**Echoes of Early Words: Unraveling Language and Listening in the First Years | S4 EP105**

And today I am extremely excited about this particular episode and the reason I'm so excited is that for me it's one of the most important aspects of baby development and that is language development. So these are the bedrocks to ensuring that a child has the capacity to develop their comprehension and from a place of strong comprehension that's where children start to develop their expressive language. How are we being mindful within our day-to-day routines, just the regular throws of life as to capturing as many opportunities as possible to be there for that connection, be there with your child.

Many mums, and of course this podcast is listened to by new mums, will never have heard of glue ear. So could you give us a little bit of an idea of first of all what glue is, what causes it, and then actually how does that impact hearing? I know you have spoken a little bit about that already. You know mums, if you are noticing a little one isn't responding to sounds, is kind of just maybe a little delayed on their language if they're over a year of age, is not sleeping well at night, has had a cold recently, and it doesn't have to be a full-blown ear infection, although often it is as well, but has had a cold recently, it certainly is worth just... 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 mums and dads just like you to chat about the week's wins, the challenges, and the questions of the moment.

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This is Sense by Meg Fora and I am Meg Fora. So I am your guide and your host as we navigate the early years of parenting, everything from pregnancy through to preschool, and we delve into some quite meaty topics along the way. We have recently looked at education, we have looked at navigating the newborn days, and today I am extremely excited about this particular episode.

And the reason I'm so excited is that for me, it's one of the most important aspects of baby development, and that is language development. We know that one of the ways that we judge people, unfortunately or fortunately, is based on their verbal abilities. And verbal intelligence is something that becomes a real indicator for really how successful a little one is being in life, and actually throughout life.

We need good language skills, good communication. And communication starts literally on the day your baby's born, and actually probably a little bit in the last trimester as well with listening ability. But it is one of the areas in which we can have the most massive impact, because small things that we do in the early days has massive repercussions long term.

So I was very excited when a couple of months ago I came across Annie's Instagram page, and Annie's Instagram page is baby23. And when I started to look at baby23, I started to realize that Annie and I had a deep fascination for early childhood language development, but she is way more skilled than me. So as usual, I tap into experts who know more than I do.

And so today I am very excited to welcome Annie Hamilton to join us here today. Welcome, Annie. Thank you so much for having me on, Meg.

It's my pleasure. Really awesome. And you're, of course, across in Australia.

Whereabouts in Australia are you? Yes, I'm in Brisbane, which is within Queensland. And it's 6pm here in the evening at the time of recording. So yes, it's been a busy day.

I'm hoping that my voice holds up as a speech pathologist, but you might hear me take a sip of water here and there to look after myself. So we'll see how we go. That's perfect.

That's absolutely perfect. And thanks for making time after your busy day. So you have mentioned that you're a speech pathologist.

I wonder if you would just go a what your area of passion and interest is. Absolutely. So, yes, I'm a mum to a 14 month old.

And so just recently, I've really had the total joy of starting to implement everything that I've spoken with parents about long term. So I have always been fascinated around the early years and communication and feeding development. So my background was primarily within the hospital setting.

So I'd worked in big tertiary paediatric hospitals in Singapore and alongside them in the UK and before that in Perth, Australia, and so had worked with very medically vulnerable little people and through COVID ended up moving back home here to Australia and started up my private practice full time. So it has been such a joy to now work in the community to support families and to be on their communication and feeding journeys longer term, because I guess when you're an acute therapist, it's all quite time limited. You'll work with them on the wards, whereas now I'm really able to walk with families, which is my real passion because, yeah, as you mentioned, language and supporting language development is such a critical piece of communication, but total, you know, overall development for children.

So, yes, that's sort of what I do and really passionate about supporting families for them to have the tools and feel really equipped around supporting their own child. Amazing. So today we are going to be dealing with some super practical issues, and I'd like to just give mums a little taste of what we're going to be dealing with.

We're going to be having a look at hearing, which of course is one of the most important foundations for language, and also hearing in typically developing children when they get glue ear. So we'll be talking about glue ear and hearing loss. We're then going to talk a little bit about language development and stimulation when we look at how do you select books, and then we're going to have a look at actually how best to foster language development.

What goes on with background noise in the environment? Do we use long phrases or short phrases? Do we use high pitched voices and speak in baby words? So mums and dads, you are in for a massive treat today because we're going to be deeply immersing ourselves in language development. So, Annie, I think let's get started. Let's throw ourselves right in and let's start at the beginning, which of course, for me, it's all about the senses and the sense that really impacts language the most is, of course, the sense of hearing.

So let's start right at the beginning. Most little ones have a neonatal hearing screening. Parents don't even know that that is part of their journey.

Could you tell us a little bit about that hearing screening, when it's done, and also what should parents do if there is a problem that comes up through that screening process? Absolutely. So neonatal screening programs are so critical to identify little ones who have hearing loss that's able to be identified right at the start of their life. So that generally happens when they are still admitted, so within the first few days after they are born.

And ultimately, the outcome of those screening assessments is either a pass, so nothing's identified as an issue at that time, or a refer. And so what that then means is that child would then be referred on to further assessment and testing just to understand, is it just a matter of there might've been some fluid in the ears from their whole experience of birth, or is there something more that needs to be looked into? Because early intervention, as with all senses, is so critical. I guess the further assessment that occurs thereafter would be with an audiologist, and they will be looking at how the child is able to perceive sound, yeah, with sort of brain recordings, which is incredible.

So they're looking at a child's capacity with their sensory neural hearing. And I guess, as you've already alluded to, we'll be talking a bit about glue ear, which is more to do with conductive loss. So that's where there's an issue where the sound isn't able to effectively make its way through the ear canal, through to the middle ear to process that information.

And so that's where, yeah, we have the key, key role of audiologists to work alongside us as speech pathologists to identify, are there issues? And then to refer onwards for ENT supports, ear, nose, throat doctors to look a bit more closely in terms of, is there anything to be done treatment wise in that regard? It can be quite a long road and a long journey for families and children with hearing impairment identified. So it's really important to have a strong team around those children and families. And I guess the role of speech pathologists is really to think about, well, how are we optimising a child's access to communication right from the start? And that communication can be beautifully multimodal, and that can include, you know, baby signs here in Australia, we talk about keyword signs that used to be named Makaton, which I think it's still named there in the UK.

But using visuals and being really mindful of how we're really meeting the child at an eye-to-eye, face-to-face level and avoiding that background noise in terms of not contributing to any destruction from their capacity to really soak up what we're saying to them, our beautiful sounds and our beautiful facial expressions, and really building a child's capacity to pay close attention to those connection moments. Yeah, absolutely. So going back, before we get onto those connection moments, just going back to that neonatal testing.

I mean, I know probably every country has different kind of ages in which they do the neonatal hearing testing. At what age typically is it done with little ones? Yeah, so in Australia here, it's before discharge from hospital. So yeah, so I'm not sure in the UK, yeah, but very early on.

And how do they test it? I mean, do they make like a little rattle noise and baby work turns towards it or eyes open wide or what is it? Great question. So I had the pleasure of watching my own little one experience his neonatal screening. And so they put little baby earmuffs over their ears and play some different sounds.

And what the machine is able to do is able to read how the brain has been able to respond to those sounds. So it's really looking at, yeah, the child's capacity to, yeah, have brain responses through sound. So it's not that mentioning of sort of using a rattle.

I mean, the future testing that's possible for little ones is actually to look at visual reinforcement audiometry. So that's where they use puppetry and get little ones to actually look and regard the direction of, you know, sounds and show visual responses that audiologists are really trained to cue into and observe. But for those neonatal hearing screenings, it is a screening and it is a snapshot in time.

So I guess the other thing is to make mention that even though a child might pass their neonatal screening, it doesn't mean that they aren't susceptible to glue ear. It doesn't mean that they're guaranteed to have healthy hearing from there on in. So it still remains really important that we keep a close ear on their communication development and get back into further assessment if we have any concerns emerge around communication development.

So you've mentioned a couple of times glue ear, and this is an area of real interest for me because, you know, it arises usually, I mean, often after a cold, after just a simple snotty nose and actually, you know, sometimes babies don't even run a terrible fever. They're not even terribly ill, but they've had a snotty nose and along comes glue ear. Now many mums, and of course this podcast is listened to by new mums, will never have heard of glue ear.

So could you give us a little bit of an idea of first of all, what glue ear is, what causes it and then actually how does that impact hearing? I know you have spoken a little bit about that already. Yes. So glue ear can also be referred to otitis media or otitis media with effusion.

And basically it means that there is fluid that has accumulated within the middle ear, which typically is filled with air. And so it's really important for the hearing system to be able to transmit sound waves into movement against the tympanic membrane and onwards through the whole hearing system. And if there's fluid within the ear, that is subdued, right? So it really does have a very tangible impact on how well the hearing system is working.

I guess in terms of the number of families that come into my room and I'll ask routinely questions around, have they had any ear infections? Do you have any concerns around their hearing? And time and time again, families will tell me, no, they've never spiked a fever. They've never been diagnosed with any ear infections, nothing. But if we see any degree of communication delay, that it's rather routine for us to ask for a hearing assessment to be done because so very often we see the profile of there being some degree of hearing loss because of what might be quite a fluctuating picture of fluid behind the ears or within the ears rather.

And it can have a very tangible impact on communication development because especially in these early years, within the first year of life, we're expecting children to be developing towards saying their first words. And if they're not able to perceive sound well, we will see that that will have a tangible impact on their communication progress. I love talking about the speech banana, which is the special zone within an audiogram that captures all of the speech sounds within human language.

And John Tracy Centre has a really great website that shows that very tangibly on an audiogram. And it's got the yellow speech banana zone highlighted and then other environmental sounds around it. So like the idea of birds chirping or dogs barking or an aeroplane sound and how all of those different sounds are at different pitches or frequencies, but also different loudness levels of volume.

And what's really looked at within an audiogram is how is a child able to perceive sound within the speech banana? And that's the key thing that we as speech pathologists are curious about because a child needs to perceive within that zone to be able to have the potential to develop their speech and language. I guess all of that to say, ENTs come to the fore when we're looking at chronic gluea where we start to look into management options for that because the tympanic membrane, which is a tube within that sort of connects the ear and the throat, if it's not working well, that is what can increase a child's risk of getting gluea because it's not allowing that aeration of the middle ear to happen. And so ENTs come into the picture when there might be management required around that gluea picture, which is where they're able to provide surgery with things like grommets, which are little tubes that go through that tympanic membrane through the eardrum and allow that eardrum to dry out inside and to reestablish air within that middle ear so that the child can be better equipped to perceive speech and language.

Yeah, it's really fascinating. And again, just to reiterate, so many families come in and no history of fevers, no history of concern at all around hearing, but we will find out actually, yeah, there's fluid behind the ear and something needs to be done about it. Yeah.

And it's really interesting because, I mean, I also look at gluea and to pick it up with the little ones I deal with, with sleep problems, because it actually impacts sleep as well because that pressure behind the eardrum kind of builds up and causes them to wake frequently at night as well. So, you know, moms, if you are noticing a little one isn't responding to sounds, is kind of just maybe a little delayed on their language if they're over a year of age, is not sleeping well at night, has had a cold recently, and it doesn't have to be a full bone ear infection, although often it is as well, but has had a cold recently, it certainly is worth just having that glue ear checked out. And I normally just send them off to a pediatrician or to a GP.

They look for a little light reflex against the eardrum and that's enough to tell them whether or not actually there is fluid behind the ear. So it's not a massive invasive process to actually look for the glue ear. It is a bit of an invasive process.

If it's discovered, they'll first go with decongestant medications usually, maybe some nose sprays, and then eventually potentially grommets. One of the interesting things, you know, when people think about glue ear, and of course they start to freak out, you know, does my baby have glue ear? And they start to think about how can I prevent it? And one of the things that I always talk about is bottle feeding. Now, this is a really interesting one because there is a connection between bottle feeding and ear infections, and obviously glue ear as well.

Can you talk to us a little bit about that connection between bottle feeding and ear infections? Yeah, absolutely. So it's really a matter of positioning. So anatomically, how the eustachian tube sits within the throat puts children at more risk of bacteria entering that eustachian tube if babies are lying flat when they are bottle feeding.

I guess it's important to flag that generally as children are getting bigger, that we're starting to sit them more upright as they are feeding. And that's not only to avoid the risk of bacteria through milk ending up in their eustachian tube and impacting on any risk of ear infections, but also they're swallowing safety. So anatomically and physiologically, as children grow, things change in their head and neck, and it becomes increasingly important that they're more sat upright.

And certainly once children start on things like their straw cups, that they really do have to be sat upright to drink that. So it's really important that babies aren't left lying flat to drink their bottle, nor that they're left to sort of feed themselves in that fully reclined position. It's important that we as caregivers are supporting them propped a bit upright and to be there to just be able to support if there is any risk of them coughing or choking on their bottle feedings.

So yeah, I guess the sitting upright is quite important and the supervision and avoiding lying down flat. And I mean, just the fact that you say sitting somewhat upright and supervision, those two words mean don't leave your baby alone with a bottle in the bed, basically. And I think that's where it mainly happens is that, you know, it's kind of that habit we get into where we actually exhausted our baby's woken up for the third time, we kind of stick the milk bottle in the cot with them and hope they'll go back to sleep on it.

And or even in the evening, we just put them to bed with their bottle. And, you know, it's one of my kind of bag bears for a multitude of reasons. And one of the other reasons is that, of course, it causes sleep habits as well.

You know, if you permanently falling asleep on the bottle, you'll be waking up for the bottle in the middle of the night as well. So the principle there when it comes to bottles is that, you know, you don't want your baby lying down flat on their own, drinking their bottle on their own. So very interesting.

So I think we've really covered off hearing quite nicely there for the typically developing baby. There obviously are all of our millions of fringe cases where, you know, there's really real hearing loss for other reasons which we won't go into. And I'd like to move on to language development now.

So we've got the sensory base, which is good hearing and putting that in place is important. But now we go on and we want to start stimulating our baby's development. And of course, this is massively important.

So I'd like to have a look at a couple of aspects. And I think the first thing that happens when I think about language development is that there needs to be some eye contact. There needs to be a real desire to actually interact with another human being.

And I've always been a very big advocate for baby wearing, having your baby in a sling or carrier close to you because that's where they hear your language. They can interact with your face. But of course, a lot of parents also choosing to pop their babies into prams, which is fine.

Could you tell us a little bit about the difference between front facing and rear facing prams? So prams that are facing mum when she's walking versus facing away from mum. Can you talk about that and language development? This episode is brought to us by ParentSense, 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? ParentSense 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 ParentSense app now from your app store and take the guesswork out of parenting. Could you tell us a little bit about the difference between front facing and rear facing prams? So prams that are facing mum when she's walking versus facing away from mum.

Can you talk about that and language development? Absolutely. So bassinets, often babies are started in if they're in some kind of pram or stroller. And so for little, little ones, they're lying flat and generally they're oriented so that we must be able to see their face, but they're generally facing towards us in a bassinet.

And then once children are seated upright and supported in their strollers and prams and they're safe and equipped to do so, some prams allow the choice for them to be either rear facing or forward facing. And to say some prams, yes, it's only forward facing and looking out into the world, that's the option. But for those prams that afford the opportunity for you to have a child rear facing, they are so incredibly beneficial for the opportunity for parents and children to have the opportunity to develop all that time that is spent pushing little ones in the pram with that eye contact, joint attention.

So actually perceiving the same thing at the same time and connecting that we've both noticed that at the same time. Turn taking. So the fact that we are able to cue into not only their sounds, which we could probably hear if they were forward facing, but we can also see the turn taking opportunities of their facial expressions, of what they're noticing and regarding in the environment.

And then also the opportunity for copying so that we might even be able to perceive small gestures that are emerging from little people that we're able to copy and replicate with them and to develop that copying skill. So eye contact, joint attention, turn taking, copying. They're the four really key pre-linguistic skills that we talk about as speech pathologists.

And so, yeah, there you have it. In a nutshell, parent facing prams, rear facing prams, just open that world for those opportunities outside of the home. And so often you're busy walking around with the pram out and about entertaining your little one.

And yeah, it's just such a rich opportunity to take if you have the opportunity to with your pram. Just to speak further to what you mentioned there too, Meg, in terms of, you know, connection being the foundation for all communication development. So connection is really, yeah, how we're able to be with a child.

And that's the foundation to developing all of those pre-linguistic skills in itself. So, yeah, something quite simple, but incredibly profound. Yeah.

And, you know, I think moms, this is a very important decision that you make actually while you're pregnant, you know, you choose a pram, you might choose it because of how it looks, you might choose it for the size of the wheels because you're going to be using it off road. You might choose it for how compact it is because you live in a small flat in London, whatever it is, you know, you're going to be making that choice in pregnancy. Probably the very last thing that you're thinking about is whether or not your baby's going to face you.

And it's actually probably is the most important decision. So there are some amazing prams out there that do have the opportunity for the baby to face in either direction. And it's important to choose that.

Annie, I want to go down a little bit of a rabbit hole because you've unleashed something in my mind. I love those four pieces of communication. Just quickly give them to us again, just the four.

Yeah, the four key parts of pre-linguistic skills. So they are eye contact, joint attention, turn taking and copying. So these are the bedrocks to ensuring that a child has the capacity to develop their comprehension.

And from a place of strong comprehension, that's where children start to develop their expressive language and expressive language and communication, I guess, just to honour that that is not always to begin with spoken words, that we also honour specific gestures as communication as well as using picture visuals. So I guess as a speech pathologist, I need to fly those flags in terms of all communication is valid. But yes, those pre-linguistic skills are so critical to developing comprehension and expression thereafter.

So one of the things that has often concerned me, and I want to preface this by saying I'm not throwing any maternal guilt onto anybody because I don't believe in maternal guilt, but I do have a very big concern around the use of technology and phones in front of little ones. And I think one of the things that happens, we've all sat at a restaurant with our husband or partner before where he's picked up his phone in the middle of a conversation or he's glanced down as there was a kind of notification that came in. And in that second, you know that you've lost him or her, you know, your partner, your friend.

And that sadly is exactly what happens in many of our children's lives with us as parents. And it happens, I mean, I do it all the time and luckily my daughter's a teenager, so she tells me off straight away when it happens. She has no problem telling me off, but our six month old can't tell us off.

In that moment, the mum has gone from that situation and that must have quite big ramifications on those four kind of pillars of early communication. Absolutely. So it's all around, yeah, how are we being mindful within our day-to-day routines, just the regular throws of life as to capturing as many opportunities as possible to be there for that connection, be there with your child and to give those opportunities in terms of, yeah, how are we being face-to-face? How are we getting eye-to-eye, like, you know, at eye level with our children so that they're able to soak up our beautiful faces and us soak up theirs because that's the, you know, that's the crux of it all. That's the crux of communication development, being with and enjoying and soaking up all the amazing things that this big wide world has to offer. So that is a very important principle is just to be very conscious about your tech use around your children.

Yeah, yeah. There's some research that has just recently come out out of Australia by the Telethon Institute, and they've been looking at just the impact of screen time with children, little ones and toddlers, and how many words they are having as missed opportunities within their day to day life just because of being absorbed instead in screen time. So, yeah, and that's not again, not just the child being absorbed in screen time, but parents being absorbed in screen time too, that it just takes away, takes away language.

Because it's just such a two way thing. You can't have communication without relationship. So it really, you know, you have to have another person.

So let's get into how we foster good development of language. One of the things that I'm often asked is what about baby talk? Like, come for num nums, you know, like these little words, like where's a bubba? You know, should parents be talking in baby language, number one? And should they be, or should they be speaking in formal English, long sentences? I mean, what is the, what is the perfect way for a parent to talk if they're going to be fostering language development? Yeah, the perfect way. Okay.

So I guess ultimately there's, there's a lot of research that backs parentese. It used to be motherese, but it's parentese now and how we change our intonation to make our, make our voice highlight key words and to draw attention to ourselves through big facial expressions and really sharing that, that joy of communication with children is really powerful. I suppose, I suppose the key thing to say is that for typically developing children, they can soak up a lot of language, even from our full fluid communication, right? And so typically developing or any child with developmental delays, they benefit from hearing our full rich language exposure opportunities.

They need to hear families just converse and the flow of language. In saying that they also greatly benefit from opportunities where we are becoming quite hyper-focused on specific words within specific daily routines or specific play opportunities, where you're really focusing on, you know, practical words like up, up, or, you know, the, the, the car goes down or, um, Oh, look, look side that there's all these moments that we can not only use single words or very short phrases, but we can put that within the context of a larger phrase afterwards. Um, so all that to say, yeah, we want a language rich environment and that one way isn't better or worse than the other children need both.

Um, but it's a matter of figuring out within those opportunities where you are able to really connect and be with your child and your face to face. They are really rich opportunities to really capture key words and to highlight your speech and your language with them so that they're soaking that up within that context. So yeah, I hope that it really does.

And, you know, I mean, I think when I think about an enriched environment for language, um, there are a couple of things for, for a start parents are often on the floor in my mind, um, or at least at their child's level, whether it's in a PRAM or whether it is, um, you know, kind of on their laps or on the floor, you know, like you're at your child's level, um, you're focusing in on the little sounds that they are making that are their communication attempts. And, you know, children talk long before we realized they are, you know, because they, they are taking turns and then saying words that have no actual English meaning, but really have meaning for them. And I think the inquiring or curious mind of a parent to think, I wonder what he's saying block, even though he's not really making the sound of block is, you know, is something that we really need to search for.

So I think it's parents being, having a curious mind to find their little one's words and then to repeat them back to them correctly so that they then it starts to reinforce it. Um, and then, as you said, also just the enriched environment of us actually talking, you know, full sentence, like, um, come, we're going to go now and we're going to go make your, your formula bottle now. And let's see, we're going to boil the kettle and what can we do? Oh, let's see, one, two, three scoops, you know, and that whole narrative is just so full of language and of, you know, and I think parents often don't realize that just, just talking through what you're doing as well is something that is very enriching for your little one's language.

Absolutely. So you, the three key concepts that you just spoke about there. So the idea of imitating, so imitating, which is literally copying back every little sound, every little facial expression, every little attempt at a word that your child is making, that's building their capacity to copy us back.

So we have to copy them first before they start to build that comprehension of, oh, copying is fun and I can have a go at copying my parent back. So that's imitation. Interpreting is what you mentioned there, where we have a decent idea from context to figure out what might they have been saying if they could say it well.

And that's where we're interpreting, we're thinking about, okay, what would they have said clearly if they could, they were giving it their best shot, but we're going to support them by rephrasing for them with an interpretation. And the final one has just slipped my mind, narration. So when you're talking about the scoops, right? So how are we just narrating what's happening in our day-to-day life? Because if you are busy narrating, time to hop in the car, here we go, one, two, three up and clip, clip the buckle.

If they hear that every single time that they're being popped into the car, they are building all that comprehension. And before long, you'll be hearing them have a go at saying clip, clip, you know, it is amazing what they can soak up and what you will be surprised by as some of their first words. Absolutely incredible.

Annie, I could go on talking to you forever. And I do think we have another episode because we haven't touched on how do we choose books? What about sounds in the environment? What about mother tongue versus using multiple babies, hearing multiple languages? I think we need to do another episode and we will. I know that you've been amazing recently.

You gave me some feedback that you had popped into AYA chat bot and asked it some questions. I'd love to hear how you found it and what you think about it. Yeah, absolutely.

AYA is such an amazing tool. I still can't get over how comprehensive and very intuitive its responses are to questions that you can ask. I asked AYA a few questions just to see her thoughts on what we might have been speaking about today.

And just, yeah, I really encourage parents to have a little look because, you know, just to speak to, I did pop in and asked her, what should I look for when choosing books for children? So we'll squeeze that one into the podcast. But yeah, this whole idea of she was sharing, capturing opportunities that, you know, books that have vibrant illustrations that captivate attention and flaps and lift that kids can lift and textures, sturdy board books that withstand their handling. And they're exactly what I would have been sharing around sharing books.

So she's very clued in. She's a very cool resource for parents to have a look at. So, yeah, I'd highly recommend the parents have a little play and a look at AYA.

AYA, yeah, so she's our chatbot mums. You can either get her in WhatsApp or you can actually have a look. She's inside the Parents Sense app as well.

And she's been trained on all of my data as well as a pediatric dietician, pediatrician. So the information is really robust and solid and you can trust it. But Annie, I really want to thank you for today.

I think that, first of all, you're an incredible communicator. You made what is really a science very accessible for us as mums. And I really do appreciate that.

Unfortunately, you're in Australia, so people can't see you unless they're listening from Australia. But maybe you can just give people an idea of where they can get hold of you. Probably the easiest is your Instagram.

If you can give us an idea of where they can get hold of you so that they can touch base. Absolutely. So I'm on Instagram at babyto3.

So that's B-A-B-Y-T-O-T-H-R-E-E. I'm also on Facebook with the same handle and my website is babyto3.com. So very happy to field any questions that parents have by contacting me through my website or through Instagram or Facebook. It would be my pleasure.

That's wonderful. Well, thank you so much for joining us and have a lovely evening on your side of the pond. I'm early morning on my side of the pond, so enjoy your evening.

Thank you, Annie. Thank you very much. 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.