**Navigating New Parenthood: A Guide to the First 10 Weeks |S4 EP101**

By the time you get to that six-week mark, moms are often feeling a huge sense of, I don't know who I am anymore, because my life has changed so much, I don't recognize myself anymore. That's the most common mistake parents make, is to either assume the fussing is hunger, or assume that the fussing is discomfort, when it's the opposite. Welcome to Sense by Meg Fora, the podcast that's brought to you by ParentSense, the app that takes guesswork out of parenting.

If you're a new parent, then you are in good company. Your host, Meg Fora, is a well-known OT, infant specialist, and the author of eight parenting books. Each week, we're going to spend time with new moms and dads, just like you, to chat about the week's wins, the challenges, and the questions of the moment.

Subscribe to the podcast, download the ParentSense app, and catch Meg here every week, to make the most of that first year of your little one's life. And now, meet your host. Welcome to Sense by Meg Fora, the podcast that brings clarity and insight to the journey of parenting.

I'm your host, Meg Fora, and today we are delving into the enchanting world of little newborns, and the care they have. Whether you are a first-time parent, or if you are adding another little member to your family, so you're a seasoned parent, we all know that the first 10 weeks of this journey can be fraught. There's a lot going on.

There are these incredible highs, as we get to know our little one, and these moments of such sheer anxiety, and actually, to be honest, terror. Like, how did anybody let me home with this baby? I, obviously, each week, bring on people to talk about the journey of parenting, and today, we're going to look at those first 10 weeks, and we're going to do that with a very good friend of mine, a person who I have worked with before. She is one of the most loved antenatal teachers and well-baby clinics in Cape Town, and that is Heather Wood.

She has a very busy clinic, Tula Baby, in Millie Point, and Heather, it's just with deep gratitude that I welcome you here today. It's lovely to be with you, Meg. Heather and I have worked together over many years, and she wrote Pregnancy Sense with me a few years ago, and if you haven't read Pregnancy Sense, please do go and get it, and if you've got preggy friends, it is really, really worth sharing the book with them.

So, today, we're going to be looking at a crash course for those first 10 weeks of your newborn, from feeding, to sleeping, to understanding your baby's developmental milestones, and Heather is going to take us through that journey, and her and I were just chatting about where should we focus, what's the most important thing, and the problem is that the first 10 weeks has got so much going on that we're going to try and delve into a number of small topics, and hopefully do a couple in a little bit more depth, but before we get started, Heather, I think it would be great if you just introduced yourself and told us a little bit about your practice and your work with little ones. Thanks, Meg. I've run Tula Baby Centre for 18 years.

I started when my youngest was two years old, and he's 20 now, and so I kind of started really just understanding as a midwife, that's my background, so I've helped lots of mums and dads and babies kind of bring their families into the world, and it's a huge different step to take the baby home, having a well baby, and we imagine that that's so easy, but it really isn't, and nothing can really prepare you for it, and so it's a very special place to meet families, especially as I've often got to know them prenatally, teaching them about the birth and preparing them for parenting, and then it's always interesting to see what is challenging on the other side, because everyone has different challenges, and you really just need a support person and community around you to help you through those early weeks, because the challenges are different for different families, and there's nothing really that can prepare you, so I mean we're talking about preparing as well, so it's an interesting challenge, and how do you prepare yourself for an event that one can't absolutely prepare for, because you don't know what's going to happen, it's so much as unpredictable, isn't it? Absolutely, and you know, I mean you do have very, very busy antenatal classes, I know, and are fully booked on those, and many years ago I used to be invited to go and actually talk at antenatal classes, and the well baby clinics or the midwives would say, come and talk to the mums about the kind of first few weeks in terms of crying and fussing and sleep, and I can remember one day standing and talking to a group of mums in an antenatal class, and they all looked at me like with glazed doughnuts, just kind of staring at me like, that's not going to happen to me, and I realized that actually when people are pregnant, they're so focused on getting the baby out, that they don't really have a full comprehension over what comes next, and you know, it's kind of sharing that information that's really hard, and you probably know how to do it a whole lot better than I certainly did in those days, so if you were right now sitting with a group of antenatal mums, and you wanted to chat to them about what they needed to know for the very first week of their newborn's life, what would be those critical tips that you would be sharing with them? I think the important thing is to have a little bit of preparation about breastfeeding, because it does help to understand the basics about breastfeeding, and to have a support person that you can call upon, because mums will often say to me, when do I need to see you, and that is, it's really impossible to answer, it might be on day one, quite often on day one, one's needing help, but the nurses in the hospital are often quite very helpful with that, then quite often day three, four, when you discharge, things change a lot, and day three to day six is very turbulent for a lot of couples, so it's about having a person that you can call upon to support you, and it does help to know that person already, it's hard to meet new people when you've just had a baby, that is helpful to have a support person, and to be able to ask for help when you need it, quite often in the hospitals they'll say, you need to have your baby weighed on day seven, or day 10, it's just some arbitrary time, there's no specific day that you need help, but it's having that support that is available, not necessarily, it's not for a sick baby, just for well baby questions, because you don't know what's going to be challenging for you, for some people the birth is challenging, for some the breastfeeding is challenging, I'd say the breastfeeding, getting the feeding going in that first week, is probably your greatest challenge, because when it doesn't go well, it's very stressful, you've got a hungry baby, your baby's never breastfed, and the mom's never breastfed either, and the dad wants to be a support, I find in fact that dad's knowing about breastfeeding, if the dad knows a little bit about breastfeeding, it helps enormously, and I think men are an underused resource, and as soon as you invite men into the breastfeeding space, and they understand how much they need it, and how helpful they can be, they are phenomenal. So I must say my dad's preparing my dad's, and having a relationship with them, so that they know when they can call me, because moms often are overwhelmed, and don't know when they need help, and the dads are able to recognize that they need help, and ask for it better, if they've been prepped for that. Amazing, so I heard two quite clear messages there, the one was, you need a really good support system, in those first couple of weeks, and somebody to turn to, somebody you can call on, somebody who is at the end of a line, and that you can get in touch with, and then the second thing you mentioned was, kind of the absolutely incredible importance of breastfeeding, and how to establish that, and I mean it was certainly something that for me, was one of my biggest areas of anxiety, because it was such a priority, I wanted to give my baby this gold standard in nutrition, and yet I didn't have a cooking clue as how to do it, I didn't know if I had enough milk, I didn't know if my milk had come in, so what would your, I mean if you had to give somebody kind of three or three to five tips of establishing breastfeeding in that first week, what would they be? So I would say that it needs to be comfortable, one needs to understand, there's so much that you don't know until you are in it, what is normal, and what's normal, and I think that's why you need a contact person, a support person who does know what's normal, because you only know what's normal for your baby, so that I find can be very tricky, so you need to know that your baby's getting enough, and you know that your baby's getting enough if they're doing good enough wheeze and poos, and that of course changes a lot in the first week, so how many wheeze and poos would that be, so if I'm a mom sitting at home now, I've started breastfeeding, I'm not sure if I've got enough milk, how many wheeze and poos am I looking for? So the first three days, so I'm just going to go through the first week because things change so much in the first week, and I would prepare all my moms for this and I'd say this is essential prep, the first three days they're getting colostrum and it's very little milk, and the baby's expected to lose weight, they aren't getting enough in the sense of enough to grow, but it's physiologically normal for a well baby not to get very much milk, so if your baby's well and you haven't had a terribly difficult birth and the baby's not too small or too big, they can cope very well with these small amounts of milk that they get in the first three days, so they do lose weight and they do get a little dehydrated, but then we expect between day three and four that the milk volume increases, and you can tell that because your breasts get fuller, and the baby usually is very hungry by that point and they want to feed often, so at day three four we expect babies to be feeding often every two, three, possibly four hours, not longer than four hours, and what's really important is that when the milk volume increases that the breasts soften with each feed, so this engorgement phase that we kind of expect the breasts to be quite full between day three and six, it's fine to expect the breasts to fill up quickly, but they should soften, and I find moms don't recognize that if the babies aren't drinking the milk, because quite often the babies are spending a lot of time at the breast but they're not actually accessing that milk, and you can tell that they're not accessing that milk because their poos stay dark, you know that meconium poo that they pass for the first three or four days, that should all be passed and the breast milk should be coming through, which is initially a lighter green color and by day six they should be having yellow poos, so if your baby by day six is still having black poos or isn't pooing for 24 hours, then we know that they're not getting enough, so the poos are a really great indicator that the baby's not getting enough.

Breasts that remain full after a feed, so your breasts should feel much softer after a feed, obviously every breast is different, some breasts don't get terribly full and engorged even when the baby's getting enough milk, so as long as the baby is doing lots of wees and poos and by lots I mean that the baby should have wee, by day four or five when the baby's getting more volume of milk, they really should have a wee every three hours, so if you're feeding roughly three hourly, every time you come to feed your baby there should be some wee in the nappy and if by day six, seven they're doing three or four yellow poos a day, then you also reassure that the baby's getting enough and then it's really important to weigh the baby around about the first week, so that you can see if they have gained weight since they left the hospital because they leave the hospital on day three at about their lowest weight because the milk's just about to come in and they're just about to start getting more volume of milk, so that first week is quite crucial. It is and they can lose up to 10% of their body weight, can't they? Yes and that's usually that discharge weight on day three, so we expect by day seven that they've started coming back up again. Okay, excellent.

So that first weigh-in around about day seven, assuming all is well and you haven't needed help with the breastfeeding before that, that's really important to know you're on the right track. Okay, excellent, so those are very clear red flags on the feeding side and then other red flags, you know, I mean you go home, you don't know why your baby's crying, you don't know if they're okay, what are the red flags that you would say to a mom, you know what, you need to actually get in touch with me or you need to get in touch with, you know, your peed or whatever, what are they other than the fact that they're not having enough nappies? Yeah, I think the two main problems that one has in the first week or two is... This episode is brought to us by Parent Sense, the all-in-one baby and parenting app that helps you make the most of your baby's first year. Don't you wish someone would just tell you everything you need to know about caring for your baby? When to feed them, how to wean them and why they won't sleep? Parent Sense app is like having a baby expert on your phone guiding you to parent with confidence.

Get a flexible routine, daily tips and advice personalized for you and your little one. Download Parent Sense app now from your app store and take the guesswork out of parenting. I think the two main problems that one has in the first week or two is reading your baby because they don't come speaking English and their crying or lack of crying can be interpreted different ways.

I often find parents will say to me I've got a very windy baby and they interpret their baby's fussing as wind and actually those are often the hungry babies and then completely the opposite. I'll have a mom who says that I've got a very hungry baby but in fact this is a very well-fed baby who's just uncomfortable and we're feeding the baby every time the baby fusses when the baby's actually just uncomfortably full. So you can misread their cues because they're fussing and they're rooting around can either mean they're hungry or it can mean that they're uncomfortable.

The behavior is exactly the same and we interpret their behavior based on how well they are actually sort of thriving or not thriving. So often that's the most common mistake parents make is to either assume the fussing is hunger or assume that the fussing is discomfort when it's the opposite and for that you really do need that support from someone who actually knows new babies well. Yeah absolutely and then of course you speaking about the first couple of weeks and then at about 10 to 12 days we then often start to go into a much more fussy patch of infancy because we have those first two weeks where babies are relatively calm and then of course they suddenly start to become more alert, they become more susceptible to overstimulation and all of that feeding and handling can make them even more overstimulated and results in what people classically call colic but it's actually really overstimulation.

So that's very interesting, so the mums will routinely come in and see you usually for a way by 10 days just to check that they have started to gain weight. What other routine health checks and vaccinations are critical in those first few weeks of life? So I usually see mums and find mums and dads it's really helpful if the dads come for at least the first two or three visits and I do, it's much more been much more normalized now for dads to come to all the clinic visits. I find it amazing and wonderful how engaged dads are these days and how much responsibility they take and it's a real team effort and it just blows me away at what a difference it makes to the couple's relationship, the dad's relationship with his child and his well-being in terms of really feeling engaged and needed.

So I love the fact that the dads come to so many of the visits. And of course many of them are now actually having nice paternity leave which of course really wasn't around when you and my kids were being born. Yeah even if they don't get good paternity leave, I try and get my dads to prioritize taking annual leave at that time because there's actually a wonderful study that was done that proved or showed that dads, the more time a dad spent with his child in the first two weeks had quite a huge impact on the depth of the relationship, the quality of the relationship going forward long term.

And I've noticed that and I really emphasize that with my dads that that's a really important time and I say to them a minimum of two weeks but if they can take three or four it makes a huge difference. So having that visit once a week for the first at least three or four weeks because so much changes in terms of the feeding and the baby's cues and how one reads those cues because if a baby's gaining weight very well and growing very well and a mom's feeding the baby really often, it can just be that she's assuming that the solution to every fussy problem is to feed the baby and that's not always helpful. Yes a baby who's underweight and is not thriving does need much more frequent feeds but I do quite often have babies that are absolutely thriving and every fussy kind of rooting and sucking is interpreted as hunger and then they just get super uncomfortable because they're just drinking milk all the time and and moms are actually misreading their cues and I would rather use some settling techniques and calming techniques rather than feed constantly.

So that those weekly visits for the first three four weeks are really important that's with a well baby clinic kind of person assuming that the baby's not unwell and you don't need to see the pediatrician if the baby's well those first few weeks and then we do the first vaccines after leaving the hospital. They have a TB vaccine and a polio when they leave the hospital but at the clinic they only need their first vaccines again after that hospital vaccine at six weeks in South Africa and we sometimes delay it till eight weeks so somewhere between six and eight weeks we're going to do the first set of vaccines and those are really the only routine checks apart from really worthwhile having a hearing test. They sometimes do it in the hospital but quite often the babies have got fluid in their ears immediately after birth and they often don't sort of pass the test in the hospital so if they haven't had a hearing test or passed the hearing test it's worthwhile having that at the six-week visits and the moms and dads usually they usually see the pediatrician at six weeks just to check that all's going well and the moms always have their gynae checks then as well and I think it's very worthwhile for the moms also to have some kind of physio check-in because moms are often needing to look at their own needs and their own bodies which we don't, we do neglect our own bodies and our own sort of whole well-being like seeing the gynae is great just in terms of how is your body your reproductive kind of part of your body after the birth but that sense of getting back to some kind of exercising I think it's so helpful to see a physio who has done some maternal health kind of course you can actually help the mom get back into some kind of exercise program safely.

Brilliant yeah and so what would you recommend that they go back to walking, gentle running? Depends what they love doing so I look at what they were doing before and what feeds their sort of soul whether it's yoga or running or cycling or whatever it is but just something that was part of their life before because by the time you get to that six-week mark moms are often feeling a huge sense of I don't know who I am anymore because my life has changed so much I don't recognize myself anymore and somehow this one's got to look at what are the things that I need as well not just what my baby needs so I try and get moms by that six-week mark hopefully one's just getting one's head above water that six-week mark seems to be about when that happens and just starting to focus on what do I need and for the dads as well because they may have also felt like their lives have changed a huge amount and they're juggling work and they used to come home and be able to relax and now they come home and it's just like you know there isn't a space to actually relax and not be on duty so I think for both of the couple that six-week mark's an important time to look at what are my needs, how am I actually doing? Yeah absolutely very very important and they probably support groups that you recommend for your moms as well are there? Do you recommend that moms seek out other moms in groups or do you find that moms find that themselves? No they absolutely need support you know obviously if they've been an antenatal course together one of I would say probably one of my main focuses with my classes is actually connecting the couples with one another because I find that the support they give one another is as at least as important as the support that I give them if not more because if you help them really get a close connection with one another they pass so much of their knowledge and that sense of being alone which is so prevalent amongst new parents and it's quite destructive you kind of that's taken care of if they're in a sense of being a village together and my couples get put on a whatsapp group, the moms will often branch off and have their own group as well and the dads will often have their own groups as well and the support they provide one another is phenomenal in terms of actual valuable information and then just emotional support so I find that my moms who aren't really connected to that group I try and slot them in you know we have teas as well so for a mom if she's in an area where she can find other moms go to the clinic and see if there's a new mom's tea kind of you know weekly tea kind of get together sometimes just hanging out at the clinic just going for a cup of tea and to eat at the clinic you kind of end up listening to other moms and connecting with other people so and then moms and babies groups which they often start between about six and eight weeks those are also lovely groups just to meet up with other moms we have quite a lot of moms do swimming classes and they connect with other parents moms and dads I've dads who go to take their babies in classes as well and that's fun for everyone as well so connection and having the support of other new parents is invaluable it makes such a difference in terms of mom's mental health and well-being hugely it certainly does and you know I mean I'm going to give a shout out to Cindy from Burwood I don't know how much you have to do with her she was my you know she's amazing and she was my clinic sister when James who was 26 was born and I can remember I would go and sit like deer in the headlights you know I think I was 23 years old when he was born I was I was super young and I would sit there deer in the headlights with this baby and thank goodness she was always running late and there'd be this waiting room of other moms who also looked about as terrified as I was and we used to share you know kind of our load and you know how much is your baby sleeping at night is your baby up as often as mine and just knowing that I was in really good company with all these moms whose babies were also up at night was just such a godsend so you know I think going to those clinic visits yes they're important for weighing the baby yes you know you want somebody to answer all your questions but just sitting there while you've been kept waiting is absolutely the gift because you can you know kind of connect with other moms at the same time. Hugely and Cindy is my mentor she started me on my journey. She is just the most special person and she's just so gracious she's always so generous with her advice and her help and she's she's really awesome.

So obviously when they're coming to visit you there's a couple of things that are coming up for moms the first thing is you're going to weigh the baby the second thing is you're probably going to give them a little once over just to make sure that everything's on track checking the umbilical cord and whatever else it is and rashes and so on and then you are a sounding board for the moms in terms of their questions on routine and sleep and feeding. Is there also a little bit do you also have a look at what's going on developmentally and um you know for you as a clinic sister are there things that you watch for or red flags that you watch for or also green flags that you watch for in those first few weeks when the baby comes in in terms of their developmental milestones? Yeah I think that's difficult it's difficult for parents because they only have their child and whatever their child is doing is normal for them and so having someone just having that sounding board of someone who sees babies all the time and so you've got like thousands of babies of the same age to compare to um so what I would look at is the baby's energy so babies are often quite sleepy in the first couple of weeks and it can be normal um it takes quite a lot of energy parents are spending quite a lot of energy keeping a baby awake for feeds and they've got hopes by the time they're about two weeks old that they actually keep themselves awake you should be able to latch them and they should just do it themselves you shouldn't have to kind of milk the breast into their mouth and constantly harass them to stay awake and so that would be something that would be normal in the first week or two but wouldn't be normal if they're terribly sleepy and lethargic and even lethargy you know in a newborn isn't okay so you know that that first week or two one's looking at jaundice what's the baby's color like and that would also feed into lethargy so a baby needs to be they're going to have their sleepy moments and the babies in the first couple of weeks if they're well fed they really just feed and sleep and that's normal um when they're a little bit older by the time they're two weeks old they start being much more energetic and they're awake for longer periods and so those changes can feel quite abrupt for parents and feel like oh something's changed but it's meant to happen they're meant to get more awake we expect them to get a little more windy and uncomfortable and that's normal but then there's a degree of of windy and uncomfortable and fussy that is not normal and because parents are told oh it's so hard I'll often have parents with a particularly fussy baby and they'll say to me I just thought that my baby you know everyone said it would be hard everyone said babies get fussy at this age so it's only if you are seeing lots of babies that you can know that sense of this is more fussy than is actually normal and quite often it's not necessarily a fussiness that is pathological it's just that some babies struggle more in that sort of two to six week period when they do tend to be a little bit more fussy but babies really struggle more than others and it's helpful for parents to know this is more fussy than is common and you're having a rougher time and in other words you need more support.

So it doesn't necessarily mean that there's something wrong, but the parents do need more support. And then we do also need to look more carefully. Why is this baby more fussy than normal? And are there things that we need to do differently to make the baby more comfortable? Or do we just have to bide our time? Because there's also a sense of babies mature.

Their guts are also very immature when they're born. Neurologically they're immature. And a lot of stuff we just have to patiently upskill.

Let time pass. Yeah. And just kind of know the triggers for your baby and how to keep them as calm as possible.

Well, you know, it's so interesting. I had this conversation with Kath McGaw, who is, as you know, is my partner in crime and everything feeding for babies. And we were chatting the other day about the baby's gut microbiome, which I think is going to become a very, very hot topic in time to come.

We know, you know, all the research is showing that the gut microbiome has direct impacts on mood and all sorts of things. And Kath was saying to me, you know, we actually mess with our baby's microbiome right at the get go, you know, through having cesarean sections. I had one of those and, you know, they don't necessarily get the right gut flora right in the birth canal.

Secondly, you know, colostrum and early breastfeeding is critically important as a source of food for that gut microbiome. But then she went on and we were talking and she said, you know, the problem is that when babies are unsettled, there's such a sense that there's something wrong because they're crying, that we go out and moms, if you've done this, you're in good company, we've all done it, but you go out and you look for the reason why this is happening. And you think, well, it must have a diagnosis and therefore it must have a medicine.

And then these little ones, these tiny little immature gut microbiomes are getting pummeled with proton pump inhibitors and things that stop acid production in the tummy. And what are we doing? We're upsetting the pH of tummy. And so, you know, she was just saying, and it resonates with me, what you're saying is that we abnormalize or we pathologize something that actually is completely normal.

It's a normal developmental trajectory. And while you're in the middle of it and your baby's super fussy, it feels like it's going to last forever and there must be something wrong and you must have to do something. But the reality is that sometimes all we need to do is just be there, love our little ones, and they will move through it because like you just said, it's a developmental stage.

Absolutely. But then also there are some, so it's that wisdom of knowing when do we need to do something about it in the medicated sort of line, or even that whole thing about mom's diets. That's what's so tricky about breastfeeding is moms feel so responsible.

And if babies are, and it's not just moms, it's the whole world. If your baby's more fussy than usual, everyone's saying, what did you eat? And it's got to be the mom's fault. And so I find that quite tricky that moms, when do you exclude things from your diet? You probably had a good discussion about this with Cath.

At what point do you blame something in your diet, which might be causing issues? I'd actually love to hear. Well, yes. I mean, in fact, maybe we should have a conversation, the three of us together, because I think it could be fabulously robust.

I can remember when James was little, I was told to cut everything out of my diet. In fact, I think all that was left was yellow and white vegetables. So there was only butternut and sweet potato and everything else.

Everything green caused winds. It was just everything dairy, everything wheat. I had nothing in my diet.

And of course, we know now that you need a good, well-rounded diet to produce good milk. And an elimination diet of any sort while you're breastfeeding is not a good idea unless you're obviously allergic to what the food is. So yes, I do think that sometimes doing less is actually a whole lot better than trying to overthink something.

And like you say, go for the next diet. And even all the different therapies, I'm often asked about, is this therapy good for my little one? Is that good for my little one? And 99% of them do absolutely no harm. Most of them do no harm, obviously.

But at the end of the day, it's almost like this placebo effect that I've kind of done something. And therefore, that's why things have got better. But actually, they might have got better anyway.

So yeah, it is hard, though. When you're a new mom, and I mean, we are all fixers. Most of us come to motherhood ready to fix and sort something.

And here's this little human life who's not very sortable and not very fixable. It just feels very overwhelming. Absolutely.

Yeah. And then add to that you're not getting enough sleep. And I think the sleep is huge.

So moms who have fussy babies who sleep well at night cope much better than moms who have fussy babies, and their babies fuss at night. I think that is what really, from a mood perspective and a confidence and just a sense of, I can actually do this. It's how much sleep they're getting is key.

Yeah, yeah. Well, absolutely wonderful chatting with you, Heather. I think every mother probably wishes that she has you in her pocket in those first six weeks.

And it's wonderful to know that our Cape Town mommies, if you're anywhere near Millie Point, if you can get yourself into Heather's Tula baby practice, it is really phenomenal. But there are other fabulous clinic sisters, one of whom I mentioned earlier, like Cindy and Burwood and Claremont, and there are just so many more. But I think the important thing is to find your person, find your voice, and then actually really lean on them.

A visit a week to just connect with other moms, get that weigh in, find out a little bit more about the routines and so on. It's really wonderful. So thank you, Heather, for joining us and for the work that you do.

Such a pleasure. It's been lovely chatting to you, Meg. Yeah, really good to reconnect.

And we will, I'm sure, have another time. Maybe we do set something up with Kat and talk about that. Now, are we over an overthinking diets episode? I would love to.

Excellent. We'll do that. Thanks a lot.

Thanks to everyone who joined us. We will see you the same time next week. Until then, download ParentSense app and take the guesswork out of parenting.