concern for moms. And also one of the areas like you mentioned that can almost define whether a mom continues breastfeeding or doesn't or you know, changes formula or doesn't. And, measuring our successes, moms by our child's weight in the early days is very real. So yeah, I'm really excited for this chat.

**Meg:** Yeah, no, that is exactly what it is. It's that kind of measuring your success. There's so few measures of success as a new mum and you know, the scale becomes one of those. So, let's start at the beginning and it's actually turned back the clock to, actually pretty much what I had spoken about when James was little and that was that, he really didn't gain weight brilliantly. I don't think I was a good milk caw, although he's a thriving strapping young man now. But if we speaking to new mums, how much weight should a newborn gain each week?

**Kath:** So, so we normally average between a 100 and 200 grams a week in the newborn stage, which is the first six weeks. So, and then it's, we start to allow for kind of a less slow again as they get into the next six weeks, up to three months. So we might go down to 80 to 180 kind of range as it. Some children even gain up to 240 grams a week, some consistently gain around 80 to 90 grams. So, I think what's important here is not necessarily how much they're gaining, but are they gaining to stay on the curves. And I think that is really important. So with the growth charts and that we look at curves and the story versus just that individual number.

**Meg:** Yeah, no absolutely and I think that's really important to point out that it is about the curves. It's not about exactly what happens week on week because I think what can become this absolute obsession even if you're gaining at the bottom end of the 100 to 200 grams a week, which James was gaining on the bottom end of that, you know, I became completely obsessed with the fact that he had to gain this 100…Like there was this number that had to be. But actually I think what you're saying is that, is that it's more about what their curve is doing than about the actual number of what they're gaining.

**Kath:** Hundred percent. And we, we also need to remember that they also grow in length. So for all the moms who have new babies, they will realize they're growing length because they grow out of their baby grows, and you know how quickly you go through those early baby grows and so some weeks they'll grow more in length and others they're going to grow more in weight. And so with the weight growth there's sometimes a little bit more weight gain, with the length growth, there's sometimes a bit less weight gain. They also grow in head circumference so their brain is also growing. So it's really important that if we are going to give mom counseling around weight gain that we don't feel is adequate that we match it in line with length and head circumference and everything. And that's why your story is quite tragic in that and so common unfortunately even still today is that that's just so weight focused in individual moments versus looking at the big picture and the whole story. And I think that can really shift the perspective when you are talking about weight.

**Meg:** So you've spoken about a couple of different growth charts there. You've spoken about weight, length and head circumference. Maybe we should just touch on growth charts. Are they important? Should we be throwing them out all together? How should we be reading them? You know, which ones do we place importance on that type of thing?

**Kath:** So, I think just to give a brief like one minute history of growth charts. It's important to remember that it's taken an average of a group of children and a group of demographics around the world in certain places, and we are then creating a norm. So it's not looking at your individual child, your individual family genetics. There's many, many different growth charts, over a hundred growth charts in the world. And we tend to use the World Health Organization growth charts in South Africa, which is really developed focusing around developing countries. So it's appropriate to a degree but not for every single child. I find for example, certain different ethnic groups, for example like children who have Indian ethnicity, they will tend to be smaller and they never fit on nicely onto our growth curves. And they always look like they're failing to thrive and they're always panicking and always needing to be fed more and it's actually not fair. They need to be really plotted according to that norm. So that's just one example.

There's another growth chart which I find gets used quite often in the private clinics, which is the CDC Growth Chart, and that's really more a European -American based growth chart, and this unfortunately is also not really appropriate for all the baby groups and that, so that's why it is important because it tells us a story. So again, it's not necessarily that line, like which line is my child on? It's more is your child following a curve? So that's very consistent overall growth charts is that they are norm curves and we want the children to be following one of them, whichever one they fall onto, that's the one they follow. There's a red alert if a child will drop below two curves or go above two curves.

So if they suddenly go from say the bottom curve onto the second, third curve very dramatically, we would need to just ascertain what's happening. Are they correcting, or are they over been over fed? If a child goes from say the third curve and jumps right down to the bottom curve, that's a concern because is there something wrong? Are they ill, are they suddenly not taking in as much, or actually being able to utilize the nutrients? So they do tell us stories, so they are important but I think they need to be held very lightely and be interpreted very accurately. Get a age for lean growth curve, you get a age for circumference, age for weight, and then we have growth curves that look at the relationship between the three. And those are probably the most useful growth curves.

**Meg:** Very interesting, but not something that really the layperson or a mom would be looking at that combination. But I think what's really important as a takeaway here for moms is it's not so much how much a baby's weighing each week, but just that they're following some sort of curve and not crossing two curve lines. And it's quite interesting because on the Parent Sense App, when we built the weight chart, I clocked in with you right at the beginning and I didn't want lines on it like very specific hard lines. So we've got shaded areas that we want babies just to kind of grow along a trajectory but not as you say crossing lines. So I think that's the important principle there. They're useful for probably medical professionals and they're useful to watch if a baby is crossing curves but ultimately it's not the be all and end all. And that means that babies don't have to be on the middle line. You know that 50th centile, which of course is the proverbial box that we are trying to fit everybody into, which we really don't want to do.

Now what about prem babies? Kathryn, I know you deal with a huge amount of prem babies because now they're obviously going to start off a curve cause they're starting at an age below where curves actually start. Do you plot their curves for their actual age or for their corrected age? And what sort of curves do you expect with prem babies?

**Kath:** Yeah, so I think that's…So we get very…So the one thing that's kind of nice, we've got really good, the Fenton growth chart is a curve that we use for prem babies. So, basically plots them from very, very premature even up to like 20 weeks premature and it can plot them right up to birth. What is really important is that the expected date of birth becomes the first plot on our standard curves and books and all those things. And so I always say your date that you expected your baby to be born, which is between 38 and 40 weeks, so that's normally around discharge from the neonatal ICU, and that is where you would plot that weight. It would become the birth weight but not on your growth curve. And if you plot like that baby will more healthier than if you plot with your baby's actual age, in other words the age that your baby has been around and outside of the womb. So we prefer to plot corrected age on the traditional growths, which is in your books that you get at your clinic or at the hospital when your baby's born.

Interlude
This episode is brought to us by Parents Sense the all in one baby and parenting app that helped 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 parenting.

**Meg:** So if you are presented with a growth chart as a mom that starts it at not, obviously at birth, you actually really wouldn't even be plotting their pre, if they've been alive for six weeks ahead of their due date, you wouldn't even be plotting it on there and you'd start on their due date.

**Kath:** Okay, very interesting. And that's really, really important and really helpful and it takes away a lot of the pressure which is often put on prem babies because they literally will get discharged on their due dates and they will weigh what a healthy term would weigh, but they definitely won't weigh what a six week old would weigh even though they've been, like you say around for six weeks. And that's often a huge confusion and I have to really be sad in saying that's not even understood by a lot of the medical profession.

**Meg:** That's very, very interesting Kathy, sure. So when should we…I mean we've spoken about not worrying too much, we've spoken about not becoming obsessed with kind of exactly what the weight is, but when do you start to worry about weight gain or lack thereof? So, if I do have an underweight baby, when should I be wondering or worrying?

**Kath:** Yeah, so obviously if a baby, all babies need to be gaining weights. Okay, that is really important. Some weeks they'll gain more than others but we want them consistently to be gaining weights and we would like them to be following the curve at which they started out on. Having said that, you do get some babies born really big and you know you find they might lose a bit of weight and then they start a new curve. So I normally give them about three to four weeks to get onto the curve and find their curve. And so between that, those first six weeks, that's the curve that then you allow them to, well you kind of encourage them to grow on and that's where you want. So if they start dropping away from that curve once they found their [inaudible 14:57], then you’re concerned if there's any weight loss that's a sign of concern.

So, definitely shouldn't be losing weight, you don't want to see that if you have a slow week but then the next week it picks up, there's no problem there at all. But if you're consistently finding that your baby is like under, if your newborn is under 80 grams a week consistently, you'll notice they won't be able to follow their curve. So, it's all does tell us what's happening when you look at the curve. If they're length…So it's important for moms and that's why I mention length. It's important for moms to ask what the baby's length is. You know, I've never a mom that doesn't know the baby's weight to the point one, not gram, but they very seldom do mums actually know the height. And it's largely because healthcare professionals, we are lazy when it comes to that. You know, myself included and something I really make a point of more and more is looking at the height because that's also a really good measurement of health. And invariably if the baby is in height, even if the weight is you know, kind of edging along a bit slowly, then you know your baby is getting good nutrition.

**Meg:** Okay, excellent. That's really good to know. Okay, so we've spoken about those really newborn days, those kind of first 17, you know four to six months of age; 17 weeks of kind of should we be concerned if weight gain is not great? Now many times when weight gain starts to slow at around about three to four months, parents immediately want to start to put their babies onto solids, which is not necessarily the worst thing, but is it going to actually solve the weight gain issue and is this something that parents should be looking to do?

**Kath:** So yeah, I think it's a brilliant question, Meg, because you and I both know that the introduction of solids in the beginning is about learning to eat and experience in the of. And so if you start to put pressure on solids to get your baby to either sleep through the night or gain weight better, then you're going to take the joy and the fun out of the feeding journey, and that's really a dangerous space and place to be. So I really would say don't solids with the idea in mind to have your baby gain more weight or to have your baby sleep better. Rather start solids because it's appropriate time, definitely around four months is appropriate. So if it does coincide with the weight not being as adequate as what you had hoped or what your healthcare professional hopes, starting solids is important but it's not going to solve that problem. So, rather looking at increasing the milk or figuring out the milk and fixing that, then putting all the pressure on solids to be the solution to better weight gain.

**Meg:** Okay. And now, I mean you kind of mentioned something there to look to the milk rather than milk, look to the solids. And so I might throw a little bit of a curve ball. Is there any sense in changing type of milk in order to increase weight gain? In other words get coming off breastfeeding onto formula or coming off a certain formula onto another formula?

**Kath:** Yeah, so look, I'm always big one to preserve breastfeeding for as much as possible. So I would really, for me to suggest that a mom needs to stop breastfeeding for better weight gain would really mean that the child's in a bad space and the breast smoke is just not sufficient and those are very rare cases but they do exist and use in that case would be possibly using top up formulas, so in addition to continueing the breast feeding, but I definitely wouldn't do away with the breast feeding altogether. They are things that we can add and do. It might mean a mom expressing and we can add a fortifying supplements to the breast milk, which could make it a bit richer and mom can still offer breast milk to the baby. Otherwise we do have formulas that are higher in calories than standard formula and we can use that in cases where it is indicated and needed.

However, what we do know is that if we are naturally fatten babies up, in other words go against their genetics, we're actually pre-programming them to be potentially obese children and then adults. So we used to do this, this is very sad to say, but we used to do this especially in the prem environment, we used to believe that all prems needed to get onto that middle line as quickly as possible because you're born small as a prem, you just got pumped with all the calories that we could possibly find and give you. And what happened is we had this kind of huge amount of rebound obesity in prem children around the age of nine. And so we have changed our strategy and so we talk about growing our prems slow and steady versus trying to fatten them up and get them to meet their peers as quickly as possible. And you know what? I've always said we do that developmentally with our prems; we allow them to take time to develop and do their gross motor, and their fine motors, we give them time, we always correct for age and give them time. So we need to do that within nutrition and with their weight as well.

**Meg:** Sure Kath, very interesting and actually a little bit scary this thing of this kind of rebound overweight to obesity, you know, when they're nine years old. Is this something that we see with other children? So, let's say we have a baby and I mean my best friend when we had…We had our first-borns together so we were like during the headlights and I had this very underweight little skinny scrawny guy and she had this really, really, really fat baby. I mean he was really, really fat. She couldn't clean between the folds and his neck and around his thighs. He was exclusively breasted but was a very, very, very fat baby. I guess my question is, is there a higher risk of obesity, heart disease, diabetes, any of the kind of weight related chronic illnesses in a child who is very overweight early in infancy even if it's not that he's being intentionally fattened up?

**Kath:** Yeah, so there is, there is a higher risk of obesity late in life and therefore lifestyle diseases. So if obesity is in those first kind of three years of a baby's life. However, on the good news side, if you are exclusively breast feeding, we know that breast milk tends to lay down a lot more brown fat cells. So obesity has got a lot to do with the type of fat cells. You get brown fat cells, and white fat cells; white fat cells are more artificial fat cells that are laid down early on through either overfeeding or through food that is more unnatural for a child. So anything not breast milk will be more likely to lay down white fat cells versus the breast milk, which we know lays down more brown fat cells. Partially because of the way the body regulates itself with the feeding of breast feeding and that the baby, you can't really measure the mls in that, and if you start measuring mls and you doing express breast milk, we have found that you can also get white fat cells being laid down. So we think it's more due to the over feeding versus breast milk versus formula. So we tend to be easier to overfeed with formula because we look at the tin and we think that's what the baby needs to get in whether they want it or not. And so it's easier to actually overfeed with formula versus breast milk.

So yes, there is a higher risk ever. We do also see babies who are very like big babies, healthy flourishing babies, but were regulated with their feeding and they are totally normal as older, older children and into adult years. So it's more about overfeeding. So following your baby's choose, letting your baby eat intuitively and drink intuitively at the milk, but overfeeding when it comes to keeping too much milk with solids or keeping or you know, just having too much milk into the toddlers, that's actually the higher risk for your obesity and lifestyle disease later on.

**Meg:** Yeah, it's interesting though because, I mean you and I, we have a great intersection between the work that we do and one of the places where I see that intersection is with very, very fussy babies. And so with these hugely colicky babies where they're crying a huge amount of the time, the mum therefore looks at them and thinks they must be dissatisfied or hungry, she then feeds them because that's her first line of defense to calm the baby. And so you end up with these babies and in actual fact my friend's kid was one of these where, yes she was breastfeeding and she wasn't intentionally trying to fat them up but she breastfed like 24/7 for a very long period of time because it was the only way she could sooth them. I mean what do you think of that? So in the circumstance where we have this very colicky baby, the mama is feeding kind of nonstop it's hourly feeds, whatever and ending up with a very chunky, very unsettled baby. Is there a rationale or a place for us to start to recommend spacing feeds a little bit?

**Kath:** For sure. So, that's why I'm saying I think it's not like you breast feeding, so it's carte blanche feed as much as you want your baby will be fine. It comes to regulation and if the baby can't regulate themselves because they're crampy and colicky and as you now often say, you know baby when they're little they don't know the difference between a gas wind and a hunger cue, and so they respond positively to feeding initially because they feel it soothing them because it creates that soothing experience. For the mom, she feels like she's done the right thing and so they're in lies the risk of overfeeding. So space in it becomes so important in those cases and definitely indicates that if baby is starting to gain a lot of weight, cause consistent breastfeeding we know also has a lot more sugary milk that the baby is…

**Meg:** Moms just doesn't have the chance.

**Kath:** To really create that substantial protein and fat, which is really important also regulate in appetites and weight gain as well. So it's also interesting just on that note, the higher the sugar content of formula of a child's diet and of breast milk, the more chances of the white fat cells versus the brown fat cells.

**Meg:** Very interesting. Gosh, it's utterly fascinating; really, really super, super to hear all of this. One of the things mums, when you go into the app now, we've just updated it and we have a new algorithm that's built into the app in which you can actually develop a routine for your baby based on more information that you want to put in. So you can put in your baby's, the spaces between babies feeds for instance, or the time that you want your baby to go to sleep in the evening and their bedtime. So, we’re putting more control in your hands. But what you'll notice when we give you the control to be able to put in the spaces between your baby's feeds, we prevent you from putting in sooner than two hours or more than four hours for little babies. And this is exactly the reason for that, that you know, when you breast feeding more than two hourly, you're really not giving yourself the opportunity to build up that lovely hind milk and all the fats and the proteins that Kath's talking about. And you run the risk of a baby who is actually a little bit more niggly because they're getting so many sugars coming through, so much of that lactose is coming through. And so they're battling to actually digest that and so you get these crampy tummies. So that's one of the reasons why along with the weight gain side of things that we make sure that we’re spacing feeds nicely.

Kath, we've really covered an enormous amount on little babies and I'd like to move our attention a little bit more towards our toddlers. Toddlers actually their weight slows down quite dramatically and you know, I mean we've spoken about the slowdown of weight gain between after six weeks or as babies move out of that newborn phase. What happens to weight gain as they move into the toddler years and is this a cause for alarm?

**Kath:** Yeah, I'd say exponential slowing down and it's so hard for moms to really wrap their head around this because there's been so much pressure on them in the baby year was to like get this weight gain and you're looking at weekly weight gains of a hundred grams a week or more and it just feels like that's where your focus is and then you hit this toddler stage and your baby, your toddler maybe gains a hundred grams in a month and you panic at first and think, oh my word, what's happening. Alongside, he's becoming fussy and he's not eating the volume that you perceived he should eat. And so you start to equate my toddler's not gaining weight because he's not eating and then there's this pressure and creates a whole lot of issues which you know about. So you do want to see the weight gains throw down because if you don't, you would have a giant by the age of five years old if they had to grow at the same rate that the baby's growing.

**Meg:** Yes.

**Kath:** And if you think about a newborn and how they're literally like double their weights and then double it again. But yeah, you can't have that going on and on and on into your child's life. So you want that slow-down, which means it gives you time to breathe because feeding can actually be a little bit more relaxed. I always say that slower weight gain in the toddler years is grace for us as parents to just not have to panic so much about the calories and that so we can focus on healthy good nutrition, but we don't have to be so obsessed with that they are getting every day the right amount and the exact amount but they can over the space of the week incorporate the foods that they need. So it takes a lot of pressure off when you stop focusing on that exponential weight gain in those years.

**Meg:** Absolutely. Now, I mean you shouldn't even really, I mean in the early days you're weighing your baby weekly and then monthly. How frequently should you actually be wearing your toddler or should you not even be weighting them? Should you just be looking at their health, their energy levels and their sleep? I mean, what do you think? Do we need to weigh our toddlers?

**Kath:** I think you should just weigh your toddlers their vaccination times. So when they go for their vaccinations or to their GP for a follow UP. Obviously if your toddler is really poorly and maybe getting frequently ill then obviously you would take them to the doctor, they would check their weights. If your child is really not eating well and you are worrying, one of the things we will do is just check their weight, do what is the height growth because toddlers do a lot more height growing in that age group and then just assess that as well. So, not weight in isolation, definitely not with the toddler. You definitely want to look at the weights and the heights together and the relationship between the two, but they will slim down because they become more active and so it's got a lot to do also with that they become more lean; they put on more lean muscle mass versus a baby that's carrying more fat mass. The toddler puts on more lean muscle mass because of the activity level that they get involved in. And we know the story where, you know, professional athletes couldn't even keep up with the toddler's activity level. And so based on that, a toddler is burning a lot more energy and kind of utilizing their calories very efficiently throughout the day. So you really don't have to be weighing regularly at all.

**Meg:** So, if I'm a mom who's got a picky eater and I am worried about his weight gain, but of course his weight could just be that he slowed down naturally as a dietitian, maybe give me one or two flags that a mom should look for before she seeks out the advice of dietician. Like what for you in combination with picky eating and the slowdown and weight gain, what would be the flags that the mom should look for?

**Kath:** Well, I think if the picky eats in removes the whole food group, then I would definitely get advice. So you should, if the whole protein group is out the window or the whole fruit and veggie group is out the window, those are red flags because they're missing out on a whole range of nutrients. And then definitely some good sound advice with regards to how to supplement while you working through that picking eating stage is helpful. And obviously it's add to repeatedly getting ill, that's another thing that would also be a red flag.

**Meg:** Ok.

**Kath:** Children don't, even if they are…Sorry, I just must mentioned there's children, toddlers who are anemic, who have low iron stores and really struggle with that don't necessarily sleep a lot more or look very lethargic. They actually tend to almost be a bit busier because they are feeling tired and they need to kind of keep themselves awake. So that's so lethargy or tiredness is not necessarily a good sign. They often sleep much worse and they're actually often are a lot more busy if they are lacking in certain nutrients.

**Meg:** Very interesting, Kath, wow.

**Interlude**
If you enjoy my podcast, I would like to share one of my favorite podcasts with you. The Honest O Christina Masureik is mom to two boys and a third little boy on the way. She's an American expat living in Cape Town, 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 to Christina's podcast the Honest Hour.

**Meg:** And then finally I guess we need to talk about the overweight toddler. So we've spoken about the risk of obesity and what this does long term and that there is a long term risk for obesity with little children who are overweight. Can you talk a little bit about the overweight toddler?

**Kath:** Yeah, so the overweight toddler is often due to the child's eating quite a nice diet like solid wise, but they're still drinking a lot of milk. So normally that's the most common thing with the overweight toddler is the amount of their milk consumption. So they continue almost drinking two to three to four bottles ongoing and they are maybe even drinking in the night still and they don't actually need those extra calories or the toddler can also be a fussy toddler and overeating on a lot of the white foods, which are a lot of the refined carbs and things like that. So it's important to just then assist, you know, just because a child's picky doesn't mean they're going to be underweight. So a picky child can also be an overweight child, an overweight toddler and that's something just that would also be a red flag if your child is overweight and consuming and eliminates in certain food groups and consuming a lot specifically of the whites and brown group, which is mostly your refined cards.

Also it's the introduction of school at this age and it's the introduction of often toddler birthday parties where there are numerous, especially if you're part of these mom support groups and you go to a toddler party after toddler parties. So they're being exposed to sugar and junk food that they're necessarily weren't exposed to and they will develop a taste for it and a liking for it. And because they can't differentiate between the health of broccoli versus a piece of chocolate, they are going to go for what they prefer and what tastes nicer because they're not going to make any cognitive decision to choose the broccoli versus the chocolate. And so just, they need so many boundaries and they really need guidance there. And if you are struggling, then you need some assistance then seek help, there's nothing wrong with it just to…And it's often with these type of children, just one or two consults just to help a mom, give her boundaries, know what expectations she has and know what she can put in place with her toddler, because toddlers often dis-empower us and make us feel like we can't put anything in place with them, but we actually do. We do still hold the power even though it doesn't feel like it

**Meg:** Absolutely, absolutely, fabulous advice, Kathy. I could sit and talk to you for hours about this and I'm sure there are a lot of parents, particularly when we touched on the picky eating piece, who actually want more information. The great thing is that you have a picky eating workshop that's already loaded in the app, which parents can go and listen to, and Kathy's currently building a picky eating Master Class as well, which will be a much more extensive a course and she can take you through, you know, just really a lot more of that. So have a look at the app, the Parents Sense App, go and have a look. Kathy is on there and you can also reach out to her at Nutri Peds as well, you can follow her on Instagram and Facebook; a wealth of information when it comes to infant feeding. So Kath, it's all we have time for today, but it has been absolutely incredible. Thank you so much for as usual, just sharing your wealth of information.

**Kath:** Pleasure, thanks for having me.

**Meg:** Thanks Kath.

**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.