Feeding in the 1st year

**Meg:** Welcome back, moms and dads. It's always an absolute delight to join you each week as we start to unpack what's going on with little ones. Looking at your really common questions that come up from sleep deprivation to feeding, to weaning, to development and stimulation. And then of course about you personally as well, particularly moms on your journey becoming a new mom. But this week we've got a really different episode and one that I am super, super excited about. It's one in which I am bringing Cassidy, who most of you'll be very familiar with. We've tracked Cassidy's journey with her little one Max who just turned one last week. And we are actually going to be looking back on her year with Max in terms of feeding.

And because we are going to be talking about feeding, we have invited Kath Megaw, the paediatric dietician, who is the expert advisor on the app, and she's my partner in crime in everything feeding. I don't breathe or sleep or do anything unless Kath has had some sort of input on baby feeding if it's got to do with feeding because it really is an area of super specialty.

It's not something that just anybody should be advising on, although everybody seems to think they're an expert on it, but I truly do believe that very few people are as expert as Kath is. Kath's background as a paediatric dietician started off in South Africa. She then moved to America where she studied paediatric dietetics at the John Hopkins University.

She then became a mom, and she really honed her skills, I think, as a mom of her three little ones. Now, well, they're not so little anymore, Kath.

**Kath:** No.

**Meg:** And then has had probably 25 years of clinical practice and is really super specialized in ketogenic diets and for epilepsy, which is part of her clinical practice. Also, in neonatal units where she's has really the very early prem babies that she gets to thrive. And then in picky eaters as well in her private practice. And then of course the run of the mill, bog standard moms like you and me and Cassidy who go through a normal challenging parenting weaning journey or feeding journey with their little ones. So I am just super excited about today because we're going to look at a real life situation with Cass and we are going to be able to put a veneer of expert on it with Kath.

And I'm just super excited. So welcome Kath and Cass.

**Cassidy:** Thank you.

**Kath:** Thanks.

**Meg:** So I thought, you know, the week before Cass gave birth to Max, which was just over a year ago now, her and I took a walk and we had actually had lunch together just before that. And Cass had expressed how excited she was about the feeding journey, and particularly weaning Max because she was so excited to cook these wonderful meals for him.

And then in her last episode when we talked about her first year, she said, Gosh. I mean, there were a lot of things that didn't quite pan out the way that I expected. And so, Cass I thought we would start there and maybe you can just kick off just giving us an idea of the things that you were thinking about in pregnancy that you wish you'd known at the time, like a year and two weeks ago.

What do you wish that you could have asked Kath?

**Cassidy:** Do you know it's really interesting because the thing that I was really excited about, and assumed was going to go like a breeze, was the weaning. And the thing that I was really worried about and had kind of been conditioned to believe was going to be really difficult but no matter what, I had to stick with it.

And, you know, there was almost this fear around not being successful at breastfeeding. And as Meg has mentioned on a few of the podcasts, in the first podcast we talk about just after Max was born. He was he was born with an infection.

He was taken from us not long after I'd given birth to him and taken into the intensive care unit, and we weren't allowed to touch him. We weren't allowed to hold him. He was in an incubator, he had tubes. But before that, I had been able to breastfeed him. And then he was put on tubes, and I remember feeling quite apprehensive because all through pregnancy I'd been told so important when they're first born, that breastfeeding.

And you've got to get into it really quickly and don't let them go on formula. And you know, there is such a fear around it. And then after that he came off and they were really great with how they reintroduced me to breastfeeding. And I was very lucky. It ended up that I didn't have, I never had sore nipples.

I never had, you know, any of those challenges in the early days. But I wish I'd known when I was pregnant that that I could be a bit more relaxed about it. I think that I don't know if it's the same, but I hear so many peers talking about this, oh my God, this pressure around breastfeeding, and I think that can almost make it more challenging.

**Meg:** We see that a lot of, Kath. We really do. I think that that's a great question to present to moms who are having new babies. First of all, how vital is it to be very fastidious around breast only in the early days? And if things do go wrong, what should you be considering?

And, and you know, is there hope because clearly Cass's story does tell us there is hope.

**Kath:** Hmm. Yeah, I totally hear what Cass is saying and it was my experience with my first as well, so I think it's very common that moms have this expectation, and you and I have always spoken about the importance of getting, you know, reading up and getting skilled up. But I think it's kind of a dance between the two. It's Reading, being prepared, but just like your birth story, you know. If stuff goes differently to how you expected it, it can still turn out okay and it will turn out okay. And if a bit of formula is needed to get your baby through those early days because of possibly a trauma or like, in her case, in infection, leading to ICU your baby will be okay and can recover and actually breastfeed really well.

And I think there is a fear that if you give your baby anything other than the breast is an absolute no-no. My experience has been so different with moms in the neonatal ICU. I have worked with probably over a thousand moms or more, and just seeing that successful breastfeeding journey, sometimes starting a few weeks down the line, a month down the line, even on discharge just starting up. And that's just been such an amazing thing to watch that we can get it right and that not all is lost if you can't do it perfectly with only breast from the beginning.

**Meg:** So Kath that's interesting because particularly when you say breastfeeding started a month down the line, my head's going to all sorts of spaces here because effectively on birth, you have hormones that kick in that actually activate your milk supply. So in the case of Cassidy, where your baby's separated from you for whatever reason, do you have to express to maintain your milk supply?

What advice would you be giving moms who are separated from their babies in the early days?

**Kath:** Yes, absolutely. So you do want to keep your milk supply going. However, what is really evident is that your milk supply will never be as much as it needs to be until your baby is relying on you fully for milk, whether it's expressed breast milk, some of the NICU moms end up just given expressed breast milk ongoing.

Or whether it's latching. So we've had babies that have only latched the month down the line or two months down the line. And that's because to get babies home, you need to feed them, get them home quicker. Like that's controlled and we need that in a hospital environment, you can debate whether that's a good idea or not. But my experience has been that even with that, they actually are able to latch transition then over to the.

**Cassidy:** I'm just thinking, because as I say, I was very lucky I didn't have nipple pain. And I actually think the irony of being in a hospital as traumatic as it was for as long after the birth, I had a team of midwives around me. So every time I was breastfeeding, I had a complete support network on positioning and all of those challenges which obviously people don't have around them in their home at all times. But some of my friends, you know, they did have extreme nipple pain and bleeding. And I know Meg, you've spoken about, you've had challenges. And then having to deal with that decision because we are so conditioned during pregnancy. Stick with it. You know, the breast is best got to do it. And I know a lot of moms struggle with that decision. I'm in extreme pain. I'm finding this very stressful.

And we, Meg and I have spoken a lot on the podcast about the importance of a happy mum over breast milk and that sort of thing. But is there an option to possibly express, recover and try again down the line and maybe take that pressure off. Trying to push through it when everything emotionally and physically is, is heightened.

**Kath:** Cass, I love that question. And I would go one step even further and say that you could even not only rely then on your expressed breast milk if you've got that sort of experience, but even some formula in the mix as well. And that often takes a lot of pressure off moms. Just having the permission to give a little bit of formula here and there is also just so helpful.

And often I've noticed the success of breastfeeding down the line where by a certain time when everything settles down, no matter what journey or start you've had you've still got breastfeeding because you were used a bit of formula when you needed, you had a bit of breast rest when you needed, you expressed a bit when you needed, you had some good sleep and someone else could feed when you needed.

Just having all that on board creates a much more positive experience, whichever way that goes.

**Meg:** Yeah, it really makes so much sense. Doesn't it, Cass?

**Cassidy:** Definitely. Moving then further down the year with my feeding journey, having had, really a fabulous breastfeeding experience after we left the hospital, I then did, unfortunately, when he hit around the three-to-four-month mark, his social butterfly tendencies came out and staring at my chest was unbelievably boring.

So you know, that brought a new challenge on itself and he actually started to drop in weight. Obviously, we don't really know exactly why, but we sort of felt that it was because he was found breastfeeding incredibly boring. And as we switched to expressed milk with the bottle, it allowed me to move as his head moved and, and things like that.

But at the time, I did wonder, is there anything else I could have done or was that the right course to sort of, you know, he's not responding so well to breastfeeding now, so it's time to move on, or is that quite common and they come out the other side and again, almost pause and restart once they've settled down a bit.

What would you advise there?

**Kath:** I think again, you mentioned the type of personality he is. So in light of the personality is I think you really understood it and you kind of took his cue and his lead on it. And other than like putting him in a darkened room space, you know, where there's no other distraction, which works to a degree but doesn't work as well as what we often claim it to work because that's often our first point of advice for that social contain them, you know, put them separate and then see if they will only focus on feeding.

But I think your comment that he got bored looking at my chest, it's becoming a very boring activity. And we know particularly for a child who's a social butterfly, wanting change and excitement and new things it can make it quite a challenge. So using a bottle as an option is very helpful and I think it's wonderful that you were able to express your and put it in and then often in the night, feedings are often a bit easier. Like they'll go to sleep at night, you know, before bedtime feeding and maybe one middle of the night feeding and that early morning feeding tends to go bit easier at the breast and then in your day where they're awake and there's more activity then using bottle with expressed breast milk.

But some moms also are not able to express as successful as other moms. Some moms really do struggle with that, and then be an indication that maybe it's time for a little bit of formula then because growth is so important and making sure that your child's in enough of the nutrition. And I think there's always a number of factors that are important in the development of a child.

Breastfeeding is great. It's the quality of the nutrition, but also the growth is really important. So if that is suffering, we've got to re-look at the whole picture. And then the happy mom as you guys have mentioned, is, so critical because then the baby's happy. So I think you weighed those three concepts up really well, and I think you made a good choice.

I don't think I would've advised you any

**Meg:** Mm-hmm. Mm. Absolutely. Kath. And you know, Kath, I experienced exactly the same thing as Cass did also with my firstborn, who was also my social butterfly of the three. Is this something you see quite commonly at this three-to-four-month stage?

**Kath:** But they wake up, you know, they wake up to the world, which we love…

**Meg:** Mm.

**Kath:** because they become interactive, but there's consequences to them waking you know? So what can happen in some cases, breastfeeding can become really short and very efficient, and the child can get quite a lot of their calories and actually do really well and thrive.

So if a child's growing and just feeding shorter, but growing really well, then I would continue just doing the quick breastfeed, and that would be fine. But if a child is feeding shorter but not growing well, then what Cass's journey was is totally appropriate, and actually not just appropriate, but really important.

**Meg:** Yeah. And that's exactly what happened with Max because he was losing weight. The health visitor had flagged it and was concerned. And then Cass, it wasn't long after that that you moved on into the weaning journey, which you were so excited about. And how did that come together and what do you think mums need to know from Kath about that?

**Cassidy:** Wow. I was really excited, and it all started off swimmingly. It started exactly as I'd hoped. And I suppose again, because he was a social butterfly, that's my only experience. I could have had a sensitive or a slow to warm up and then, my expectations, I think would've been really shattered possibly.

But he was a social butterfly, so he was quite excited. But definitely, again, if I could say to other moms is just because they start off well, they're not going to love every food forever. They're not going to always be good eaters. It's a rollercoaster ride. And you know, obviously one of the things that I now in all my wisdom of six months of weaning have sort of come to learn is to be more relaxed when there are those low points. I think previously I really wanted to kind of, okay, how am I going to get food? Oh my gosh, he's not eating. Please just have one more mouthful. Oh my goodness. And then now it's like, okay, never mind. No lunch for you then, you know? And that's okay.

I know that we were talking about the first foods and there's a weaning expert here in the UK who strongly advised starting with bitter green vegetables as the first foods because they're automatically going to like things like sweet potato and butternut squash because they've got that sweet element and actually her approach to it all, as I say it is those more bitter vegetables. But I know that with Weaning Sense, the approach was quite different and going for those starchy vegetables.

So because I was looking at both, I did find that sort of a, oh, I don't which way to go. Does it really matter a huge amount, which are the first foods, or is that pressure again, not quite as strong as I maybe made it on myself.

**Kath:** Another great question, Cass. Yeah, so I think what's really important is to understand the anatomy and the kind of physiology of the child and the physiology of the mouth, because that's the first start of solids is the mouth. And the tongue has obviously got all the taste buds on it, with the sweet taste buds been right in the front.

And that's really that the sweet taste buds are very pronounced for the first six to eight months of life because of the milk being sweet. So it's the body's way of saying, you're going to need to like what I'm going to give you because that's important for your growth and development. The bitter taste buds, which are located right at the back of the tongue are only really starting to develop towards the end of the first year.

And that's often why children will happily take bits of veggies, like all your green veggies, up until that time and then suddenly they don't like them anymore. And the number of sweet taste buds is totally genetically determined. Actually, the amount of all the taste buds in your mouth is determined by your genetics.

So you are going to have a propensity to sweeter foods or saltier foods or more. If there's a propensity of more bitter, there will be more the Umami flavours. So there's different kind of the kids that love olives and you know, want to eat those type of foods. And that's very, very genetically lead and driven. So it's a long way to answer the question, but I just needed you to understand that. But that actually, it doesn't matter what early foods you introduce, and our big thing is get in the variety so that the experience is about the variety of foods. Because at some point they're going to lean in certain ways, and if they've been exposed to the whole variety, then you're going to be set up in the best way possible.

But still with your own little individual genetic characteristics down the line. And there's been numerous studies saying starting of sweet foods will definitely not refute the child's want of sweet or lack thereof, so they're not going to make them one sweet stuff or it's not going to make them not want sweet stuff. So I agree with the concept she's talking about is not incorrect. I use it more for when they're older because when they're older it's different. All the taste that are there and it starts to become a preference and that's different to a genetic predisposition.

And then you don't have to introduce them to treats like sugars and sweets. Because no kid has to learn how to eat that. So it's really in those times you need to keep exposing them to all the other foods. But in the early days, I would definitely say go green, go orange, go red, go all the colours and just get the variety in.

**Meg:** Another thing that often comes up Kath is, people say, I've heard it said, don't put sweet fruit into savoury foods to try and make it more palatable. Rather keep savoury food savoury and make sweet food sweet. And that is not something we follow. So do just unpack that a little bit?

**Kath:** Yeah, and again, there's a number of reasons why Meg and I have included sweet mixed with savory in our recipes. And, and largely it's to do with that protein food is actually really digested well with the sweet foods. And also because of the sweet foods generally come with acid and acid breaks down the protein food.

So like chicken with a fruit, like chicken and apple or pear and beef or whatever you mix in or berries with something is really a nice mix to have. And I just love mixing in the different flavours and different sweetness into the different foods. And we must remember that they really do have a predominance of the sweet taste buds and they've come from drinking literally milkshake to now going onto all these various flavours.

So it does sweeten the transition a bit, you know, as you move them over.

**Cassidy:** With regards to that sort of mixing sweet and savoury again, I've read different approaches to the idea of giving a pudding when you know they have their meal and then so for example, they might have some fruit or some yogurt or whatever it might be. But I've also read that you don't want to create a almost a hierarchy of food.

You can have that if you finish that and that sort of thing. So two questions really. At what point are they learning the concept of: if I finish that I have, because obviously six months Max did not know that if he finished his spinach, he might get a something else. But the other piece that I wrote is actually sometimes just giving them everything all at the same time so that there's no kind of, okay, I only get that if I have that so that's a treat or that's better, that food's better than that food. So how would you advise on those two bits?

**Kath:** I would definitely say to mix it up. So there's not a pattern that develops with anything like this. There is an element that we know is inherent in most people from a satiety point of view, that once you've had something sweet, your brain sends a signal due to serotonin that you done.

So there is that element of doneness. The way to do it that wouldn't rely as they get older on, I've eaten it, then I can have that is regardless of what they've eaten before, they can still end with something sweet. But I normally like in the, just mix it together with things on the plate so that it's like kind in combo and then occasionally end with something sweet.

So that's why I'm saying mix up the concept I think that is really helpful.

**Cassidy:** So one of the other things, and this is quite a quick question, hopefully, but Max loves egg. Scrambled egg, omelette, frittata, eggy bread, whatever form an egg can come in. Max loves it, but I worry about how much egg he's having, because I know certainly as an adult we talk about cholesterol.

My mom says, make sure he doesn't become egg bound. Hopefully everyone knows what that might mean. But yes, how would you recommend managing that? Because if he's struggling with food, because they will have their down moments, I know I can get food in him and calories in him if it's in the form of an egg.

**Kath:** Yeah, so it's a question I get asked often and I am so in favour of eggs for this age group. If you can take eggs into the toddler years, you're a winner because you often find that the other protein foods in the toddler years are really hard work to navigate for toddlers, and so they become very tired of eating during a rich protein meal, whereas an egg is such an easy way to get this complex protein in that's got everything they need. So I am not phased with the amounts of eggs that a kid gets in the day or their week at all because we've totally refuted the whole cholesterol concept around eggs. So we know that that is no longer a concern when it comes to eggs. So eggs are back in vogue and they're allowed, and I don't put limits on it at all.

**Cassidy:** Okay. Because my husband told me, and I was like, uh oh, he once had four scrambled eggs for breakfast, so...

**Meg:** okay.

**Cassidy:** He really does. And that does lead me on to my here and now question, which is removing the milk from his world. And obviously as he gets older, I think actually, the recommendation now is two feeds. One in the morning and one in the evening. And I think also the amount I'm supposed to have reduced, but Max loves his milk.

I mean, we have a small fit if he sees a milk bottle and it's not going his way, but it doesn't impact his appetite. So at the moment, I am still giving him a small feed before his lunchtime sleep as well. So he is actually still on three milks a day. And the evening milk he is finishing a full seven ounce bottle, quite happily.

Is that something I should be concerned about or if he likes it and he's, it's not impacting his appetite, he can keep going with three milks a day.

**Kath:** So normally a child has eaten really well and if he's growing really well and he is not going like elevated on his growth curve, because we obviously don't want to create obesity as well because obviously this is the critical period for laying down those kind of potential fat cells for later on obesity. So it would only be a concern if we were worried about his weight gain and it was going exponentially, you know, crossing over percentiles. It's quite normal though, still at this age, up to 18 months to even two years to have a morning milk and an evening milk.

There's absolutely nothing wrong with that if he is just loving his milk, you can always divide his total volume. So he needs about 500 mils a day of milk, and you could divide that over the course of his three. You could have a smaller morning, a smaller mid-afternoon, and I always love a bumper one at night.

I think it's a good thing to have and that can even stay for quite a while, doesn't have to get removed easily so that if he does go through a fussy day or something, you always know he's got those nutritional calories and macronutrients, micronutrients to fill the gaps.

**Cassidy:** And

We're moving onto cow's milk now that he's one, and I've heard it say it should be organic. Is it more important that it's organic or whole milk? If I can't get organic whole milk, is it better to be full fat or organic?

**Kath:** That's a good question. So hormones are big for me especially in your animal products. So hormone free is really, really ideal. I would definitely trump that right now. That would be your organic equivalent. So here we call it hormone free. The full fat is important, so it's a hard one to answer but I would say as a rule, I would probably go for the hormone free.

**Cassidy:** Okay.

**Meg:** Mm. And Kath you mentioned the word animal products. What are the things that you would really be looking out for to be organic hormone free.

**Kath:** Hormone free. Yeah, definitely chicken. I'm really big on that. So your poultry meats, turkey, chicken, those type of meats, eggs and then your milk products. Those are the critical ones that I would really like to see hormone free.

**Meg:** Super interesting. Yeah. Cass, I think we've got time for one more question. Are you able to get one more question in or have we got a long list still to go?

**Cassidy:** mean, I'm now going to have to quickly just prioritize. No, I think is there anything that you would advise for when they are going through teething? You know, is purees better or is something that they can chew? Is there sort of a go-to during that period of teething? Because max does become a fussier eater when he's, he's got his molars, for example, coming through and we have debates often about, well, I think we should give him this because he can, you know, he can chew on it. And then I think, oh, is there a go-to?

**Kath:** So I think the chewing stuff for teething then is more just for the comfort and the itchiness of the gums. It's not going to give you a whole lot of nutrition. You always want to provide him with those types of food that he can gnaw on and just take that itchiness away.

Teething even is often a stage where if food is pushed too hard, they can become a bit averse to whatever food is being pushed. So I like to kind of go with them on that. And I find that actually the softer foods. Think about when you go to the dentist or you've got toothache, what sort of foods would be most comforting for you to eat with those. Not when you've got a cavity, because that's a different experience but that like jaw ache and that ache in your mouth.

What would be the most comforting for you to eat? And it is puree, softer foods and often more the kind yogurt type of foods that are quite nice. So yogurt with some nut butters and that work really nice as those kind of easier teething than meals. Yeah, even eggs. And he does eggs so that, I mean, eggs work really well too.

**Cassidy:** Yeah, I mean I can't tell you how much of a relief it is to him. It matter how many eggs. Because my sort of next question was, you know, during that period, if it is a case of he's basically living off one or two of exactly the same meals for three or four days, that I'm guessing that's okay.

Just it's about getting the food in him.

**Kath:** So fine. It's so fine.

**Cassidy:** Great..

**Meg:** Amazing. Oh, Kath, you know, I always love listening to you because you are a voice of reason and completely level-headed in a sea of a lot of rubbish that we have to, unfortunately as parents be, be subjected to. And I do think it's taking the foot off the gas, being more relaxed. And that's what's really the biggest message for me out of today, whether it is that you need a bit of formula in the early days, or that your one has to have eggs morning, noon, and night because they're teething. It really is going the path of least resistance and going the easy route. It doesn't have to be a challenge, and that is what has come across today. So thank you so much Kath, for everything that you do for mothers and for being with us today. Cass, I know that you probably had a list of questions.

**Cassidy:** was going to say, can we do one more of these when Max is a bit older, because I know I've got a picky eating phase coming at some point in his life, he's going to be only wanting beige food or whatever phase it is that they go through. So if we can do another of these.

**Meg:** Well, you know, it's so interesting because Cass on our app, we've got a picky eating webinar that is Kath's picky eating webinar and you can't believe how many people just spontaneously are quickly popping onto it. And Kath has actually said to me she wants to do a picky eating course which she's going to be putting into the app as well.

But my suggestion is that when Max hits that stage, that you quickly just WhatsApp three of us get together again because true as nuts, half the other moms are going through it as well. So definitely bring your questions. It makes it real and it really helps Kath and I to be able to connect with other moms through your questions.

So thank you.

**Cassidy:** Get a notebook and start writing them down.

**Meg:** You're welcome to. So thank you both very much on behalf of moms as well. I think you've, you've both just added so much value to people's lives today and I appreciate that.

**Cassidy:** I've really enjoyed it. Thank you so much.

**Kath:** Thanks,

**Meg:** Okay,

**Kath:** Bye.

**Meg:** Bye.

**Cassidy:** Bye.