Baby Allergies

**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'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 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 Mums and dads. This is your weekly dose of Sense by Meg Faure. And as we are each week, we are joined today by a new mom. She's a new mum but not really a new mom because she's quite a seasoned mum. We joined again by Christina Mazurek, who is the mom to three little ones. Her eldest Everett is seven years old and she's got Lincoln, who's five and little baby Connor who is four months old. And we have already spoken with Christina last month and so we are in for our kind of monthly catch up to find out how things are going with little Connor. How are you Christina?

**Christina**: I'm well, thank you so much Meg. It's good to be back here today and Connor is doing so well. I cannot complain. He's sleeping through the night still since our last conversation, which is great. I think I've started to see the first signs of teething and we just did his allergy tests because as your audience will find out, my middle child Lincoln had a lot of food allergies. So, the allergologist that we see has advised that we do early testing for Connor before starting solids and he is all in the clear, he's not allergic to any foods that we know of. So that's great.

**Meg**: That's brilliant. Well, that just kind of opens up a whole another thing we've never ever spoken about. Can you believe it on my podcast ever? And that is allergy testing and whether or not it's necessary. And I think maybe I should just debunk a little bit of that for parents now that you've brought it up. So, with Lincoln, what was he allergic to?

**Christina**: Lincoln was allergic initially to eggs, avocado, banana, all the three nuts and oddly kiwi.

**Meg**: Wow. So, a probably allergic little boy. How did you find out the first time? I mean what was the first hint that this was happening?

**Christina**: So, the first time that I sort of thought, oh, I think he might have food allergies, was when we started introducing solids and he was vomiting after his food and sort of making that choking sound. I'm allergic to shellfish so I know what it looks like when you're starting to get those like hives in your throat. And then he had rashes all over his arms and his mouth and it was very mild at first and that's when I took him in for the allergies. And funny enough, during our breastfeeding journey, he was like my only, the one of all three of my kids that actually latched really well. And it was amazing. We worked really hard to have that journey and we still couldn't go for long because he was sick, super sick after every feed. And when we switched to formula, he was fine. And in hindsight, we found out he was allergic to everything I was eating. I don't know, the science on that isn't entirely clear, but we knew for sure when he started solids and then we did the skin prick test with an allergist.

**Meg**: Yes. That's really interesting. So, just a little bit of science there for the mum's purposes, your first exposure to an allergen in a food you'll never have a reaction to because you haven't been exposed to it before and your body needs time to mount a little bit of a reaction or like a little bit of a war against that kind of molecule or food stuff. But the second time you're exposed is when you're actually starting to see the reaction and it gets increasingly worse with each exposure. And so, that was obviously what you were feeling, is that it started off with the rash, a little bit of gagging or choking and let's go and check it out. And obviously the Skin Prick test came back actually quite extensive. I mean that is a full list of foods that you were talking about that he was allergic to.

**Christina**: Yes. Yeah, absolutely. And allergies are so funny. I mean eggs were a really interesting one because you have cooked egg, raw egg, egg yolk, egg white, and then the different variations of cooking. So, at one point, he could have something that was baked in the oven with eggs, but not an entire quiche but a cake.

**Meg**: Yeah.

**Christina**: But he couldn't have a pancake because when you cook a pancake on the stove, the cooking process denatures the protein in a different way. So, his body was still having that war against certain versions of the egg protein and until he eventually completely outgrew the egg allergy, he outgrew everything except for cashews and pistachios. And cashew, it's funny that you say that each time you're exposed to the allergen, it's a worse reaction. We were told when he was Skin Prick test for everything that none of these are severe allergies. We don't need EpiPen, we just have to really watch what's going on at home. And one day, he accidentally ate a cashew and there was a very severe reaction, which I ended up in the emergency room and then when we went back for the allergy test after that, to this day he's severely allergic to cashews and pistachios and we do have EpiPen.

**Meg**: That's super interesting. Really, really interesting. And in fact, this kind of throws me back to a few years ago where I think you and I might have met at the allergy sense launch, which

**Christina**: That's exactly right.

**Meg**: Which is, you were there as I think probably the allergologist that you consult with to wrote the book with us.

**Christina**: Yes. Your co-author Dr. Sarah

**Meg**: Karabus.

**Christina**: Karabus.

**Meg**: Yes, that’s right.

**Christina**: I always say her name wrong. I told her I was going to chat to you today and she told me to tell you hello.

**Meg**: Oh, that's wonderful. She's an exceptional doctor. And you know, what's interesting in the book is that, you know, we talk about, first of all introducing solids in general to babies. And I think a lot of fear exists around allergies for parents. So that this kind of delaying of egg and delaying of peanuts and delaying of fish, you know, being super vigilant around it. And yet both Sarah Karabus, myself and Kath are much more in the camp of exposure is important. However, with one caveat, and of course this caveat is the camp that Connor sits in and that is that if you have got a high-risk baby, you do need to proceed with caution. And Connor obviously sits in that category. So, for moms who are listening, your baby is not a high-risk allergy baby in general, babies just don't have that risk as long as you've done a little bit of exposure in pregnancy, like eaten peanuts and pregnancy, if you're not allergic, for instance, eaten and given micro doses in breastfeeding, you know, so eat eaten different substances, your baby's not going to be allergic. But if multiple family members are allergic and if they're multiple allergies within those family members, then your baby is high risk for allergies. And that's exactly what happened to Connor because both you and Lincoln who are actually really allergic. So, he goes for the tests and what were those tests like and what did they find?

**Christina**: So, Connor's test yesterday you're asking?

**Meg**: Mm-hmm.

**Christina**: Yes. So, they did the Skin Prick test, he wasn't fussed by it at all. So, if anyone's listening and needs to go for those. someone on my Instagram yesterday asked me, was it painful? And no, he was totally fine. You just wait for the reaction and you see if there's a hive that pops up, they have a control for positive and negative and then you make the comparisons. And they tested for all the main food allergies, fish, wheat, the tree nuts and…

**Meg**: Egg?

**Christina**: I can't remember what else. Oh yeah, egg. And he was negative for everything. So, now what happens is early introduction, as you were saying. So, we have started our solids journey with some orange veg yesterday and we'll try some green veg today.

**Meg**: Ah, that's fabulous. That's really, really exciting. Yeah. So big journey, big steps for little Connor.

**Christina**: Yes. We're very excited about the news.

**Meg**: That's excellent. And what else was happening for him in the course of this month?

**Christina**: So, we think we saw the early signs of teething, like I was saying to you.

**Meg**: mm-hmm.

**Christina**: And this is really funny because… okay. So, I’m interested to have your feedback on this. My oldest son when he was born was gifted one of those amber beads necklaces. And it was super trendy among all of my other friends having babies at the time. So, we just put that necklace on and we never saw the signs of teething. And I just was like, oh, I wonder if it was that or if he's just a really lucky baby. And then for my second son, I never put these amber beads on and then he started to show the signs of teething around between four and five months. I was like, well it can't hurt, I'm putting them on. And then he got better. And the same thing happened now with Connor. So, last week what we saw is he started to regress a bit in his sleep. He was getting niggly at night, which could be the four-month thing as well. But he was drooling and dribbling a storm. He was really unhappy and sore and just trying to bite everything, like putting everything in his mouth. And I was like, this is definitely teething. So, I went and bought one of those amber bead necklace and put it on and he seems fine now. I had no science to prove this and it's definitely not a part of my belief system, but it seems to do something.

**Meg**: Okay. Brilliant. Okay. So, you brought up three specific issues here, which I'm really excited to talk through with you. So, let's start off with the teething necklaces, the amity, the necklaces. So, I'm not a fan.

**Christina**: Okay.

**Meg**: The pure reason is that they are a hazard, you know, having something around your baby's neck and particularly something that can pop and actually release beads that could create a choking risk is not great. It's also got a strangulation risk. So, in general, I'm not a fan because I think that the risks, albeit there are tiny risks outweigh the benefits because the benefits, there's no science to. So, unfortunately, I’m seriously grounded in science, so I'm not going to go with the benefits outweigh the risks, I’ll go with the risks outweigh the benefits here. So, I'm not a fan. But having said that, I mean you know me well enough to know that I think that all mums must do what they're going to do, so if it works for you, go for it. But I'm quite interested about something else that you said. So, you said that Lincoln started teething or showing the signs of teething at around about 4 - 5 months.

**Christina**: Yes.

**Meg**: And now you've said that Connor has shown that teething kind of around about four months. What age did Lincoln's first tooth pop through?

**Christina**: I think Lincoln was closer to six months. But what's interesting is Everett had a tooth pop out just before he was four months <laugh>. And we never saw signs of him.

**Meg**: Really?

**Christina**: Yes.

**Meg**: Oh, my word. Okay.

**Christina**: And all of the teething development has always been early for him, growing them all, losing them all, it's all been on the earlier side.

**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 of parenting.

**Meg**: That brings us around to the science of teething. So, the reality is that 90% of babies’ teeth, their first tooth after six months.

**Christina**: Oh wow.

**Meg**: So, it's super, super unlikely and very, very, very few babies who teeth earlier than six months.

**Christina**: Wow.

**Meg**: Yeah. So really, Everett was very much in that 10% space. What's interesting about teething is that it gets a lot of blame for a lot of things. And I always feel a bit sorry for teething, you know, because it gets blamed for everything. So, a baby puts their hands to their mouth at 12 weeks and starts sucking on their fists 12 to 14 weeks. And we think they must be teething because their hands on their mouth and of course there's a lot of drooling associated with it because the minute you put something in a baby's mouth there is just drool; that's what their mouths do. Something goes in, the salivary glands go, oh, got to digest this. And so, they start to produce liquid and moisture and you know, saliva.

**Christina**: Yes.

**Meg**: And so, they're wet. So, the hands go into their mouth; creates moisture. Now, the actual reason why hands go into the mouth at the 12 weeks has got nothing to do with teeth in those babies.

**Christina**: Oh, interesting.

**Meg**: It’s got to do with self-soothing. So, babies and discovery of hands. So those are the two things. Little ones first of all discover their hands and your mouth has more receptors than any other part of your body. So, it's quite a nice place for them to actually explore the special concepts or the special elements of that item. And so, babies love to put things in their mouth just to explore them. It's just like we would hold in hands to explore something they'd put to their mouth. So, it's exploratory. And then the second thing is that when it's exploratory, they're starting to derive a lot of pleasure because there's such wonderful pleasure receptors around our mouth, you know, we all use our mouths to self-regulate and to calm and that's why sucking is soothing. You know, if you suck a down or nipple when you're having a vaccination, babies will cry less because they've got lots of soothes there. So, they start to use their mouth to soothe. And so those two things happen at about 12-weeks.

And also, the third thing I must mention is that in the first three months there is a reflex called the Moro startle reflex. It actually moves your hands away from midline. So, when you're crying, your hands can't actually stay in your mouth for very long because this reflex is moving your hands away from your mouth. And at around about 12 weeks it's integrated, which means that even when we distressed, we can actually keep our hands in our mouths instead of the hands flying out. And so, this combination of reflex integrating the pleasure that the we get from the hands, the exploration means that we get our hands to our mouth. And that's the reason why little ones put their hands in their mouth at about three to four months, not because they're teething. So, I think that's a really important thing.

**Christina**: Okay.

**Meg**: And the second thing about teething that we should know is that teething actually is not painful for much more than a day or two around the actual eruption of the tooth. So, you know, there's this rumor that the teeth go up and down in the gums and while they go up and the down in the gums, there's all this pain, this long period of pain. But actually, teething shouldn't disrupt babies for that long. It should just be around that actual cutting of that tooth.

**Christina**: Okay.

**Meg**: Having said all that, put a veneer of sensory personalities over this. So, our little ones are all different. And so, our more sensitive babies are going to hyper respond to something like teething. And I think when we chatted last time, I seemed to recall that there was a quite a bit of navigating Connor's sensory state in the early days, you know, you really had to work quite hard, he is a calm baby. I mean he is amazing baby in that respect, but you had to work quite hard to make sure that he was, and I wonder if he isn't and maybe a little bit more sensitive on that teething side. I don't know, what do you think?

**Christina**: What you're asking is very interesting. I've had a few people say to me, oh, you're so lucky because he's self-soothing and he's sleeping. And I'm like, am I really lucky? Because I really read a lot about how this is supposed to work and I made a lot of positive changes and I've worked really hard to help him get there. It certainly hasn't been this natural thing where I have no idea how it works and he's just done it himself, which was the case, in fact, luckily enough for my first child. So, he is different. I wouldn't say he's a sensitive baby or a fussy baby. He is definitely on the more chilled calm side. Maybe he's textbook because he seems to adapt to whatever I'm doing. That is a consequence of my research. I'm not sure.

**Meg**: No. But that’s super interesting that you talk about the work that you did with him. And for those of you who didn't hear Christina's last episode, you have got to go back and listen to it because it actually was a… like you say, a real textbook around how to get little ones to self-settle and you worked very, very hard at it. And I can remember in our conversation last time I said to you, wow, he's a settled baby. And then as I listened to more about what you were saying, I started to think, no, actually here's a little bit more sensitive, but you've worked really, really well with it. And you know, that kind of brings us around to the whole goodness of foot side of things that a baby who is maybe a little bit more innately sensitive or slow to warm or has a lower sensory threshold, they can actually be absolutely fine and completely gregarious and totally laid back and settled and self-regulated coupled with the environment. And I do think there was a fair amount of the work that you did, that you can take credit for on that.

**Christina**: Yeah, I know it's incredible that there is information available to us and so much of what you share as well. I mean if we just trust science and we are patient in the process, it's like I said in our last episode, I think it's so incredible how I can see my child learn to self-soothe. I'm so proud of him. It's such a huge achievement for this little person. And one thing I'm really grateful for is that we actually started implementing very gentle age-appropriate sleep coaching and sleep associations, positive healthy sleep associations from about three months old.

**Meg**: Mm-hmm.

**Christina**: And when he was just before… in fact last week or just before last week, I think maybe like let's say eight, nine days ago, he was starting to regress a little bit in his sleep. It was two nights in a row where he wasn't waking up but he started to grizzle quite loudly, almost every 90 minutes. And I knew that he's doing this in between sleep cycle or as one sleep cycle. And because I'd read the signs and then I remembered, oh, okay, well now his brain's developing to sleep more like an adult and he has to learn to transition between light and deep sleep. And in during that process, they sort of like wake up, going to an awake state like we all do. And they look at their environment, they sort of get a sense of where am I, am I in the same place I was when I fell asleep? And it's unsettling for them. But if we just jump to pick them up or give the bottle, we're creating these, I know some people don't like this terminology, but bad sleep habits. You're not giving them the opportunities to.

**Meg**: Dependencies.

**Meg**: Yeah, the dependencies and one thing I also read is that at this point in time there's also a growth spurt and a lot of parents will misinterpret their baby's signs as, oh they're growing, they need more milk. Let me get him out of bed. He's crying for milk and then you feed, then of course they're not only learning to associate the bottle with falling asleep again, but they're learning that they're going to get more volume of milk at night than that day. And then you built a really awful rod in your own back that you have to sort of overcome later. So, we had two nights of this and then no more. Every time he did that at night, I just went, shh…and it would last about three to five minutes. So, it was difficult. For two nights, I was woken up every 90 minutes, for three to five minutes. So, that still does affect your sleep as an adult, but it's worth it. You figure it out and then you move on and everything's better. He hasn't done that again.

**Meg**: Yeah, absolutely. So, you mentioned, I mean this is the classic 17-week sleep regression that you're talking about of course, that everybody is so freaked out about. But you've approached it super matter-of-factly because there are a couple of things that impact around about this time and you've actually mentioned all of them. The one is the question mark around teething, that people start to think they must be teething, therefore they're in pain and therefore I need to comfort them, which of course as I've said, super unlikely that he is actually teething. The second thing is nutrition, which you've also mentioned and there are ways to deal with nutrition that don't involve necessarily feeding at night. And that is what you've done is approached it with introducing solids. Having said that, solids are not a magic wand for getting little ones to sleep through the night. I mean about that, we need to be super clear. And then finally number three, which is what you've mentioned, is that they are reaching a stage where they're having to learn to navigate between a light sleep state and back into a deep sleep state. And it's how we support them to do that, that's really, really important. So, I mean you've really covered off the three big things that set around sleep aggression.

**Christina**: Yeah. It's been really interesting to learn about this stuff and lucky enough I didn't have to learn it with my first two boys. I don't think I would've had the confidence as a mom then. So, I think God knew I had to wait for the third child to really practice these principles.

**Meg**: Yeah.

**Christina**: But I'm here for it and it's been amazing to learn it and so incredible to see how he adapts and how the science is just right; we have to be patient as moms. But just in terms of the feeding and sleep as you were saying, I've also experienced that. The volume of milk they're having, it's like there sleep quality isn't so much determined, give or depending on the situation by their nutritional needs, but just understanding their neurological development. But one thing I do have a question about is, like I discussed in the last episode, what is working really well for us with his routine is the eat-play-sleep cycle. And so, what that means at the end of the day when he finishes that last nap, he wakes up and he has a milk. It's usually quite a small one, but that's fine because an hour and a half later when after his bath time when we're about to put him to bed again, we give another top up. So, I'm just not sure, am I supposed to be offering a milk after his last nap and then again right before bed? And if so, when is that supposed to end?

**Meg**: Oh, what a great question. Yeah. So, yes you are. You’re doing spot on. And in fact, the Parent Sense app, if you follow that in the routine, what you'll see is at the bottom of the routine, they'll actually say to you at half a feed before bath and then a full feed after bath.

**Christina**: Okay.

**Meg**: So, it’s literally what we would call a cluster feed because it just gives them a little bit of extra just before bedtime.

**Christina**: Okay.

**Meg**: There's a couple of reasons for that. The first is that a lot of babies can't make a through bath time without a feed because they're kind of ready for a feed and bath time can be a little bit, I won't say stressful, but it is a sensory experience at the end of the day. So, they can be a bit niggly. So, if they've got a nice little bit of milk in their tummy, they're not like starving while they are having a bath. So, give a little bit of milk before and that can be, if you're breastfeeding, give them one side, if you're bottle feeding, you know, kind of give them half a foot or a quarter of a feet. So that's perfect. And then do the full bedtime routine. So about four months old, we want a beautiful evening routine. So that is bath into a quiet room, darkened room lullabies on soothing massage with extent, like pulling out the legs because we know that extension and traction of the little muscles and joints helps them to sleep well because of the perception. And then last feed of the day, which is a full feed. And when you do this, that little cluster feed, it is fabulous. It sets them up beautifully for the night.

**Christina**: Mm-hmm.

**Meg**: And I even go a step further, Christina and that some babies wake 45 minutes after they go to sleep at this age. So, you kind of put them down, they've had their full feed and then they wake 45 minutes later and that particular waking, I actually recommend offering another little top-up.

**Christina**: Oh interesting.

**Meg**: So, you've got express spray milk or a little bit of 60 mils of formula is actually giving them another little bit because often it's just that little bit that needs, they need to just get going and then they can sleep really nice and long all the way through until the early hours of the morning or you know, maybe even a little later in the night.

**Christina**: Yes. That's happened a couple of times And I always say to my husband, I think that Connor thinks he just went down for a nap.

**Meg**: Okay. That's exactly.

**Christina**: And then I go in and his eyes are open and I have to like re-sleep coach him; I sit there. It doesn't usually take very long. I think the longest it's taken is 20 minutes one time, but that hasn't been for a long time. So, yeah. Interesting that offering and other top up would've helped.

**Meg**: Yeah. A little bit. And it is because they haven't quite worked up because their day sleeps at this stage, they're often just doing 45 minutes sleep cycles because the sleep cycle's 45 minutes.

**Christina**: Yes.

**Meg**: And that's one of the questions a lot of moms ask me is, when are they going to start doing that one long sleep? And it often only happens that midday, nice 2-hour sleep, it often only happens after six months. So, for those moms who are having like all these 45 minutes throughout the day, which can be super frustrating because you can get nothing done in 45 minutes but that's quite typical. And then they go down for the night and they kind of do that again. And so, what it is doing is just gives them a little top up and then they go and it doesn't replicate through to the middle of the night that they're going to need milk or anything like that.

**Christina**: Okay. He has started to do longer day sleeps. Now, I would say every second day he does one or two, one and a half hour to 2-hour naps. So, I'm starting to see the beginning of that transition from like four or five short naps a day to like two to three…

**Meg**: Lovely.

**Christina**: you know, normal size naps.

**Meg**: Yeah. So, at 4-months, we'll normally see four naps in the day. So, we'll normally see like a 45 minute in the morning and then maybe another 45-minute or an hour and a half and then another 45-minutes. And that last sleep of the day can often just be a catnap like actually only 15-minutes because…

**Christina**: Okay.

**Meg**: … otherwise, they won't have enough awake time before bedtime. And then at 9-months, about 6-months they go on to firm three sleeps a day and then at 9- months, they go onto the two sleeps a day when you drop the one-day sleep.

**Christina**: Wow. I can't believe it'll be interesting to see all of this progress. Meg, I know we don't have very much time left, so I just wanted to chat very quickly about where Connor should be in terms of his motor development at this point. His gross motor development with rolling and all of that jazz.

**Meg**: So, between four and 6-months of age, they should roll. So, they'll usually roll one way or the other, usually not both ways. And it is built on a foundation of them having had good tummy time before this and that's why we stress tummy time so much. So, the way that human development works is that when babies come out of the womb, they're in physiological flexion curl up.

**Christina**: Okay.

**Meg**: They then have to work their back muscles for active extension we call it. They then have to work their tummy muscles for active flexion so that he should be doing now. So, that's like when you put him under a mobile and you hang something down by his feet, he'll actually kick his feet against it and he'll be kicking his feet a lot.

**Christina**: He’s on his mobile now. He like shakes his feet a lot. They don't go up and kick something, but they kick out and he grabs a lot.

**Meg**: And is he starting to roll at all?

**Christina**: So, our tummy time routine, because it works well with his feeding routine is when he wakes up from the nap. Like while I go make the bottle, I put him onto his tummy and I let him stay that way until he becomes very grizzly. And that's usually for about three minutes, each depends, give, or take. And sometimes on his tummy he will roll to his back.

**Christina**: Okay.

**Meg**: But not always. It's definitely not something he can just…

**Meg**: And he won't go from his back to his tummy?

**Christina**: No.

**Meg**: Okay.

**Christina**: And he hasn’t even started to roll from his back to his side yet. I haven't seen that yet. He’s is only just 4-months.

**Meg**: Yeah. So, we do want him to start to do that. So, the activities that you'd be doing now at this time is to start putting up little things by his feet. So, you could even just take a balloon and because balloons are so light that they move and actually just hang that up by his feet and let him start to kick that because as they start to kick, they have to… I mean it's just like you and I doingPilates, as you raise your legs up and you kick them out, you're working those tummy muscles. So, we need to give him some activities now to actually work his tummy muscles because in order to start to roll from back to side, back into side and then onto his tummy, he's going to need to activate those tummy muscles and this is a good time to do it. So, I would definitely be focusing on that. There are great activities in the Parent Sense app on the play section. And so, every single day, the activities do in the play section is that they're developed by myself, an occupational therapist, and a physiotherapist. And each activity each week builds on last week. So, each week has got a gross motor, a fine motor, a verbal, a cognitive activity all the way, sensory language all the way through. And then each week builds on what happened the last week.

**Christina**: Okay.

**Meg**: And so, we release, we'll have activities in for activating tummy muscles from last week and then, you’ll be able to look at the ones for this week as well. So, I would definitely start to give him some little exercises that he needs to do to kind of activate those little tummy muscles as well because we do need that flexion in order to get proper rolling. But he's certainly not, and you'll see this. If you look in the app on the play screen, you'll see a little pink line that says milestones. And if you click on milestones on that page, it'll actually tell you what due roundabout is now. So, for instance, I'm just quickly popping into mine at the moment, playing with feet is 17 to 25 weeks, so he's just approaching that time. So, it is actually there. So, what the app does is it'll show you the window in which that should happen, so 17 to 25 weeks. And then you can tick it when it happens. And it really side is 21 to 30 weeks. So, he's definitely not delayed. He's definitely, you know, you said, he's only just 17 weeks?

**Christina**: Yes.

**Meg**: So, which you'll probably find when we speak again in a couple of weeks’ time. He will suddenly have found his feet and usually actually find their knees and then they find their feet and then you can't get the feet out of the air. So, I wouldn't, definitely wouldn't be concerned about it.

**Christina**: Okay.

**Meg**: And then after that from 21 weeks, which is just in a couple of weeks’ time, four weeks’ time, he'll then start to roll over to the side and then potentially over to his tummy. So, I think following the app will really, really help you with those activities and with watching those milestones and when they're ready.

**Christina** Okay. Perfect. That's really helpful.

**Meg**: Pleasure, pleasure, pleasure. Well, I have love chatting again, Christina always enjoy our chats and being able to track little Conner as he develops. So, we will definitely connect again because I'm loving our conversations and we'll be able to follow his journey.

**Christina**: Thank you so much. It's been so great. Meg.

**Meg**: Pleasure Christina.

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.