

Meg: Welcome back mums and dads. I am super excited today to be joined by Anandi. She is a fellow occupational therapist and I really feel great affinity with my fellow OTs because I know the journey that they've been on in terms of their studies and also where their [00:01:00] hearts lie and their absolute passion.

Meg: And Anandi is Absolutely. Probably one of the most passionate that I, that OT's I teach that I watched on social media. She is the mom of a little one, but she's better probably known to most of you as the OT behind playmoreot. And she has the most incredible Instagram page. If you are looking for ideas to do with your little ones, it's just an absolute wealth of information.

Meg: So I'm very, very excited today to be welcoming you Anande. Thank you for joining us.

Anande: Thank you so much for having me Meg, it's just always a pleasure to connect with you and sharing your wisdom and all your practical tips and experiences as well.

Meg: Excellent. So Anande, I think we must kick off with starting with you just introducing who you are and a little about your family and your little one.

Anande: Amazing. So as make mentioned, I'm a pediatric occupational therapist and I have a special interest in sensory integration as well as playfulness. So I did my master's in playfulness, and it really has spurred on for those who have followed [00:02:00] Playmore OT, like a big, a big reason behind that. So I have spent over 10 years in private practice in various school settings but I have taken a sabbatical from that with my recent addition of Mama to the title, which has just been incredibly wonderful.

Anande: So I've got a little six and a half months. But because he's Prem, I feel like he's a little bit like a superhero. He's six and a half, but also five months which really has been very fascinating to be on the side of the experience as well. And yeah, so play really is something that I'm extremely passionate about and through the years really realizing that.

Anande: And I think that's a really Impeccable important role of caregivers in Children's play and development and that Somewhere along the line. I do think play and what play means. And how do we play with kids? This has got a bit jumbled up. So it really is For me, such a joy to be able to share. And how do we nurture play in this ever changing life and busyness of life that we're living at the moment?

Meg: So you've always been passionate about [00:03:00] play 'cause this is your firstborn. So it's not like you had a child and then decided you liked

Anande: no, no.

Meg: I was quite interested in a couple of things you said there. One is that you did your masters in playfulness. What was your master's question and what were you looking at?

Anande: So we specifically, I was actually an incredible opportunity and I'm so grateful for that. We were part of a randomized control trial, which was one of the first ones for the occupational therapy profession in South Africa. So we formed part of quite a large study and I specifically worked with HIV positive children from really large catchment areas around Cape Town who attended the Groote skuur Clinic and we compared kind of traditional one on one OT as we would kind of normally approach in a private practice or school based setting with a program that included the caregiver as part of the intervention process. So, in that arm of the intervention, the caregivers were with the OT for 45 minutes and then the kids were joined for the next 45 minutes. It was an hour and [00:04:00] a half session that included the caregivers. As a part of my study compared from a population of six month old all the way to eight years.

Anande: How did their playfulness change over the span of a year? In traditional OT versus when we included the caregivers as partners in the process. So it really was wonderful. And yeah, I think it was just spurred on this love I have for it even more.

Meg: I'm going to put my money on the fact that when the caregivers were involved, the outcomes were better.

Anande: Yes, it was. It was.

Meg: Brilliant. You know, that's how I've always worked in my practices. The moms and dads carry the magic. Because the magic happens in a relationship and as a therapist on the outside, you don't have the same relationships.

Meg: So, that is just music to my ears and it explains a lot about why you've been so passionate about conduiting the information on a platform like Instagram, because you know that if you can get it to moms they'll know what to do with their little ones. So it's all about playfulness. And the other thing that I picked up and we'll come back [00:05:00] to playfulness a little later, but the

other thing I picked up in your introduction is that you said you've got a six month old and a five and a half month old.

Meg: So moms, if you're very confused about how somebody has

Anande: Yeah.

Meg: month old and a five and a half month old, when you have a prem baby they have their chronological age or their actual age, which is obviously in your case, six months old. And then they have what's called their adjusted age. And the adjusted age is you subtract the number of weeks prem.

Meg: So the fact that you've got a little one with such a discrepancy, how many weeks was he actually prem?

Anande: Six weeks.

Meg: Okay. All right. So he was six weeks. And how was that journey? I mean, that was clearly a little bit of unplanned

Anande: Yeah. No, absolutely. I've got a tissue close by. People on my Instagram seen I can become quite emotional about this, but I've also been very open about our Infertility journey, and it really, it was a journey to this little guy. And the reason I'm starting with this will, will make sense in a second.

Anande: But we, we walked the fertility treatments IVF [00:06:00] cycles and eventually was blessed with this little miracle. And I think a big part of coping with that process is the power of visualization and going through that process of once you have your little bundle, how will that look? How would that feel?

Anande: I think we do romanticize. I've worked with families over 10 years. I know the hardships. I know that's part of it. But in those moments you're visualizing to help you get to the dream. And as beautiful as that was, it was quite a whirlwind when all these visualizations came quite to a big crashing halt.

Anande: With, I went into pre term labor but This little guy also has umbilical cord around his neck five times. And I still, it's just one of those days where I actually went for my 34 week checkup and what I thought was Braxton Hicks was not Braxton Hicks and eventually it just progressed very quickly.

Anande: And by Sunday I was 10 centimeters. I say suddenly, but the day felt a lot. It was fast and slow at the same time. And because of, of. We had to get him out before he entered [00:07:00] the birth canal. And that whole day, I mean, they were obviously trying to slow down my labor and I just kept asking my gynae, what are the chances that we can stop this?

Anande: Because I've been in NICUs before. I've worked with premature babies and, kind of going through to school going age. But obviously I've never been on the other side. And I think you kind of think you know what that would be like, but there was once it happened and there was such a loss of all those visualizations, obviously around the birth, not having that skin to skin, because they couldn't stop my preterm labor, his lungs were Very underdeveloped.

Anande: So he needed to go and see pap immediately. I didn't get to hold him for, I think, four days. Which, you holding that grief of all of these, these moments, but then certainly gratitude that He, you know, he's there and he's fine. But I think, I certainly think that having been a therapist and working with nicu babies and preemies and [00:08:00] mommies, I, I wish I could go back and give every single mommy that I ever worked with that was a NICU or preemie a, a bigger hug having been on the other side now.

Anande: Yeah.

Meg: well, you've spoken a lot about that theme of adjusting the dream. And we do have this romanticization and moms, if you want to, you can go and listen to a podcast I did recently with Carly Abramowitz. She's a psychotherapist in Cape town. And she talks about how, how we build these images of what's going to come.

Meg: We romanticize it and it's important for bonding. It's, important, but when you have a prem baby or baby who's or diagnosis of birth, everything comes crashing down. And it really is. Very different journey, . So when he was born you'd spent some time prior to his birth in NICUs. You had the knowledge as an OT, were there things that you knew because of your training that you think would be amazing for moms of prem babies to know upfront that you were so grateful for your knowledge base.

Meg: [00:09:00] Yeah.

Anande: for premature babies, it's such a double edged kind of difficulty because one day they losing out on the important and beautiful aspect of staying in the womb. For that extra amount of time and having the whole world be

turned upside down with the sensory experiences in NICU with the bright lights and the noise and all of those things are so protected in the womb.

Anande: And suddenly the experiences that would normally be there, the movement, the deep pressure input, like all of those lovely things that we know are so beneficial is suddenly just removed. And now we sitting with quite intense alerting input. And I, I think, especially when I walked in, it was quite an interesting, I think also with walking in as a therapist, because I struggled to strike the balance between being his mom and being the therapist.

Anande: I found that first day or two, I was so worried of overstimulating him as well, [00:10:00] because he was. Physiologically very dysregulated. So he stopped breathing quite a few times which is obviously quite scary when you're there and those things happen. But then, you know, of the power of touch, but you're also worried of, you know, not Touching them the right way and kind of adding to the, to the difficulties.

Anande: But I think once the shock went down and I think I needed to allow myself just to feel the feels as well. Being able to give him some of that proprioceptive input, like, Even like the way we nested him every hospital, and I've discovered that every NICU is very different with their kind of approaches and what they probe for and what they aren't but luckily they were very open to, having that little nest for him so he could have that nice deep pressure input supplying him when it's According to his stats, when we were able to do that, but being able to reflect on what is he missing out on that he would be getting and how can we add that into his little space?

Anande: [00:11:00] I also spent a lot of time reading to him and NICU and I had quite a few mummies asking me, why am I doing that? But I really did believe that him just hearing my voice as he did in the womb. Was for him that familiarity and that that calmness that thing maybe for myself as well But it definitely was an exercise of thinking.

Anande: Okay, the lights are what they are the noise is what it is like we made like a little hood around his head to try and reduce as much of the fluorescent lighting that's in there so we tried to reduce the things that we know normally he wouldn't be exposed to and see how could we up the sensory input that He would have had the benefit of having but it is definitely a fine balance when medically, and I know for him that there were quite a few things that they needed to keep an eye on and being respectful of kind of their processes and all the cords and having access to all those things, but then trying to regulate him as, as much as we possibly could even early on.

Anande: But I think the loss of control, I mean, I feel [00:12:00] like. If parenthood isn't an exercise into the loss of control, I think NICU when he came home, I saw that as the period of down regulation. That is where I said, I don't have all the control in NICU, but when he comes home, our environment was very calm, very quiet, dim lighting.

Anande: So we tried to take a lot of the principles, especially in the home environment, because I think sometimes a NICU you feel a little bit limited with what you can do. But there's just so much that we can in our home environments. I know nurseries can look so beautiful with the mobiles.

Anande: And I think sometimes we can make them quite busy, but having that calm, nurturing space that you kind of feel good being in, I think it's so important for our preemies coming home as well.

Meg: Yeah. No, absolutely. Unfortunately, I think a lot of moms don't understand just how vulnerable those new sensory systems are. So that was one of the things that you really did understand that we have this very vulnerable sensory system and that it's going to. [00:13:00] Manage best if it's really reenacting the womb world, which is why you did the deep pressure and the nesting why you read to him.

Meg: So I love all of those things. So fast track a little bit forward to he's now, a whole lot older than that. And you look at your journey from the time he came home until now. What else have you found that was, I suppose, let's start with the magical milestones. Let's start with the things that you got so excited about when you did them and why you got so excited.

Meg: What significance you find in milestones?

Anande: Yes, and I actually want to start here never limit a premature baby. I think I, again, I went home with my therapist brain with this, we're looking for things at his adjusted age, the actual age, we have a lot of flexibility. And I remember so well around the six week mark when he had his first smile.

Anande: But because it was six weeks and I'm going, no, he's zero weeks. He cannot be smiling at me. It's just gas. It's gas, gas. And then it happened again and again and I think more than anything, and I know mommies who have NICU experiences and premature babies, it's so different and everyone's circumstances are so different.

Anande: But I think again, he just reiterated to me the importance of child led and observing for their cues. And I think not limiting, I felt like I was almost limiting what he could and couldn't [00:15:00] do in a way with the timelines and I think it's so true for all moms. We get so stressed about they should be doing this at so many weeks and that is that, so many months.

Anande: And sometimes we kind of lose sight of the little person in front of us. And for me, that smile was like that real first thing of, okay, mom, I want to show you, you just follow my lead and we get a journey forward from here. And it's been incredible. I mean, the rolling has been just fascinating. And seeing him, he's definitely.

Anande: And I'm sure we'll chat a bit more about this as well. His sensory processing has been fascinating coming home as well. Where I first thought, this is the profile that we brought home. But knowing that your NICU experiences pain that all of those things can adjust how we interact with the world and how we engage.

Anande: And it can shift so much. In terms of how he responds, and he's definitely turning into much more of a sensory seeker. So he is already pivoting on his tummy and very keen to explore the world around him, which I feel like sometimes I'm like, Oh, I'm not ready for [00:16:00] slow down. He always just wants to be two steps ahead of where he is.

Meg: yeah. So that's really interesting what you're talking about there. So we have milestones that have certain ranges. As an example, smiling is quite a hardwired milestone and that most babies smile at six weeks. But babies can smile as early as three weeks and as late as eight weeks.

Meg: It doesn't indicate any problems or any advantage really. It's a wide range. And obviously with a prem baby, you would then expect them to be achieving those milestones at their adjusted age. So moms, just to give a little bit of insight there to what Anande was saying, her little one was at six weeks old, he was actually naught, he was at birth. And so therefore she wasn't expecting a smile. What does happen, which is amazing with prem babies is that they catch up at different rates. It is likely, and I often say to parents, instead of adjusting for that full six weeks, you can actually start to pull it back.

Meg: And so maybe now at six months old, and the fact that he is achieving his milestones. Kind of appropriately, you're not adjusting for six weeks anymore. You may be only adjusting for maybe three or four weeks. Have you [00:17:00] found that you've done that quite naturally?

Anande: Yes, yes. And I definitely, and this is something I'm very grateful for, that I've had the knowledge set coming home to be able to, and I think the regulation has been the most important part. With that, like you said, our preemies have such a vulnerable nervous system and they can be so overstimulated so easily.

Anande: And if we're not well regulated, the way we engage with the world, our feeding, our sleeping, our playing, our even face to face time with our caregivers, all of those things are affected. And I feel like Because I was lucky enough to come home with that knowledge and I know for my family and friends, I think they felt that like I was quite strict when they came around and said no perfume.

Anande: I had quite strict rules around. I could sense when he was becoming niggly. I made a reel about this on Instagram and our tendency as grownups. We often want to keep putting our face in their faces when they're clearly turning away, where that's a sign of I need a [00:18:00] break.

Anande: And I think I was lucky enough to say, Oh, he's turning away. We're going to give him a break now. I feel very lucky that I was able to have kind of that language to explain why I was doing certain things and deciding certain things, because I feel like we were able to regulate and To his degree, and like I said, we're still discovering his little sensory personality as we go to make allowance for that start of life.

Anande: But it's been just such an incredible privilege to be on this

Meg: So you're speaking about a sensory personality and sensory personalities, moms, if you haven't done the course, the sensory personality course inside the app, you must do it. I don't know if you've done it Anandi, and I think you probably have done some of my courses before, I'm guessing.

Meg: And so we have these sensory personalities, which I put into very much layman's terms, there's the social butterfly and the slow to warm up and the settled baby and sensitive baby. So moms, it really is worth working out what your

Anande: I absolutely.

Meg: is.

Meg: What's really interesting. I had three very different children. I have a social butterfly, a settled and a slow to warm up, and they are [00:19:00] still like as young adults. My son's already in his twenties and my daughter's in her late teens. And they still are those sensory personalities, which is super interesting.

Meg: But you did allude to something there, which moms asked me about a huge amount. And that was can babies change sensory personalities? What sensory personality did you think he would be?

Anande: I think it's definitely coming home. There was a lot of sensitivity. And I think definitely, if we look at NICU, he pulled out his NG tube so many times he pulled out drip. See, I think I was in tears just as much as he was during that time. And so there was just so much pricking and probing and a lot of painful experiences that I don't think we'd ever wish upon our little humans in that early, early time or in ever.

Anande: And I think it's definitely that. And I think it's like when you pain or when you have a headache, we're very quick to respond to things. And I think as the pain subsided and as he became a bit more [00:20:00] comfortable. And in the setting at home, I was able to start seeing a little bit more of his true self because it is such a different environment when you are a NICU.

Anande: I mean, even I felt like the fluorescent lights, it's quite on the extreme side. And I think once some of those things were removed, his thresholds, I think could show me, what did our little one genetically know where are we kind of at? But yeah, it's still, I think it was a parent who's definitely still a journey and yeah.

Anande: And I do sometimes think, we still might be having a little bit of a mixed profile where some of his sensory systems he seems to more seeking. I do feel like it's auditory. And again, I do think, unfortunately the sort of life that we've had the auditory and the tactile do seem to be sensory systems that he is still more sensitive, we already have those little baby buns, headphones for him when we go into noisy environments.

Anande: So I'm already regulating so much when we're out and about, because I already, I can see at home when the dog barks too much, he's quite niggly and things like that. So, yeah, it'll be interesting to [00:21:00] see, but what has been your take on changing profiles over the months?

Meg: Yeah. So that's really interesting. So first of all, I do think that profiles can change in two ways. So the one way is in response to immediate situations and an immediate situation would be, and I always talk about that dark alleyway. That you walk down the dark alleyway and all your senses are heightened and your threshold goes super low because you've got to take in information even if you are not normally like that because if you're under threat your systems have to respond to the threat by making sure that they're alert.

Meg: So I do think that there's situations that can change profiles and certainly being born premature, certainly being in the neonatal ICU and definitely being in pain, lowest thresholds. And, we see that if you and I have got a terrible headache, or backache, we a little bit more fractious, noises are much louder smells might overwhelm us, our threshold for being able to cope with sensory stimulation goes down.

Meg: So I think, I definitely think there are things. in our day to day life that can actually lower our threshold.[00:22:00] Having said that, there's also threshold changes in response to growing up and getting older and kind of developing a little bit that we might see. We often see it actually, interestingly, and not with him because you didn't speak about it, but with many babies, they start off as settled babies and they're actually quite settled and quite, Sleeping quite well.

Meg: And then they become social butterflies. And that's because they've started off with just taking the world as it comes, until about three or four months old. And then suddenly they find out that the world's super interesting. And then they start to become super gregarious. And that happened to my boy where I can remember at four months, he would not feed on the breast.

Meg: He would be like sucking for three sucks. And then trying to look away, take my nipple with him. Trying to look at what was going on behind him because he was so social. So he ended up being very social, but what he had, which was really interesting, and he still does have, he doesn't have the best ability to self regulate.

Meg: So when he seek, seek, seek sensory stimulation, he then over the top overstimulated. And then there's an awful down. And when he was little, that would [00:23:00] mean. He'd be shrieking, shrieking, shrieking, making noise, making noise, making noise. And then suddenly like temper tantrum. That was his profile, so he started off so settled, went into a social butterfly and then still, even when he was a social butterfly could sometimes look sensitive because he'd overstimulated him.

Meg: So. You do have these, but I think, when moms asked me about it, I said, try and recognize, and you wouldn't necessarily be able to see this at six months old, but try and recognize what's the default position they go into when you go to a birthday party. Let's say for instance, because the social butterfly at a birthday party is like.

Meg: You know, cats who's got cream. Whereas a social warm up at a birthday party is like a Velcro baby. They don't leave your side for 15 minutes, and so for them, the world is much more scary. And for the sensitive baby, they just want to go home as soon as they can. And they, and they very fractious.

Meg: And then your settled baby at a birthday party might be a little bit of a loner out on the outside, not necessarily engaged because the world is not, it's interesting, but it's not that interesting. They're just, taking it as it comes. So you do at birthday [00:24:00] parties see everybody's true colors come out.

Anande: Oh, I love that.

Meg: So what milestones are you looking forward to at the moment? He's five months old, six months old, somewhere around there. What milestone are you watching for daily at the moment?

Anande: Sure. This little guy's already sort of pivoting around on his tummy and trying to push up on his knees and arms. So I do think crawling is upon us. And it is certainly because he is such a seeker. I laugh because our two dogs are watching him. They know what's coming. So I'm quite, I think I'm quite excited for this explorative nature.

Anande: Yeah. To to take flight and I mean, I've been very Obviously, in terms of even child led play, which I know a lot of people think, do babies play? And I often say babies play, they might just play differently to the image we have in our minds. But there's already so much that if we sit back and that wait, watch and wonder We can already notice what their play motivations are and interests, and it's been fascinating even during tummy time to see things he's [00:25:00] interested in.

Anande: But I definitely think once he's on the move, to see how he explores and plays with the world and what this next chapter will yeah, hold for us. I think I'm definitely going to get a lot more steps and calories burned over the next few months. But,

Meg: So it's quite interesting. So my son was also was a social butterfly and was very developmentally precocious. He did, he was very advanced with all of his milestones because he was a social butterfly. My second. Was it was a settled baby. So she was much slower with her milestones. But what was super interesting was that James was so desperate to get going at six months that he actually did start crawling quite soon after he was six months.

Meg: And moms, just for reference, you can have babies who crawl as late as 10 months and that's all within the normal range. But James did it really early, but Anandi, which you'll be interested in, he didn't do it properly because he rushed through his milestones so quickly that he didn't consolidate properly. And I've often said to parents, when little ones consolidate properly, it's so much better.

Meg: So [00:26:00] James rushed through rolling, he rushed into crawling and by nine months old, he was walking.

Anande: Oh, wow.

Meg: It was really, really hectic. But what was interesting was that his crawling, he always crawled with one leg out to the side. So he kind of three crawled, three legged crawled and one leg out to the sides and never quite perfectly.

Meg: His walking obviously was fine, but in terms of coordination, his ball skills weren't the most fabulous thing. He later went on to row, which requires a different level of coordination. But, it's kind of more symmetrical and reciprocal rather than complex.

Anande: yes.

Meg: And so I do think that, from those moms who listening to the milestone talk here it sounds fabulous to have a precocious advanced early baby, but actually on a number of levels, it's not what you want. And the consolidation of milestones, taking it slowly and doing it long and hard and long and hard is actually a whole lot better for the neurological system.

Meg: In addition to which. Having an early mover is extremely stressful. I can remember gwizz, I mean, at, at nine months [00:27:00] old, having James walk and just knowing that like chaos was

Anande: Oh, no,

Meg: and having to baby proof a house when he was seven months old 'cause he could crawl already. And that's not stuff that you should have to be doing because

Anande: no.

Meg: they could be later.

Meg: I almost think in our culture of seeking milestones can become benchmarks. Everyone goes, Oh, this is great. We want our babies to be advanced. But the truth is actually that we really just want them to consolidate what they're doing and not go right through it.

Meg: So, not that you can stop them. I mean, I was, it's interesting on this podcast. I had Cassidy on for a lot of, I don't know if you've listened to the podcasts of Cassidy, but we, we followed her once a week, the whole way through her baby's life. And and he suddenly at nine or 10 months old looked like he was going to start walking.

Meg: And I said to her, Cass, you've got to stop it now. You've got to make sure he's on the floor. Take away any, anything that he could be walking against.

Anande: put one

Meg: And she was so intentional with her parenting of him. And really, I mean, he is the most delightful little boy and she was so intentional with the way she parented him, which was wonderful.[00:28:00]

Meg: So I have loved chatted with you. So many fabulous nuggets of information. Is there anything before we sign off that you wanted to ask me?

Anande: Yes. I think that and again, I've, I've, I share quite freely on my social media around what's happening in our lives as well. And this little guy has definitely kept us on our toes in, in many ways. So obviously dealing with some medical things as well. So we have. Some allergies and got introduced to a whole other world that I didn't know about.

Anande: And I think I've had to have grace with myself to, to learn as well and to allow myself space to learn. So around, we've had gas bleeding and cows eventually got diagnosis of cow's milk protein allergy. And then, a lot of the things that the company, the allergies, like excessive reflux that he struggles with certainly just some of the pain.

Anande: So we've started solids. He's loving it. But he has a very sensitive gut just in general, unfortunately, as well during NICU, they had to give him antibiotics, which affected his whole gut. So there's [00:29:00] quite a few different things, but pain has been quite a significant thread through our.

Anande: Kind of story with him. And obviously this impacts sleep a lot. So, yeah, so I don't know if you have any, and I know there's lots of other mommies, like we seem to have ticked quite a few boxes at the same time, but when I do speak about reflux or gut bleeding and allergies and just, A lot of the ones with general gut difficulties, but it seems to affect sleep in a very different way where they do need that help in terms of the co regulation and

Meg: Yeah.

Anande: the importance of the restorative, you want them to sleep so that we can start healing this gut in a situation.

Anande: But what are just some of your tips and tricks or advice around babies who have pain and how that impacts their sleep?

Meg: Yeah. So look, first of all, I do think it is important to get little ones comfortable. And if that means that there is, proton pump inhibitor, or some medication for the reflux, obviously getting them there is important to the same as if they have ear [00:30:00] infections or teething, I do think that analgesia and treatments are there for a good reason.

Meg: So don't hold off on it. I think introducing solids is a very wise thing. I really do. I'm presuming that you've got the book allergy sense.

Anande: Yes, yeah, and Weaning Sense, yeah.

Meg: Yeah. I definitely think that'll shed some lights on the type of recipes and the type of weaning that you can do.

Meg: In terms of sleep, I think a few things. First of all, definitely always watch the awake times. And the reason for that is the minute you shift those awake times too long, and with social butterflies, it's always hard because they don't give you the tired signal. But as soon as you shift those too long, then you are moving little ones into having a lower threshold and being more sensitive because they're overtired and tiredness affects sensitivity aswell or thresholds.

Meg: And then they're going to be more irritable as well and more fussy. So certainly watching awake times is very, very important. I mean, at six months, he should be having three or four day sleeps. And then he'll probably drop down to two day sleeps at around about nine to 10 months. With him, what I'd probably do with those [00:31:00] sleep because he's got reflux.

Meg: I'd probably do his awake times according to his adjusted age, rather than according to his chronological age, because that might assist.

Anande: mm,

Meg: And then raising the head of his cot is also a good idea, which I love doing actually by putting a pillow under the mattress.

Meg: So you actually put it like a normal pillow under the mattress, and then the mattress is raised. And then I really love for any baby who's battling with pain and discomfort for sleep, to dampen their, State by using white noise and weighted blankets.

Meg: And I think those two things, I think at this stage are the two most powerful things that you would have white noise on when he sleeps. And then also that he has a weighted blanket over his tummy so that he has a deeper

Anande: Give that push,

Meg: Yeah. So I think those are the kind of things that you would be able to do in order to make sure that he's sleeping more comfortably.

Anande: Amazing. Thanks Meg.

Meg: Pleasure. Well, so much for the question and thank you for sharing. And most importantly, a really huge thanks from me and the moms for the work that you do on the Play More OT Instagram page. Moms, if you are not following Anandi, you have got [00:32:00] to follow her, Play More OT. And if you've got a little baby, then go back and have a look at her posts.

Meg: Actually going back even before his birth, but certainly since he's been born, they've just been incredible. So, thank you very much for joining us and keep up the amazing work.

Anande: Great. Thanks so much for having me Meg, it was fun chatting.

Meg: Excellent.