Episode 68 Newborn crash course with Ann Richardson

**Meg Faure:** Welcome back to Sense by Meg Faure. This is the podcast that helps you to make sense of the early years of your little one's life. I'm your host, I'm Meg Faure, and in today's episode we have got a [00:01:00] very special guest, Anne Richardson. Anne is a specialist, midwife, and a well-baby nurse, and she actually co-authored my first book with me going back, gosh, Anne, I think we went back to 2001 I'm going to say was Baby Sense.

**Ann Richardson:** I think so. Yes. I think it was, it does. It all just seems so long ago and, but yet, if the information is still so relevant, because babies are the same as they've always been.

**Meg Faure:** I know the universal truths of early parenting. So, Anne has an absolute wealth of knowledge and information. After writing Baby Sense with me, she went on to write Toddler Sense, which if you have got a toddler, this is the book you need to get for sure. And then later her and I partnered up again and we wrote Sleep Sense together.

**Meg Faure:** And I think that was where your publishing ended. Am I correct? Um, yeah, you And, but then she went on and has over many years been a very sought after speaker, as well as running a very busy, well-baby clinic in Johannesburg. So, Anne, welcome, welcome [00:02:00] today. It is my absolute pleasure to welcome you.

**Ann Richardson:** Yeah. Thank you, Meg. It's lovely to be back together again.

**Meg Faure:** Absolutely. We've always had lots of fun. Well, I must tell everybody that my journey with Anne did not start as a partner. It started more as she really advising me. She was the person that I took my first baby to, James. I don't know if you'll remember, because I, it probably blurs into all the other women that you've helped Annie, but you were a lifesaver.

**Meg Faure:** I was so anxious when James was little. My milk wasn't coming in and you were an absolute lifesaver at that time. So, I've been on both sides. I've been both on the professional side with you and writing books, but very much as a mom who's received your wisdom, so I know.

**Ann Richardson:** Well, it's just such an honour and such a privilege to experience every working day, helping parents, moms, partners, caregivers, just navigate this whole new part of their journey. And it's just wonderful to be able to actually make a difference.

**Meg Faure:** Yeah, absolutely. No, it is. And that's [00:03:00] really what it is all about. Now Anne is an expert on so many things. I mean, I could have picked any number of topics to chat to her about, but I really wanted to go back to those early days, when I first really started to interact very closely with Anne, and that was around the newborn days.

**Meg Faure:** So we are going right back to those early days, and we are gonna be looking at a crash course for first time parents of newborns. So we're gonna be looking at lots of wonderful, valuable insights and lots of tips to help you navigate this very exciting but super challenging time. So without further ado, I think let's dive in.

**Meg Faure:** So Annie as a specialist, midwife and well- baby nurse, you have worked with many, many parents, including of course me. And if you think about that period of time, and let's call it the first six weeks of a baby's life, but what are the most common challenges that first time parents will bring to you when they bring home their newborn?

**Ann Richardson:** You know the one thing that we really need to get our heads around is that actually [00:04:00] we are looking at the fourth trimester of pregnancy when your baby is a little newborn. So technically, as homo sapiens, we need to be pregnant for another three months because only around the age of about 12 weeks does everything kind of mature with our babies, our baby skins, brains, nervous systems.

**Ann Richardson:** Those first few weeks are just incredibly overwhelming, and your baby is so, so, so helpless. So the biggest thing that I see is that you need to adjust your expectations. Tailor your expectation to not really expect much and anything that goes well is a bonus. Have realistic expectations.

**Ann Richardson:** Babies are hard work. Sleep deprivation is real. It's a real thing, and interestingly enough, it usually smashes into you in about the second week after baby's born, the first week or so, you're full of all those wonderful endorphins and everything's [00:05:00] great, and then suddenly that tiredness really just whacks you like a steam train.

**Ann Richardson:** So it's to have reasonable expectations. Babies cry. Babies can be unsettled at times. You can't always make your baby happy. There will be a million trillion unanswered questions, and it's just to adjust to your new norm. That's the important thing. Just press your new norm button because nothing will ever be like it was before.

**Meg Faure:** Absolutely.

**Ann Richardson:** that's that. That's a biggie.

**Meg Faure:** And so when a mom comes in, in her first visit, and, and when typically does a mom usually arrive on your doorstep?

**Ann Richardson:** Well, I would like to see moms and babies within the first 10 days after birth because they're all these unanswered questions. Your baby's umbilical cord is still on. Your baby's colour may be changing. Your baby may have some skin problems. There will be, definitely, a thousand questions that you need to [00:06:00] ask, and you don't need to be alone on this journey.

**Ann Richardson:** There are people like myself, like yourself out there who can really help you navigate these tricky waters.

**Meg Faure:** Yeah, absolutely. I think it is so important that moms do seek out a, a clinic sister or a well-baby nurse or some form of professional advice in those first 10 days. So one of the things that you mentioned, which is one of the things that on a practical level that people have to navigate is the umbilical cord.

**Meg Faure:** How do parents take care of the umbilical cord? How long does it take to fall off? What are your top tips around the umbilical cord?

**Ann Richardson:** Right. Well, the biggest top tip is to try and practice delayed cord clamping from the actual onset at birth. So it's an important conversation you need to have with your healthcare person

**Meg Faure:** Well, you're still

**Ann Richardson:** if it's, yeah, while you're still pregnant to see is it safe to practice delayed cord clamping, which the evidence is there, and I could talk forever about that.

**Ann Richardson:** And it just allows your baby to get back some of your baby's iron stores and the [00:07:00] studies have shown it really prevents neonatal jaundice. It really just helps your baby from becoming low in iron. So that's the first thing. Speak to your healthcare person about delayed cord clamping. Then you're going to have to actually look after this cord, which has got a big fat sort of plastic clamp on it.

**Ann Richardson:** Just to make sure that it's not digging into your baby's little abdomen, and it can be quite uncomfortable. So just to make it sit nicely under the nappy and before you leave your birthing unit to ask your healthcare provider to make sure that they remove that big plastic clip because it can be so uncomfortable for baby.

**Ann Richardson:** And then it's just a case of making sure that that cord remains clean and dry. So there's very many differing cultural ways of taking care of the umbilical cord. Using any sort of animal dung or soil or anything like that, poses a huge risk of neonatal tetanus. So [00:08:00] that is not advised at all.

**Ann Richardson:** In South Africa, our neonatal skincare guidelines is that we don't bath the baby for the first seven days of baby's life. And we don't use anything on the cord, so we just allow natural air to actually dry that umbilical cord up. And it eventually, it starts off as a sort of white soggy glutenous little lump sitting on your baby's umbilicus and it dries over time.

**Ann Richardson:** In some babies, the cord will fall off quite quickly within days, and in some cases it could be weeks before your baby's cord falls off, but it has to be dry. It goes very black and very hard and very dry.

**Ann Richardson:** Signs of infection would be if the skin around your baby's umbilical area becomes red, inflamed. There's a pussy discharge. Your baby may have a fever, and you'll see there'll be a big skin irritation [00:09:00] around that. So some cultures talk about, surgical spirits or rubbing alcohol that it just speeds up the drying of the umbilical cord. Many practices don't do anything, and there are also some healing wound powders that can be sprinkled onto that wet stump of the cord, which then also speeds up the drying of the cord.

**Ann Richardson:** But the important thing is that you prevent infection and you prevent the cord from getting wet and soggy because that is obviously, a risk. And then also just to mention that when the cord falls off, because it's like a really hard scab, it may ooze a little bit of blood. So you may see a little bit of blood on your baby's nappy but it's not dangerous. Your baby cannot bleed to death from a dry cord. It's just as that scab comes off, there may be a little bit of oozing and you just keep it clean and dry.

**Meg Faure:** Okay. Exactly. And those were the two words that I [00:10:00] picked up you saying over and over again, clean and dry. Clean and dry. So, Clean and dry. And then if you are going to be using, be using any of those preparations, not going for things that are going to cause infection, obviously like the earlier things you spoke about.

**Meg Faure:** One of the things, and I can remember thinking this with my first baby, now, you know, it seems, common knowledge, but you probably don't with your first baby. Should you be tucking that umbilical cord and the clamp underneath the nappy or putting the nappy underneath it on the tummy.

**Ann Richardson:** Okay. That really all depends on the size of your baby. How thin your baby is, how scrawny your baby is, if your baby's nice and pudgy, and how much cord has been left on. Some healthcare people cut it off very close to to the umbilicus, which means it's a very short stub and others it can be quite long.

**Ann Richardson:** So to answer your question is that the nappy can go over the cord. Ideally it's better to tuck it into the nappy because then it's protected and it's out of the way and it doesn't have a risk of actually tearing [00:11:00] or bleeding.

**Meg Faure:** Great. Excellent. You mentioned in those early meetings when you first meet parents, one of the things that they often bring to you are questions about rashes and babies are not always the most beautiful, although I think almost every baby is too gorgeous. But I know that often they're covered in rashes and pimples and so on. What are the most common newborn rashes that you would see at kind of at a six-day, 10 day old baby?

**Ann Richardson:** Okay. So often we see sort of birth rashes but they're actually just almost like a birth bruising, depending on how hard your baby fought to be born. They're often a little bit bruised and they often have red sort of birth marks. We call them stalk bites, it's just a sort of a fun term, and they usually come in three. There's usually a red smudge in the back nap of your baby's neck at the back. There's another red smudge, usually somewhere on the skull. And there's very often quite a lot of red smudging across the forehead and the eyelids. So that's technically not a rash, but that's a very, [00:12:00] very common thing that you will see in little newborns.

**Ann Richardson:** And those marks fade away. What we often see with little newborns is a rash called Milia. That is usually all around the baby's nose and under baby's eyes. And that looks just like a lot of tiny little white heads. And those, you just leave those well alone. And then we often see something, what we call baby acne or infantile acne, which your baby's skin, the cheeks behind your baby's ears onto the neck can get a bit red and inflamed and look a bit pimply.

**Ann Richardson:** And that also it's hormonal and it comes and goes, comes and goes, and it eventually disappears after about three to four months. And interestingly, if your baby has got dry, scaly, skin and a rashy looking skin, if you've got some breast milk hanging around to just moisturize your baby's face and wash your baby's face [00:13:00] with breast milk. It works beautifully.

**Ann Richardson:** And then there's another rash that babies get. It's called neonatal pustulosis or erythema toxin, which sound terrible, but they're completely normal skin things that babies get, and it almost looks that the actual rash has got little pustules in it. Sometimes we would recommend a certain cream to actually put on to help that. But most of these baby rashes are self-limiting and they disappear.

**Ann Richardson:** A common rash that babies get in the nappy area, is what we call thrush, and that is a candida rash. It's a yeast rash. It's very, very common. And more so in the summer months when the babies are hot and they're sweating, and that looks like a really red rash around your baby's buttocks. And the secret for that, when we know it's a fungal rash, is if it spreads into the folds. So [00:14:00] if the rash is present in the folds of your baby's groin, then we usually know that it's a fungal rash and it would need an antifungal application.

**Ann Richardson:** But that's one of the reasons why you need to touch base with a midwife or healthcare provider, a paediatrician, someone who knows. Not Dr. Google. Somebody who can actually look at that rash and can advise.

**Meg Faure:** Absolutely. Very interesting. Now, almost universally across the world, babies will be seen by six weeks at least, and at around six weeks in most countries, you will have had a vaccination from one of the clinics sisters. And you do vaccinate little ones in your clinic, don't you, Ann?

**Ann Richardson:** Yes, and certainly here in South Africa we do immunize our newborns within the first few days or even the first few hours of birth against TB, and that's called the B c G vaccine. And it's a tiny little intradermal vaccine that goes into your baby's right arm. It's always given in your [00:15:00] baby's right arm up at the top.

**Ann Richardson:** And in our public sector, our babies are still getting oral polio vaccine. In the Northern Hemisphere, the US, Australia, babies don't get any vaccines at birth. They don't get vaccinated against TB, they don't get oral polio drops. The polio vaccine is given as a six in one at the six week checkup, or in the UK it's, it's an eight week checkup.

**Ann Richardson:** Luckily in South Africa we have been declared polio free, which is why in the private sector we've actually phased out the oral polio vaccine, and we only give it as an injectable polio vaccine. Yeah. Now that b c g, for any South African moms who listening or anybody who's, um, whose baby has had the TB vaccine, is that within the first naught to six weeks of your baby's life, often what happens, it doesn't always happen, and if it doesn't happen, it doesn't mean there's anything wrong, is that your baby will get a little pustule [00:16:00] pimple on the top of his right arm where that B c G vaccine went in.

**Ann Richardson:** And that is completely normal. And there again, just like the cord, we leave it, we keep it clean and dry, even if it does pop like a pimple. If your baby's glands get very, very swollen under his arms, and if the size of the pustule is almost as wide as the your baby's top of his arm, then that needs medical care. That would possibly need to be excised and drained. So those are the things to

**Meg Faure:** unusual, obviously.

**Ann Richardson:** very unusual, but the actual pimple that looks like a real blind pimple that you get on your chin when you're a teenager. That is completely normal, and if it pops, clean and dry.

**Meg Faure:** Okay. Now I'm going to bring up some contradicting information because these poor moms, I mean, I'm one of them. There is so much contradicting information out there that you don't actually know what to listen to. Now, [00:17:00] there is information that says give your little one a little bit of paracetamol just before they have their vaccines.

**Meg Faure:** Because it just takes the edge off the pain and then they won't have as much of a reaction. And then there's information that says you must not give any painkillers because the fever is part of the process of building the immunity. Ann, do you have anything to kind of check in on that? Is there any science behind either of those

**Ann Richardson:** Yes, there's one or two studies that have shown that paracetamol. So it's the active ingredient of the medication. The paracetamol may interfere with the immune response to the vaccine. So it's not that it takes away the side effect, it's that it may interfere in the actual physiology and the chemistry that goes on.

**Ann Richardson:** So certainly our guidelines now, certainly in the private sector in South Africa, is that we don't advocate paracetamol for six hours. So we don't give it before the vaccine, and we only give it if it's [00:18:00] warranted. So if your baby is hot and bothered and has got a fever and that's a fairly common post vaccine effect. And it's actually, doesn't mean that there's anything wrong. It just means that your baby's immune system is really working and is mounting a response to the vaccine. That's the terminology that we use. So they're mounting a response and very often it makes them just a little bit hot and bothered.

**Ann Richardson:** A bit of a low-grade fever, a bit fussy, a bit irritable, in which case paracetamol in the correct dosage for your baby's age and your baby's weight is warranted. There are also homeopathic remedies out there that your homeopath would advise you on, should you choose to go that route.

**Meg Faure:** Okay. Very

**Ann Richardson:** basically the bottom line, no medicine before

**Meg Faure:** You see a reaction and before you see a reaction. Okay, excellent. Very interesting. So moms, if you are loving this podcast, I would like to ask a favour. I [00:19:00] would like you to please go and like and rate the podcast on whatever platform you're listening on, and then subscribe to the podcast and this will help others find us.

 **Meg Faure:** Annie onto some bath time tips. Now, you alluded to this earlier on you said that in South Africa, it's recommended that you don't bath your baby for a week. Could it be longer? And once you [00:20:00] do start bathing your baby, how frequently should you be bathing them?

**Ann Richardson:** That is such a great question because there again, there are so many theories. And a lot of parents are actually terrified of bathing their babies. Um, By that token, it's a lovely bonding, fabulous thing to do with your baby to either get into a bath with your baby, which is great, and it really works well to settle a fussy, colicky, cramping, crying baby on a bad day.

**Ann Richardson:** But we really try and advocate, as I say, the infant skincare guidelines in South Africa are seven days, and there's a very good reason for that. Number one, your baby's skin is so, so immature, and those building blocks, they're sort of like a brick layer. The cement is not set in between those bricks in a little one's skin.

**Ann Richardson:** So the, the infant skin barrier is, is really fragile and sensitive. But the [00:21:00] most important thing is that your baby is covered in good bacteria when they are born. So when your baby's born, he has colonized to every one of your good bacteria. So the microbiome, it's a word that everybody's talking about.

**Ann Richardson:** We could also talk about that till the cows come home. We don't want to take away that good bacteria that's on your baby's skin because that's protective. It's helping his gut function, it's helping his immune system, it's helping regulate his body temperature. So that's why we don't want to wash any of that off.

**Meg Faure:** Interesting.

**Ann Richardson:** so we just look after the bum area and clean the nappies as needed. So ideally nothing for the first week, and then you could do it once a day. If you find that bathing your baby really brings out your endorphins, and it's such a beautiful feeling and it evokes good feelings cause good feelings, make lots of oxytocin, which makes lots of [00:22:00] breast milk. And if you want to bath your baby twice a day, that's also fine. If you want to bath your baby once a week, that's also okay. So there's no rule about that at all. You just do what makes you feel better and not anxious.

**Meg Faure:** Excellent. Really, really interesting. So we've dealt with health up until now and just general baby care. And now I'd like to touch a little bit on sleep and feeding because Ann, this I knows what many, many people come to you with questions about.

**Meg Faure:** Now sleep deprivation is the worst form of torture. People say that when you're pregnant, but you don't understand it until you've got a new baby. And so you start measuring your entire life on based on how much sleep you got the, the night before. Now babies must be expected to not sleep through because obviously they have nutritional needs, but can you provide some guidance on how do parents actually establish healthy sleep patterns for newborns?

**Meg Faure:** I mean, can you establish healthy sleep patterns with him or is it just a completely a process of acceptance more than establishing healthy sleep habits, or are there little [00:23:00] titbits of information that you think are important to know as you start to deal with your baby's sleep?

**Ann Richardson:** Yeah, it's basically a sort of a hybrid of everything that you've mentioned. We can't expect our babies to sleep through. We do have to sort of just go with the rhythm and go with the flow, because out of your baby's rhythm comes the routine. But by the same token, there are some things we can do to sort of nudge our babies in the right direction to establish healthy age-appropriate sleep habits.

**Ann Richardson:** Remember what I said at the very, very beginning about how immature our baby's brains are, particularly in the first 12 weeks of life. So we really need to emulate that womb environment for our babies in the first, at least 12 weeks of life because they've had 40 weeks if you're lucky and you've gone full term and your baby's not preemie. They've had all this lovely time where they're in an optimal environment. The temperatures right, the light is muted, the sound is muted. They're not fighting gravity. They're [00:24:00] just cruising about. They're eating whenever they feel like it and all is well. And bang crash.

**Ann Richardson:** Suddenly, they're fighting this big bad world out there where they're having to fight gravity. They can't put the sun their sunhat on, they can't switch off the loud music. So it's our job. We need to advocate in the first 12 weeks of life to keep our baby's environment as womb like as possible so that optimal sleep can also happen.

**Ann Richardson:** So if you are lucky and you have a good baby, you know, people talk about, my baby was so good, or my baby was a nightmare, or whatever. The good babies are the ones who generally just sleep, eat, and poop. They just sort of sleep their lives away in the early days, and I'll have lots of parents saying to me, are they sleeping too much?

**Ann Richardson:** Is there something wrong with the baby? And that I just say, well, fingers crossed, long may it last. And then we have particularly fussy babies who really battle with that. They find the world just so hard and so noisy [00:25:00] out there and, and they need a lot more input. So the biggest pearl of wisdom that I can give, and you know it as well and we've written and talked about it over the years, many a time.

**Ann Richardson:** Is to watch your baby's awake time. So without being too strict about set routine and becoming super anxious and super vigilant. It's just to be aware of your baby's wake window. That in the early days they can't manage with much stimulation. Literally your caregiving and your feeding and changing the nappy, et cetera, et cetera, is all stimulation your newborn can manage.

**Ann Richardson:** So you can stay awake for about 45 minutes. It's not a lot at all, and your one-year-old can manage about five hours of awake time, but they still need a day nap.

**Meg Faure:** Mm

**Ann Richardson:** it's so important that we give our newborns some time to just regroup. And to just settle down. And you don't wake up as a mom and say, I'm going to make [00:26:00] mistakes today.

**Ann Richardson:** It's sort of how it happens is that we keep our babies awake for too long and we try and get them to go to sleep when they've already become over tired and they already fussy and crabby and colicky. So you've got a fussy baby who's arching his back, who's walking on air, who's fisting, who's got a little scrunched up face, and it's really just over tiredness.

**Ann Richardson:** And interestingly enough, something as simple as a sneeze or a hiccup or a yawn is a signal that your baby has had enough. And that he needs to actually be helped to come down into a quiet, sleepy space. And you need to facilitate that for him before the wheels fall off before. So it's to watch that awake time and in our book Baby Sense and you know, it's all over the place.

**Ann Richardson:** They are the wake windows. That are there as a guideline. So the general rule of [00:27:00] thumb, if your baby's happy when he's awake, he's getting enough sleep. If he's not happy when he's awake, he's not getting enough sleep and you're missing those awake windows. So in a nutshell, that's what you go for the womb environment in the early days, watch the awake times and learn to understand your baby's signals. Learn to read him when you're starting to fuss and help him to go to sleep.

**Meg Faure:** Lovely. So if you wanting more information on the signals, I've actually got an upcoming podcast, which is on Signals. And if you want more information about what Ann has spoken about today in terms of the awake windows in her book, Baby Sense.

**Meg Faure:** It is absolutely the Bible for that it, you know, you really will find everything you need to know in there. And then of course, if you are battling to kind of establish those awake times, you can also look at the parent sense application. So on the Parent Sense app, we now have a brand new feature, which has just been released, which is the responsive routine.

**Meg Faure:** And that responsive routine, you actually set how long you want your feed periods to be, or your spaces [00:28:00] between feeds, but your awake windows are set in, are cast into it, and it'll guide you towards a gentle routine. But of course, Ann you and I have always said, routines in the early days need to be quite flexible because your baby, you know, hasn't read the book.

**Meg Faure:** They, they will do things according to their own timing. So this has just absolutely been so fascinating, Annie, and I would really love to chat further. I'm hoping that we'll be able to get ourselves another podcast where we can just chat a little bit further on everything. And so before we finish off, if you were thinking about a new mom, maybe your daughters who now in their twenties gorgeous girls and hopefully one day we'll have kids of their own. And so when that happens, what would your advice be in terms of valuable tools or resources that you think that they need in order to educate themselves or support that they should seek? Like, like what are those practical titbits that you think a new pregnant mom or brand new mom needs to know just so that they can navigate those joys and challenges of, of caring for a newborn?

**Ann Richardson:** Yeah, I think it's so important. Keep an open mind, [00:29:00] but don't allow your mind to become filled with noise. So it's kind of pick your person.

**Meg Faure:** Mm

**Ann Richardson:** and follow. Follow that person. Find someone who can resonate with you, who you resonate with. I should say. Have reasonable expectations. Don't listen to the noise.

**Ann Richardson:** Don't overthink things because babies, as I always say to my parents, one and one is 11 in Babyland, not two. And I had such an interesting encounter with a young family that came to me a couple of weeks ago. Their baby was a couple of days old and they were just like deer in the headlights and just totally overwhelmed.

**Ann Richardson:** And I was just explaining. This whole concept is said, don't overthink things. Kind of go with the flow. Look for your baby's rhythm. And in baby land one and one is 11, not two. And the dad is this like chemical engineer. [00:30:00]

**Meg Faure:** Analyst

**Ann Richardson:** get it. He didn't get it. His wife had to explain to him what it meant.

**Meg Faure:** One plus one does not add up to two. It adds up to some number that who knows what it is.

**Ann Richardson:** absolutely.

**Ann Richardson:** So just, yeah, filter out the noise. Pick your

**Meg Faure:** Yeah. Yeah, absolutely. And as usual, absolutely incredible advice. I'm sure there are going to be a lot of moms, particularly if they live in Gauteng or Johannesburg, who want to kind of seek you out. How would a mom find you, other than obviously in your incredible baby sense resource, but how else would they be able to find you?

**Ann Richardson:** Okay, they can just go online onto the online portal recomed.co.za, which is. R e c o m e d and just type in: Sister Ann Baby Clinic. And all my details will come up. They can book online or just ring through.

**Meg Faure:** And do you do virtual consultations or do people have to come and, okay. Excellent. So

**Ann Richardson:** I've got clients from all over the world. Yeah, so I do do virtual,

**Meg Faure:** Yeah. Ann you're, I mean, we've really only [00:31:00] scraped the surface here because we did the newborn days. I think one of the most magical things about the work that you do with moms is the way that you set up a gentle routine as the baby gets a little older, which of course we didn't even go into today, so we're going to have to have another podcast.

**Meg Faure:** But as usual, thank you so much for your wisdom. You have really shared your incredible expertise and insights in this crash course for newborn parents. And moms, we hope that these tips and strategies provide valuable guidance to you as you embark on your parenting journey. Just remember that it is okay to feel overwhelmed at times, and Anne has really articulated that very well.

**Meg Faure:** But with the knowledge and support and self-care, you can confidently navigate this precious stage of your baby's life. So thank you, Ann, and thank you all for joining us and join us next time on Sense by Meg Faure for more helpful discussions on parenting and childcare development. Goodbye. Thank you.

**Ann Richardson:** Thanks, Meg. Bye.

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