Episode 66\_Prem journey

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**Meg:** Welcome back, moms and dads. It's just absolutely awesome to have you join me here on Sense by Meg Faure. I am Meg Faure, and I'm going to be your guide today as we chat with Tove, who is a mom to new [00:01:00] baby. Now if you can hear some little grunty noises in the background and even some sounds of other people talking, that's because we are actually talking to Tove today in the neonatal ICU in the hospital where her little baby Nova is. And Tove works alongside me actually in Parent Sense. She is our head of corporate relationships and of business development. And she's been working with us for the last year on our app and has also appeared once before on our podcast.

**Meg:** So, if you haven't heard the story of Tove's journey pre-Nova you can go and hear the episode on The Juggle is Real. We chatted to Tove about a year ago and subsequent to that podcast where the juggle was really real because she had two little ones Tove then fell pregnant with a third baby.

**Meg:** And we are going to talk with her today just about what that journey's been like and what has led up to her being where she is today, which is sitting in a Neonatal I C U, which is actually called a SCBU because she's based in the UK, in Jersey Channel Islands. So, Tove, welcome today and thank [00:02:00] you so much for joining us.

**Tove:** Thank you for having me, Meg.

**Meg:** So, the last time you and I spoke you told us about Gray and baby Jagger. So, let's start there. Let's start with your other two little ones and just give the context into which little Nova has been born.

**Tove:** Sure. So, I've got a four-year-old, Gray, who's special needs. So, kind of developmentally, we are kind of more around the 12 month mark, and Jagger, who is now about 15 months. And I guess part of the journey and part of what we've picked up from other families that are kind of in, in the special needs space was that building an infrastructure and a tribe around Gray would be very valuable. And it would be wonderful for Jagger to have a sibling that he can share his journey with as well. And, um, so enter Baby Nova.

**Meg:** So, she was kind of planned.

**Tove:** On the timing.

**Meg:** What was the timing? Was the timing what you had planned?

**Tove:** No, I mean, my husband doesn't like me to say that she wasn't planned because he's like, you are going to give her all [00:03:00] kinds of issues.

**Tove:** I was like, well, she's got to give her something to go to therapy for. Um, so she definitely, she was, she was in our thought, our Petri dish of marinating and thinking we should do a third. But I don't think I would've had the courage to do a third. So, I feel like the universe kind of took over and, and made her happen.

**Tove:** So, so it was a bit of a surprise.

**Meg:** And how old was Jagger when, um, you fell pregnant with Nova?

**Tove:** Oh gosh. Um, I found out in June, so, uh,

**Meg:** Seven months old.

**Tove:** January, February. Yeah. Seven, eight months old.

**Meg:** That's incredible. So, a mom of a seven month old falling pregnant again and your, you don't love your pregnancies, do you?

**Tove:** No, I have the hyperemesis or whatever that horrible thing is called. So, 22 weeks of nine hours a day of vomiting and snacking and then just being uncomfortable and having heartburn and yeah, pregnancy's not my friend. So, was very distressed when I found out I was pregnant again.

**Tove:** And I think, you know, especially if you are a mom who [00:04:00] has shitty pregnancies, your time that you have with your other two kids is then never as good because you're sick and you're uncomfortable and you're trying to balance work and the things that you have to do with them, on top of them trying to play with them and still be their mom and fun and you, you have no fun left in yourself.

**Tove:** So, you, it really is a digging deep process. Um, so I felt a bit sad for Jagger because I felt like he missed like time that I should have been awesome and fun. But, um, yeah, he, he will survive.

**Meg:** And

**Tove:** Seems okay.

**Meg:** And you know, it's so interesting that you talk about that because there's so many things in life, with our children that we think, oh, you know, that this child didn't get this, and that child didn't get

**Tove:** Yeah.

**Meg:** But there's always a, the opposite of it, which is there's so many benefits. So yes, Jagger might have missed out on some one and one time with you.

**Meg:** I mean, particularly being that Nova has come quite a bit earlier than we expected. But he's got the blessing of a, of a sibling who is going to, first of all be very close in age to him. I mean, are there going to be a year apart in school? I think.[00:05:00]

**Tove:** Yeah. I mean, it'll literally be a year apart. Yeah.

**Meg:** So, there they'll be a year apart in school and we'll be very, very close. And that's going to be a big blessing for him, being that Gray is, is, you know, so developmentally challenged and maybe wouldn't have been the same playmate as certainly Nova's going to be for him.

**Tove:** No, absolutely. I mean, she doesn't play with him at all, and we've definitely seen he's a social kid. He loves that interaction, and he loves being played with. And he loves having friends over and doing those kinds of things. So, I think, you know, as you said, they'll kind of have each other, and also hopefully rally around Gray, which will be lovely.

**Meg:** So, you had a Caesar planned for next month actually, because you had two previous caesarean sections. And tell us what happened, how far along you were, and tell us what it's like to have gone through a very early labour, very unexpected.

**Tove:** Yeah. Yeah. So, Nova was kind of planned for the 2nd of March. Her birthdate was the eighth. So, they Caesar in the UK on 39 weeks. We obviously had a very busy trip in [00:06:00] South Africa for two months before that with our families, we, you know, we knew getting passports and stuff here is always a bit challenging, so we kind of took a good two months in South Africa from November to literally just before Nova was born. Um, and I think we, it was a lot of running around and family time and busyness and I think it felt like quite a tricky, like an uncomfortable pregnancy, but nothing, you know, as I said, pregnancy's not my friend, so not wildly, you know, anything that flagged as abnormal.

**Tove:** Although I think anyone who's flown back with two children under the age of two, will also say that the flight back was relatively harrowing. So maybe that's what brought her on early. I don't know. But yeah, we got back like last week, Thursday, and then Thursday evening, I am

**Meg:** A week later. So it

**Tove:** a week

**Meg:** That you got back one week later? Yeah.

**Tove:** One week later, I'd been to the hospital here, had done a check. The doctors in South Africa had said to me, she's quite big. [00:07:00] She's baking nicely. We would take her out a little earlier. We'd take her out at 38 weeks because your placenta's starting to, or caste or something, there's some white dots and she's big, and so you're healthy.

**Tove:** You know, she'll probably stay in the big babies don't like to come out, was what I was told. Went to the hospital here on the Tuesday. They checked, they were like, everything's fine. Don't panic. We'll see you in a month. And Thursday evening I started getting contractions.

**Tove:** Um, I was

**Meg:** So how far along are you now at this point was, was that

**Tove:** Thirty-three weeks and two days.

**Meg:** Okay. Wow.

**Tove:** 33 weeks and one day, because came the next day, which was two days. So started getting some contractions, but I was like, ugh, you know, maybe it's just really intense Braxton Hicks. My husband's obviously traveling in South Africa, so he wasn't with me either.

**Tove:** And I was like, maybe it's just, you know, it's been busy settling back in, getting the kids sorted, unpacking bags, you know, all that stuff. So, I was like, man, it's just probably really intense [00:08:00] Braxton Hicks and my body's, you know, hasn't had a huge amount of time to recover from Jagger, and maybe I'm just reacting a little bit more intensely. But I did contact my nannies and some friends and just say, listen, please have your phone on. In case I think I'm being a bit dramatic, but my husband's not here. It's like, just in case anything goes wrong, and I need someone to sit with the kids, can you just keep your phones on?

**Tove:** And you know, seven o'clock I went to try to go to bed and at about 12 o'clock it was still going, and they were you know, five minutes apart. And they were, they were not getting any less in severity and they were very consistent. There was no, like, you know, Braxton Hicks, it goes on for a little bit and then it kind of, you walk around and it stops.

**Tove:** This was just three hours of nonstop contractions. And I was like, no, this is, I'm contracting here. So, I phoned the hospital and I was like, listen, do I, I have an appointment at eight o'clock. I was supposed to come in for some fasting test or something. I was like, can I, can I come in at [00:09:00] eight in the morning?

**Tove:** I'm just letting you know that this is happening. They were like, no, no, you just need to come in now. I was like, that seems a very inconvenient for me because I have to call someone, and I have to get a taxi. And they were like, um, maybe inconvenient, but we think you should come. So, I, um, called a taxi, got some, one of our nannies to come in and sit with the kids and I said to, I'll be back in a few hours.

**Tove:** I didn't take my hospital. I hadn't packed a hospital bag. Because I was not due for six weeks. Um, and I was like, this is just, you know, probably a little bit of a moment. It'll be fine. Got to the hospital, they checked me, you know, put the part rate monitor on. Um, and they always go like, the baby's fine.

**Tove:** And I'm like, yes, that's lovely, but hi, I'm not fine and not comfortable. So, can we assess how I'm feeling? Um, I always love it when they do that. They go, yeah, but the baby's fine. And.

**Meg:** I'm in. I'm good. I'm in pain.

**Tove:** Yeah, there's also a vessel here and I'm like, can I have some drugs please? And they're like, [00:10:00] I think let's just monitor this for a while. It's like, ugh. Um, so yeah, they just put me on the monitor. She was fine. They checked if I was dilating. I wasn't dilating. So, they were like, it's not active labor, but it is contractions.

**Tove:** We can see. And the contractions kept ramping up at about one o'clock. Half past one. They were like, look, they are very intense. Let's give you a set of steroids so that if she does come early, her lungs are in a better position. We need to do two sets of steroids. They need to be 12 hours apart or six hours, 12 hours apart.

**Tove:** So, they gave me a set of steroids at half past two in the morning, and then they were like, we need to try and push you to last until two 30 tomorrow afternoon so that we can give you a second shot of steroids. And then if she comes, she's got a good chance of not having to be on breathing apparatus and whatever.

**Tove:** So, I was like, that's fine. They gave me the steroids, which if anyone has had steroids, it is like the most horrible injection ever. Everything stings for like 40 minutes. It's horrible. [00:11:00] I hated that. Yeah, it's terrible. Um, so that was not fun. But contracting the whole way through.

**Tove:** Gave me some morphine because the contractions were just kind of ramping up and up and up. They gave me a bit of morphine and said, look, try and sleep. And then you know, the doctor's coming around again at like eight, and then we'll assess and see where you are. And I think between quarter to eight and quarter past eight, when the doctors got there, I went into screaming labour.

**Meg:** Wow.

**Tove:** Then the screaming started, and I was like, something is not right here. And then they checked me and they were like, no, you're like six centimetres dilated. We need to make a call now. You got to go in. They obviously don't want you to do natural once you've had two Caesars because of the scar tissue or something.

**Tove:** And also, there was just a lot of people throwing a lot of information at me and I was just like, go. So obviously not the most ideal situations. My husband wasn't there, which wasn't great. I think the labour part was fine, but they threw me like they were asking [00:12:00] a lot of questions about what to do with Nova when she was born.

**Tove:** You know, if this.

**Meg:** being on your own.

**Tove:** Yeah. If this, what? This, if that, what that plus like what do you want to do about the labour? Do you want to go now? Do you, I was just like, so that, that was quite a lot to kind of navigate. But we are fine. I was just like, do whatever you need to do to keep her alive and make her comfortable.

**Tove:** If you need to formula her, if you need to, whatever it is, just do it. And I said the same thing about me, I was like, just keep me alive. Like I don't really care if you need to, Caesar, if you need to. They were like, we might need to put you under completely. I was like, you need to do what you need to do, just do it.

**Tove:** And the only thing I was a bit paranoid about, which is probably because I watch a lot of crime stuff was, I was like, please don't let my child be swapped. I was like, please, I need to see her. I need to see the tag. Because usually, you know, the husband follows the baby. So, you like make sure that your baby's not being mixed up or like you get given the wrong baby.

**Tove:** That's a real thing. It happens. You hear these stories. So, when I eventually got in, they whipped me in. They whipped whoever else was supposed to be in [00:13:00] out. And they were brilliant. Within 10 minutes of me saying, go ahead, we were in the room and once they gave me the epidural, I was very relaxed.

**Tove:** And, and then I could see her, and I was like, please bring her to me. Please label her foot so I could see it. Please make sure she's, and then obviously they took her off. It was obviously compared to the other two, was a, a really sad birth in many ways because you don't get to hold her afterwards and you don't get to have that moment of straight afterwards there, you know, my son and Gray lay on me. And then never left me. Where with her they were like, oh look, here she is. Like, we then, then just took her away. So, there was like no time to kind of connect or feel her or have her on me.

**Meg:** Mm-hmm.

**Tove:** just have like tens of doctors around and you don't hear anything, and you're kind of like, what's going on?

**Tove:** What's going on? They're like, no, no, it's fine. She's like, well, obviously you're gonna tell me it's fine. You're not going to be like, well, listen, she did. So they took her out and she cried, but it was kind of one little cry, and then it was very [00:14:00] quiet.

**Meg:** Mm

**Tove:** Um, so I, I assume it's because they had the breathing apparatus on her, but I couldn't see anything, so I was a bit like, um, so I kept the, the anaesthesiologist was really good.

**Tove:** He kept kind of going over and, and saying, she's fine, they're doing this. They're just weighing her. They checking this. And then he'd come back and tell me, and then he'd go back, you know, so he, he kind of was my eyes and ears, which was really kind. But still, you know, not having that moment was definitely very strange and you feel quite disconnected from what's happened to you.

**Tove:** Like it all feels very surreal and, yeah, just weird.

**Meg:** Yeah, sure. So, she was then taken off to the SCBU while they fixed you up and you then saw her a little later.

**Tove:** Yeah, so then they kind of took me to recovery where I was, it wasn't long. I think I was like 15 minutes in there. And then they took me through to the ward. And then obviously I was like, well, what's happened? Where is she? And they, they're [00:15:00] very good. They, they take, what they do is they take photos of the baby as soon as she's out in the SCBU and they bring you the photos.

**Tove:** So, you can see a picture of your baby, which is, I don't know if that's like a milk thing or whatever you need to get the milk of a colostrum coming in. And then about hour later they came in and said, look, this is what's going on. This is the process. And because I'd obviously had a Caesar, they wheeled my bed through to SCBU so I could just see her and see where she was and meet the team and understand what was going on and understand what their process was and what did this mean. I'm sure I was probably pretty high so I, I felt very relaxed about it all. I felt like she was in good hands, and I was in good hands. But I think as the adrenaline wore off and everything calmed down, realizing that my baby wasn't with me felt very strange, and quite unsettling. What was very kind was they put me in a ward,

**Tove:** have [00:16:00] private rooms in the hospital in Jersey, but they, where there were no other babies, someone come,

**Meg:** Yeah. Yeah. Interesting. The sound went a little strange there Tove, but we managed to get the gist of it. What really was quite evident from what you said was that there's a different emotional journey. I mean, there's a different everything journey to this journey compared to the other two, but there's really a different emotional journey here as well.

**Meg:** Maybe a little bit of letting go, releasing control. What, what other things were you, you know, if you look back now, I mean, it's still very new, but, but what sort of emotional journey have you been through?

**Tove:** Yeah, the lack of control. Like is definitely, you know, your baby, this is your baby. You've carried that kind of separating from you, you feel a bit, yeah, I feel, I felt quite [00:17:00] surreal and I, and I think, I don't know, I mean, I, I'm sure everyone responds differently, but I, I'm very much a, my first is special needs and so we spent a lot of time in hospital and so I'm very much a fight, fight and flight mode, and I think I get, I get very much into fight and so I just you know, get into like go, go, go. What is the plan? What is the system? What are we going to do? What does this mean? How do we get, you know, how do we get her out of here and this plan? But I think when you realize then, you get all those plans in place and you understand what's going on, and you read up and you're now an expert and you know what you're doing and where you're going.

**Tove:** But then you're still sitting. You don't have your baby. I think when I was discharged, I really struggled being discharged and leaving the hospital without my kid and leaving my kid with strangers. Where you like, okay. Like her wellbeing is dependent on a bunch of people I don't know and I'm not there.

**Tove:** And so like I keep bringing in food and chocolates.

**Tove:** If you love me, you'll love my daughter. Like, [00:18:00] you know, it's a very weird feeling and also then to be told how to parent. If you've had two other kids, you know, I knew how to feed. I, I knew what I like to do. I know my time. I like to wake up with my kid and how I like the routine I like to build. And all of that you, you let go of, because you are now not in control and you're working at her pace, but you're also working at a hospital pace where there's NG tubes and there's a whole different process of learning to feed and build their stamina and it's just. It's, I think especially if it's a journey you're not prepared for, which I'm assuming most preemie journeys are, it's a lot to digest.

**Tove:** I imagine if it's a first-time parent as well, it's very overwhelming. I feel like second time you've learned a little bit with your children that you have no control. So you're slightly more prepared for the lack of control in your journey, but I think the, the emotional, the letting go of, of leaving her [00:19:00] in a place

**Meg:** mm.

**Tove:** been very tricky for me.

**Meg:** Yeah, absolutely. Wow. That really speaks to, I think, what I would be a similar journey for a lot of prem moms. And then of course there's a journey for Nova because your journey has not been typical. And you've experienced, you know what, and you've really articulated very beautifully what that loss of control is like.

**Meg:** But of course, Nova's journey has been very different as well. How have you experienced it through her eyes and, and do you have concerns about what she has experienced, particularly on a sensory level?

**Tove:** Yeah, I mean that the, I mean, obviously working with you and having my other two children very much sense baby trained and had, it's having worked very well for me. It was obviously a massive concern to be in a hospital room where there's noise and lights and other babies crying and machines beeping every five minutes and there's like no sensory control, there's no quiet time with my music going and my lights and my lavender oil burning in the background, like all of that has gone out the window.

**Tove:** And so, it's how do you, [00:20:00] you know, bring in those elements? In a space where they're like, you can't put that blanket on her. You can't swaddle her; you can't do this. And, you know, how do you, how do you try and control that environment as much as you can, knowing how important it is to setting them up and, and stabilizing them in a space where you, you are not allowed to do so much.

**Tove:** So, I guess that's more a question for you. What would you advise, you know, me to do in terms of kind of controlling or adding value to her sensory space?

[00:21:00]

**Meg:** I think that a couple of things and you know, it's very specific to the SCBU and the neonatal icu. It really isn't something that can generically be just rolled out because every SCBU is different depending on how many babies and the experience of the care and also the country that you live in it can also be very different. I mean, certainly from my perspective, it's always worth thinking about the baby's senses and you know, the senses. If, if you kind of. Take, take your yourself through those different senses. You can start to think about what needs to be done. One of the things which I've actually seen you doing is on the sense of smell.

**Meg:** I've, I've seen when I visited you that there was a little teddy tucked in between your breasts picking up your scent and that having something that smells of you close to hers is actually very important. So having a little teddy in, in the SCBU with her in the isolate with her. [00:22:00] Did they allow you to put that in the isolate with her?

**Tove:** Yeah, so they gave me a box when I had her, or it was SCBU box and in it was, you know, a bunch of like toiletries because obviously most preemie moms are not prepared, which I definitely wasn't. I had nothing. And, and then some clothes for her. And it was these two toys. So, one I could keep and just keep alternating them in and out for her to have my smell.

**Tove:** So that was, was one of the first things I did when I got that. Um, just knowing the, the Sense way, I was like, oh, I need her to smell me. She's not going to remember.

**Meg:** She does. Absolutely. Absolutely. And you know that sense of smell is so pervasive. And the other sense that's so pervasive is, of course, the sense of touch. And, you know, that's so pervasive because it covers her entire body. So, you know, you wanting to her to have a positive touch experience. The touch experience in the womb would've been [00:23:00] really tight, deep pressure, neutral warmth, always the same temperature, and absolutely no light touch. And obviously one of the things that happens in the neonatal ICU is that there is light touch, because there's a lot of care procedures that need to be done that that in include light touch, just things like touching her to remove a needle or to remove one of the little sticky pads.

**Meg:** So, on that level, you want to really focus on doing kangaroo care and the fact that she's, everyone can hear hers because she's up against your chest. So, Kangaroo Mothercare is just an incredible strategy. You know, it gives them neutral warmth, it gives them deep pressure. It gives them a sense of your heartbeat and your smell.

**Meg:** And so Kangaroo Mothercare, having your baby naked against your chest under a cover is something that is definitely recommended. And I can see that that's something that you're able to do there. Another thing that you would be wanting to look at is to just really use a lot of still touch. So, when you do touch her, it's, it's deep touch pressure, still touch pressure as opposed to moving your hand around a lot.

**Meg:** Is that something that they've also recommended there? [00:24:00]

**Tove:** Yes, actually that was a really good point. Cause I think the first thing you want to do is kind of stroke her. You know, especially when you are reaching through the, the NICU unit, you don't have the ability to kind of pick her up and hold her, so you kind of end up feeling like you were stroking her hand or stroking her foot.

**Tove:** And I noticed when I first did that, she was very like, like fidgety, like felt very uncomfortable. And then obviously chatting to you and, and chatting to them, they said rather, do, you know, deep pressure, just hold her, put your hand there solidly. Which is, is definitely something I wouldn't have known to do.

**Tove:** So that, that was very helpful, and she seemed to be a lot calmer when I did that with her.

**Meg:** Excellent. And then also another piece around touch is to create boundaries. And very often we'll actually roll up a towel and put it underneath, around her head or underneath a sheet with a sheet over it, or in some form, create a boundary around her head or around her feet so that she pushes up against something.

**Meg:** Is that something they've done in your neonatal ICU?

**Tove:** [00:25:00] Yeah, so what they've actually done is they scootch her to the bottom of the cot as well, so her feet are touching the, the bottom of the cot, and then they put like a, as you said, like a rounded up blanket around her head. So she's got something touching and pushing on her head. Yeah, so those are definitely things we've noticed.

**Meg:** Yeah. And then there's also the other sense of touch, which is so critically important is, is the sucking. And you know, our babies derive enormous comfort from sucking in utero. They suck on their hands, they suck on the umbilical cord, they suck on their arms. And it's also important that they have non-nutritive sucking soon after they're born because it activates their peristalsis and also helps them to learn to feed properly.

**Meg:** And I know that on day one, I think when I came to visit you, we spoke about giving her a dummy. And that process was then activated, wasn't it?

**Tove:** Yeah, so that that, I mean, that was unbelievably helpful because it's not really something that they recommend in the UK. Swaddling and dummies are not things that they're very pro, but when I [00:26:00] actually went to the unit after chatting to you and said to them, look, can we get her sucking? Can we get her a dummy?

**Tove:** They were like, oh, that's amazing. Yes, we'd love to do that. Like most parents don't like us doing that. So, I think it was really interesting for me that it wasn't offered as a strategy that it was for me to go and find out that it was something they could do. But they were very relieved when I said, can we do it?

**Tove:** Because they were like, that's so great for her. It's part of building up the stamina and teaching her how to suck so that she can latch when we start trying that journey.

**Meg:** Hmm, exactly. Exactly. Well, that's wonderful that they've done that. And then the last thing that I would've just mention in terms of the sense of touch is obviously swaddling. And that's quite an interesting one because I really am a very strong advocate of swaddling, as you know. I think it gives deep pressure; it keeps little ones really nicely contained.

**Meg:** And of course, with the prem baby, it would also be important. But for most of them, they've still got wires and tubes and, you know, they, they need to be monitored. And so, for many of them they're not swaddled, certainly while they're in the SCBU. Have they started swaddling her [00:27:00] or is that something that you haven't had yet?

**Tove:** So literally today has been the first day I've seen them have her in swaddle. I was very relieved, but I, you know, I don't know if it's because she's starting to pull her cord out of her, her nose, the NG tube out. I think they also said, they mentioned to me that it's because she's moving out of a hot cot.

**Tove:** And so, she's regulating her own temperature and so they're more comfortable swaddling her now than, than what they were before. But it is definitely not a philosophy that the UK follows. So, I know when I had Jagger at home, my midwives were very anti the swaddle approach. But as you said, I love it. It worked beautifully with Jagger and it's definitely today she's been a lot like calmer.

**Tove:** And I just pulling that NG out alone is just horrible to stick it down and put it back in, that's really like unsettling. So, I think swaddling her for me is an absolute no brainer. Um,

**Meg:** Absolutely. Yeah. So, there you've got the, your kind of the sense of [00:28:00] touch. The sense of sight is an interesting one because be depending on the age at which your baby's born, they have the risk of damage to their retina if they have very bright lights. So, they'll often actually, with the very early prems, cover their eyes, which, because she wasn't a very early prem, she probably didn't have her eyes covered.

**Meg:** But another thing is just to keep the lights dim in the ICU u. Now a lot of the ICUs really battle with that because they need the light in order to see what's going on around them. But the idea here would be to keep bright lights away from your little one turned off, you know, as much of the time as possible. And then even if she's in a closed incubators to actually cover the top of the incubator with a towel so that any lights that are in the space actually are more muted. What did they do while she was still inside the hotbed?

**Meg:** Was it a covered hotbed or an open hotbed?

**Tove:** So, when she was an incubator, they had uh, like a very heavy weighted dark blanket over the incubator, which was gorgeous because it was dark in there. It was almost like a soundproof blanket as well. I think it cut out a lot of the noise. It was really [00:29:00] lovely. So, I thought that was really good.

**Tove:** But they, when they moved her out, obviously you super excited move them after incubator because you're like, yay, progress. Then they put her in a hot cot and the hot is wide open, right? It's just the mattress. So, there's no way to darken it. You in the open air of the SCBU, so you're hearing everything, you're seeing everything.

**Tove:** They've been pretty good at keeping the lights. It feels a little bit like a casino when you're in there, when you're going and spending long stints in there, it's like really hot and they like plough you with drinks. Obviously, they’re not alcoholic, but plough you with like tea and coffee and, and it’s like dark and hot and you just like, like time never changes.

**Tove:** Like it just all looks the same. There’s like no natural light. Like it feels very strange in there. So, they, they do have like a little bit of darkness. But as you said, you know, there were some twins who came in two days ago and it was chaos. You know, there were lights going and machines going, and radiologists coming [00:30:00] in and scans and noise and it was hectic.

**Tove:** So, you know, it’s, it’s one of those things where I think they try and do that as much as possible, but it’s, you know, as you said, they need the light and they need, and every now and then, it’s very bright, very noisy, very busy. Which is obviously kind of shitty as a parent when you come in and you’re like, oh, I just want my kid to be in a peaceful environment.

**Tove:** This is not.

**Meg:** And that’s probably, I guess, where the 80/20 rule comes in, that 80% of the time they’re trying to do it by the, really the ideal book in terms of your baby sensory world. And 20% of the time we’ve got a relinquish control and understand that things are going to happen. And so that is that. For those of you who listening to this and who are not aware of the sensory developmental care that Tove and I are speaking about, and you’re wondering how you get hold of this information.

**Meg:** We have an incredible course on the Parent Sense app that looks at your prem baby’s sensory world. So definitely go ahead and have a look at that. And then also in one of my books called Your [00:31:00] Sensory Baby or The Baby Sense Secret, there’s actually a chapter on the prem baby as well. So those are two resources that is really worth having a look at because it really would be very helpful for you to understand a little bit more about your baby sensory world.

**Tove:** I found it very helpful. You know, we talking about the relinquishing control element where you’re sitting in your bed and your baby’s far away and you don’t really know what you’re doing. I did the course, the online course, in the app, and obviously read that chapter that you gave me Meg. Which made me feel a lot more empowered to be able to actually go to the, the nurses in NICU and say, can we give her the dummy?

**Tove:** Can we wrap her like this and have something over her head and actually prompt them to do some of the sensory things that they maybe weren’t necessarily doing but that I wanted in place. So just kind of knowing what is allowed, but also like what is valuable for, for what you want for your kid and actually asking for it kind of made me feel like I had a little bit more control [00:32:00] or, and I think it also helped them take me a little more seriously.

**Tove:** Like I knew what I was talking about and I was a little bit more read up and wasn’t just being bossed around by people and told what had to happen.

**Meg:** Well, there, there’s, there’s not an inch of you that it has a victim mentality, so I’m not surprised that you took some element of control, even when you were fully out of control. So, it’s just really remarkable Tove to, to hear about your journey. It’s a journey that is increasing for many moms.

**Meg:** More and more babies are, be being born premature for many different reasons, not least of which fertility treatments and multiple pregnancies. So, moms, if this is your been your journey, I hope that you have found today’s chat with Tove super useful. I certainly have Tove. Both just looking at the emotional world of the mom of a prem baby and also looking at what we can do in the neonatal I c U.

**Meg:** We are going to be speaking to Kath Megaw, who’s a paediatric dietician, on our next podcast, all around feeding for you and for the prem space. And moms, if this is your journey, do go and listen to the next [00:33:00] podcast as well. It is focused on establishing, feeding in the neonatal I c u and with your prem baby.

**Meg:** And that should be super, super useful as well. So, Tove and little Nova who we can hear contributing every now and then. She is just such a little angel. Quickly tell us before we head off, why the name Nova?

**Tove:** Well was a possibly, but, um, no, we, I mean she kind of, she very much burst on the scene. We struggled with the name. Um, and actually one of my nannies came in to see me and she said, oh, she burst on like a star, she’s like a nova. And I was like, oh, that’s interesting. That is quite apt. Um, and that’s kind of where it’s, it landed, we felt like she, she kind of chose it herself clearly is doing things to the beat of her own drums. So we’re all just spectators here.

**Meg:** That’s wonderful. Well, you are so much more than a spectator. You are a very, a really, really incredible mommy. You know, nurturing her, focusing on establishing your milk supply while at the [00:34:00] same time understanding that, you know, you’ve had to relinquish control. You’re not exclusively breastfeeding.

**Meg:** There’s no way you can, because of course she’s too little and not strong enough to do that. But also just being there for her, kangaroo her for as many hours of the day as you do and as you can. And so for all of these things, I think that you are really giving her the best start that she could have under the circumstances.

**Tove:** Thanks, Meg. Well, it’s, it’s very helpful to have you, you on the team.

**Meg:** Well, take your time. Heal with her, enjoy her, and look after yourself, Tove.

**Tove:** Thanks so much Meg. We’ll chat soon.

**Meg:** Thanks. Bye-bye.

//ends