**Newborn Care & Immunity: Surviving the First Weeks S4|EP115**

The very first thing, going back to when you started talking about your little boy bringing home germs, I mean, I think this is one of the biggest challenges of second-time mums, is that your house is not this beautiful, sterile environment that it was first time round. You mentioned flaring of the nostrils when she feeds, a lack of appetite and that intercostal breathing. So the main issue with congestion in little tiny babies is that they can only breathe through their noses for the first few months of their life.

I have no idea they can breathe through their mouth. The cough in a neonate is never normal. It is never normal.

So if your baby, little baby, kind of under six weeks is coughing, that's an immediate visit to the doctor as well. 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. 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 back mums and dads. This is Sense by Meg Fora and I am Meg Fora and I am as usual completely delighted that you have joined us.

Thank you for coming along with me as I journey with you through the early days of parenting. Each week we have a guest on with us and this week we are very fortunate to have Julia back on with us. She is a new mum and we're starting to follow her journey with her very little baby girl and we're going to hear a little bit about her name and when we spoke to Julia last time and for those of you who haven't heard the first episode, please do go and listen to the episode with Julia where we spoke about her little girl's birth and an elective caesarean section, which was a really fabulous episode to explore.

So I'm very, very delighted Julia that you are back with us today. Welcome. Thanks Meg.

And it's actually been a hell of a week. In fact, it's been more of a week. We had more than a week.

We had planned to speak last week and we couldn't and that was because you guys landed up in hospital. So tell us a little bit about the last two weeks for you. Yeah, so it was all quite unexpected.

We got home from the stay in hospital from her birth after three nights to my son, who was full of snot and coughing and just sounded like he had a really bad cold. And certainly all of his friends at school were similarly inflicted. And in fact, that week there were only five of them out of 20 in the class actually attending school.

And he landed up staying at home. And of course, it's very difficult to get a three-year-old to not cough and splutter all over their new baby sister with whom he is obsessed. So I sort of saw something coming.

I knew that there would be some sort of illness. I didn't quite know what to expect though. In me, it became a cold and you can probably still hear in my voice that I'm struggling to shake it completely.

And apparently that is the nature of the bugs going around at the moment, that they do take forever to get rid of. So within, I would say, four or five days, she had developed a blocked nose. So it was probably a day or so after I spoke to you, she started to get sick.

So she would have only been a week old then? Yes, she was literally seven or eight days old. That's terrifying for you, because they just don't feed then. So this was my main concern.

And in fact, there were a few things that we landed up being very lucky about, even though we did land up in hospital, which on the face of it does sound very scary, but we were very fortunate that it was manageable. So the main issue with congestion in little tiny babies is that, and I didn't actually know this until I had gone to the PED, is that they couldn't breathe through their noses for the first few months of their life. I had no idea they couldn't breathe through their mouth.

I just sort of assumed that at night when she heard that he was out, she was just breathing through her mouth, but that's not the case. So I was quite worried about the feeding. And at that stage, I was still breastfeeding her on the breast.

And she, I didn't know at the time because I hadn't seen my baby nose for a few days, but she actually wasn't drinking as much as we thought she was. And I think that that was partly to do with latch and partly to do with this congestion issue. So I did land up seeing my baby nose on the Friday and she chatted to me a bit about what to look for with this congestion, because there's not really much you can really do as a mom.

And to be honest, even in hospital, the options were fairly limited. And essentially the answer with congestion is just lots and lots of saline and a bit of snot sucking when you feel the need, which I do quite often. And she also sort of told me what to look for and then weighed her.

And she had only put on half of what she should have put on for the period. So basically for the majority of that week. So she wouldn't have regained her birth weight then? No, far from it.

And even though she was feeding what I would consider to be quite healthily and quite regularly and certainly, you know, the feeds felt long enough to me and they were evenly spaced and all that stuff. And she had an appetite, but, you know, also wasn't, you know, ravenously hungry either. So there was no real clue that she, she wasn't eating enough until we actually weighed her.

So I said to the nurse, okay, well, you know, I will monitor her over the weekend. And she suggested that we top up feed. So basically because I had been expressing a little bit, I did have some milk in the freezer.

And so I was instructed to sort of give her a small 25, 30 ml bottle after each feed, just to make sure she was getting enough milk. So we started to do it over the weekend. And the congestion continued to the point that on Monday, she then developed quite a sort of sticky, thick sounding cough.

And at that point, I was like, don't enjoy the sound of that. And I took her to the P on the Monday afternoon. And I, he looked at her and, you know, she was in a similar place to where she had been on Friday when the nurse had seen her.

And I essentially said to him, look, the main thing I want to know is this is what's happening to her chest. And so he did listen and luckily the chest was clear. So it was really just upper respiratory stuff.

But the congestion was really bothering her. And obviously because that's the only way that she could breathe and you could just hear her kind of straining. And he said, look, there's nothing necessary to be alarmed about at this point, but these are the things to look for.

And he mentioned a flaring of the nostrils when she feeds, a lack of appetite and that intercostal breathing. So it's something I landed up having to, I had seen videos and stuff like that about it before, but just to refresh my memory, I landed up going and looking at some YouTube content to sort of remind myself what that intercostal breathing looks like. And it's sort of when the air is being sucked in through the, under the ribs in a way that they're really struggling essentially to get air.

So, um, came home from the Peter Monday afternoon and, and, um, you know, thought, okay, well, we'll just sort of have to keep an eye on this. Um, midnight on Monday becoming Tuesday, she wouldn't take her bottle. And I thought, okay, that's quite rare for her.

She, you know, it's fine to have a half a feed or a third of a bottle, you know, every now and then, but to refuse it outright is very unusual. Um, cause at this point also it was impossible to feed her on the boob because she just couldn't, couldn't breathe at all. And at least, at least the bottle was sort of more efficient.

There was more space around the nose for her to breathe. Um, and then my mind started racing. I was like, it's the middle of the night.

I don't know. Yeah, of course, literally midnight. Um, and then I just thought, okay, the advice from the nurse and from the Peters sort of ringing in my ears.

And I thought, let me just watch her. And I did. And I saw the nasal flaring and I saw the intercostal breathing and much like the night I went into labor, I sat with it for about an hour trying to convince myself it was watching all the YouTube videos and trying to figure out what, um, you know, what was the reality of the situation.

And anyway, it came to the conclusion that it was happening. And in fact, although my instinct is to be quite, um, laid back and I'm not one to sort of rush to the doctor all the time, I'm kind of genuinely happy to manage things at home. And so if you have never been to an emergency room in my life, I'd never gone through that process before.

And I was quite sort of hesitant about the whole thing and a bit nervous, but sort of some recent events had made me kind of think twice about being so hesitant about things like that. So I decided to go and wake up my husband and say, listen, we are going to, uh, to take it to hospital. I just want them to, to check her because obviously, you know, A you can't mess around with newborns and B when it comes to breathing that's a little bit hectic.

So off we went, thank goodness we have live-in help. So, um, there was someone to be there with my son while he slept. Um, and my husband and I went off to the hospital with the baby whose name is Aurelia by the way.

I was waiting to ask you that question. We're going to definitely come back to that. I love it.

Um, but let's first talk about the health and then we'll come back to her name. You're preferring to have the baby, which I did with my son actually for a good few months after he was born, even though he had a name, but, um, so off he went and he went through this fairly protracted process. I must say admin wise at the, at the casualty, but I suppose because we weren't in a sort of active crisis situation, they took it a little bit slowly.

Long story short, eventually saw, um, the doctor and they, uh, the doctor on call decided to admit her, uh, which I did expect. Um, so that wasn't a huge surprise. And I basically just wanted to make sure I could stay with her, which of course I could.

Um, and off we went to, to the ward. Um, and we landed up being there. We were admitted at whatever, 2 AM on, on that sort of Tuesday morning.

And we landed up only being discharged on Friday. Wow. That's a really long stint.

Were you with her the whole time? So I was with her the three of the four nights and the one night my husband stayed with her so that I could come home and rest, which thank goodness he did because I essentially just meant I could just pump at night and kind of go straight back to sleep. So, and I, you know, at that point I quite needed the rest. Um, and he's, you know, he's a wonderful guy.

He's very capable and calm. So he was great with her. Um, so the, the thing is with essentially it turned out to be RSV, which was essentially what my son had.

And I had at that point, I had also contracted it. And I think all of the kids at his school had it. And it certainly is going around.

It is the season threat along with lots of other things. The, the main P ward, the hospital was absolutely chock-a-block. In fact, they put us in a private room in the high care, not because she needed high care, but because it was the safest place for her to be given that, you know, the rest of the, of the patients was sort of also kind of coughing and sputtering and full of all sorts of other bugs.

Um, and we, it was sort of, you know, like I said on the face of it, it is a stressful sounding situation, certainly four nights in hospital is quite scary on paper. I think that there was sort of three factors that made it much more manageable for me, certainly in terms of my anxiety and the fact that it was my first time being in a hospital and that kind of experience. Only other time I'd been was to have my children.

Um, and the one was that it never moved into her chest. Um, I can't say why, because, uh, the only real treatment for little babies with such a blocked nose is essentially saline. Um, this, the, um, sort of snot sucking essentially.

And then, um, oxygen, which she was on for, for half at about half the time. Um, so, you know, it's not like she was on, on antibiotics or anything. I think it was probably luck combined.

Yeah. Um, combined. Yeah.

Second factor, which, um, is that I took her in early. I think getting her there sooner rather than later probably made a big difference getting on the oxygen quite quickly. Um, yeah, I think, I think that was definitely something that counted in our favor.

So yeah, looking back, I was quite glad that even though I was sort of hesitant that I, that I did make the decision to take her in when, you know, before it became a panic, what I didn't want to do was be throwing her in the car four or five hours later and rushing off to the hospital, you know, completely terrified. Um, but the other thing was she never stopped feeding. So after that midnight feed that she refused, she actually didn't refuse another bottle.

And thank God, because I think if she had, I think that really would have panicked me and freaked me out. I think I would have gotten very, very nervous. Um, because it is the kind of thing, it's one of those sort of basic jobs as newborns is to feed.

Um, that was very lucky. Yeah. So you've mentioned just so many beautiful nuggets and I, and I'd like to just pick up on a couple of them.

So the very first thing going back to when you started talking about your little boy bringing home germs, I mean, I think this is one of the biggest challenges of second time mums is that your house is not this beautiful, sterile environment that it was first time around, and it's going to be mucky. It's going to be dirty. In fact, in general, parenthood of two children is messy.

You know, it really is. It's fun way to put it. Yes, it really is.

So, you know, I mean, a couple of things with, with little newborns that I want to just speak about around immunity. So the first thing is that babies are born with a fabulous store of antibodies that come through from the placenta during pregnancy. And, um, she obviously would have had that.

And in addition to that, your very first breastfeeds your first week of breastfeeding, which she had obviously had a good chunk of the first week is just absolutely full of antibodies because colostrum is so full of it. So she'd had like an early inoculation, which is really, really good. And that's one of the reasons why we say to all moms, you have just got to do those early breastfeeds.

Um, even if you choose not to breastfeed later or can't breastfeed later, that colostrum breastfeed is just absolutely essential. So she had had a good kick in terms of, um, additional immunity because you were breastfeeding her, what you were exposed to his germs and you actually started to brew the illness yourself. And as you start to brew the illness, so your antibodies kick up in your body and start to mount a defense and those pass through your breast milk as well.

So because you were exposed and it was your breast milk, in other words, if it was somebody else's breast milk, she would have got some antibodies, but she wouldn't have got your, your antibodies, which is of course the ones that were most essential. So she really did have a really good start in terms of, of, um, of immunity. Um, having said that, and I do want to reiterate this.

It's very rare for us to actually talk to a mom who's ended up in hospital and back in hospital in the first week of her baby's life. It's, it's not the norm, but little babies, you do need to be super sensitive to and very aware of what's going on. And, um, a couple of things that you said there, which I really loved, you said that you watched your baby.

And I think that's one of the most important things that we need to learn to do as moms is to just stop in the panic, take a deep breath and observe. And, um, you know, you observed for the rib dent, the dents just below the intercostal ribs, which is what you were speaking about. And moms, if you ever see a little one who is coughing in particular, um, or very snotty stops feeding and gets that rib dent, that little dent underneath all their ribs, it really is a medical emergency.

It's take them immediately. And that goes for little ones of actually any age that, that rib dent often indicates pneumonia. And actually one of the other hallmark features of pneumonia is, um, stopping feeding completely.

So they stopped feeding completely and then they run a fever. And so, you know, that's your biggest concern. Cause when that kicks in a viral pneumonia is not funny for little ones.

And so, you know, you would need to respond very quickly. So you responded absolutely spot on. Um, you know, without alarming other moms, um, I do think that many illnesses and little kind of snuffy noses can be dealt with through continued breastfeeding, which is the way to go because of the immunity.

And then also actually saline solution, as you mentioned, I mean, and when, when, um, Julia's talking about saline solution, she's not talking about like intravenous saline solution. She's talking about just clearing the nose with saline solution. So just saline drops.

And, um, you know, that's something that we can all administer at home. So, you know, a few drops, um, on a dropper into the nose, um, really does help to clear it. It kind of dissolves all that gunk and then it can go down the throat.

So yeah, I mean, lots and lots of lessons out of that. Um, I do want to mention one more thing and that is. 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.

I do want to mention one more thing. And that is you mentioned that she was coughing and, um, Dr. Simon Strawn is a great friend and colleague of mine. He's a pediatrician in Johannesburg and I'll never forget him giving a talk on when to call the doctor at the BabySense seminars every year he used to give it.

And one of the things he said is that a cough in a neonate is never normal. It is never normal. So if your baby, little baby kind of under six is coughing, that's an immediate visit to the doctor as well.

So there are a couple of things in your story that were, you know, absolute alarm bells ringing. You did absolutely the right thing of getting her to the hospital. I'm just so sorry that you had to go through that.

So, um, what a start to Aurelia's life. So now with that, I want to swing on to things that are a little bit more pleasant and that is her name. Because when we spoke to you when she was six days old, she didn't have a name yet, which was often quite normal for many parents as they don't know what to call their little one.

But I'd like to know, um, when you sent me through her name, um, I pronounced it Aurelia, you are pronouncing it Aurelia. How do you pronounce it? So pronunciation was one of the challenges that, uh, my husband and I were discussing. And what was one of the things that made it difficult.

So we have Portuguese heritage, especially on his side of the family and our children both have Portuguese names. There is some debate over whether it's Aurelia in Portuguese or Aurelia. We've decided to go with Aurelia because it just rolls off the tongue more easily for us.

Um, so that's where it comes from. And essentially it means gold and also name being the silver, her name essentially means gold from silver. Oh, I absolutely love that.

And what were the other names that you had on your list for her? So, um, Rose is her middle name and that was a, that's a family name. It's my mother's name. It's my middle name.

Um, and we did discuss that the problem is that we adopted a dog called Rosie a couple of years ago, and it felt like a little bit too much to have a dog, a mother and a child called Rose. So that unfortunately got shelved and got, she got put into the second name. And then my husband really liked Raffaella.

Um, and yeah, there were a couple of other kind of wild cards, but Aurelia was a name that I had had on my list for a very, very long time. Um, I liked the connotation. I do like a name with the meaning.

My son's name is Santiago, which means St. James. Um, and, uh, we have a lot of family history in St. James. It's not why he's called St. James, but it's a nice kind of parallel.

Um, but again, just kind of, you know, nice sounding Portuguese names that, that go together with the surname as well with sort of other things, the things that we like to consider. I love it. I really, I think it's an absolutely beautiful name.

So good. Awesome. Awesome choice.

So aside from the real negatives this week, um, you know, and you said there was some kind of rays of, of hope in that didn't get more sick than she was and, and was discharged. Um, maybe we should just start with, were there any other good moments in the week? Cause I wouldn't say being hospitalized as much of a good one being discharged might be. Yeah.

Being discharged was a highlight. Um, yeah. So the first couple of weeks, and this is obviously to do with the fact that she, she was a Caesar baby and, you know, it was five minutes old and then had to go back into hospital and obviously was quite sick.

She was very, very sleepy for the first two weeks, which is obviously normal for a newborn. But there was a part of me that was like, where is the line between sleepy newborn? And this is a red flag. Um, so I wasn't sort of quite sure where that was.

And, and in any event, in the last few days, really, when she's kind of really hit her stride again, she, she is a hundred percent better now. Um, she's really become much more alert. And so her eyes are open more and we're getting like a real wake window, whereas before to be sort of feed, pass out, you know, wake up for the next week, pass out again immediately.

So now you really can spend, you know, 45 minutes, an hour with her, you know, doing tummy time or just chatting to her or watching her watch the world, which I quite enjoy sort of just lying her down and watching her eyes go and, you know, showing her the little black and white pictures and all the things to do with newborns. So, um, that's been really lovely to see her kind of wake up to the world a bit, a little bit reassuring as well. Um, everything's normal.

Yeah. So that two week period is just an absolutely hallmark period of time. I mean, it's 10 days to 14 days for almost all babies globally who are born at full term.

So, you know, and, and I know she was 38 weeks, but she was pretty much a well-baked baby. I remember we discussed that last time her weight was good and so on, but for almost all babies, you get 10 to 14 days of what we call the honeymoon period where they literally will feed, go back to sleep very easily and sleep all the way till the next feed, which could be three to four hours and then wake and feed and then back down. And so a lot of particularly first-time moms think, oh, that's great.

You know, that I've got this waxed, you know, literally it's easier than everyone said it would be. This is easy. And I often say to moms, don't say anything for the first two weeks because you don't know what they do when they start to wake up.

But for most babies at about 10 to 14 days, they start to wake up a little bit more and then they start to have those fairly differentiated states of awake versus sleep. I still do recommend that you try and keep her awake time to 45 minutes because she's so little. And 45 minutes is an incredibly short period of time, because if you think that you have to change a nappy in that time, feed, and if you are, if you're breastfeeding from the breast, it can take 30 minutes or 40 minutes, you know, and then get them back to sleep.

That is 45 minutes. So it's a very short period of time. And babies of this age, interestingly, just don't need a lot of stimulation because just being alive is stimulating enough.

Like literally the noises in the environment, the sounds and, you know, the sights and the touch, that's enough for her stimulation wise. So in terms of their development, we don't look at stimulating them necessarily. A little bit of black and white mobiles and things like that, but really keeping it super limited at this time.

And that's particularly because at around about in the next week or so, you'll know whether or not she's going to have some seriously fussy patches and some little ones are more fussy than others. And if they're going to be more fussy, you really don't want to overstimulate them. So keep stimulation to the minimum.

You mentioned something there that a lot of moms don't do and that I really love, and that is just letting her do nothing. Like you said, you love just watching her be awake and just lying there. And, um, you know, I think often, and I certainly was like this with my firstborn, I felt like if he was lying somewhere, I better put a mobile over him so that he had something to look at because that's how we all live our lives.

You know, if at any given moment, I'm either looking at my cell phone, a book, a magazine out the window to view, you know, we occupy our brains all the time. Whereas as little ones, actually one of the best forms of stimulation is to put her in the middle of a bed with you nearby while she's awake and just let her stare at the roof and talk to her a little bit or play her a bit of music, but don't focus in on stimulating her. So just letting her be alive and kind of unfocused is absolutely perfect.

So it sounds to me like she's really developing beautifully and has gone into this lovely now kind of calm alert state, which is one of the states that we talk about. And as you know, while she's having these longer patches of being awake. Yeah.

And it is lovely to sort of see her experiencing the world in that calm alert state. It's when it ramps up at 3am to the not so calm, more alert, things get a bit fun. But luckily those are, those are few and far between.

And I would say the majority of our nights are still fairly manageable. How many days is she? Is she 18? She was born on a Sunday, wasn't she? Yeah, 20, no, born on a Wednesday. So she, yesterday was three weeks.

So yeah, so 22 days. 22 days old. Okay.

And is she having any majorly fussy patches? Yeah. Like every, every few days we'll have, funnily enough at nighttime. So my husband's in charge for the like nine o'clock feed, that nine to midnight window.

And certainly until recently, you know, that was fairly manageable. Like I was saying, you know, you feed and then they pass out and into bed and they go. And the, you know, in the last week, there've been two or three nights where he has really struggled to settle her after the nine o'clock feed.

I don't really know why other than, you know, because as a second child, you just come to expect a certain amount of fussiness. You know, I'm, I'm so hyper aware of the stimulation thing. And I think with our first child, it was so easy because it was COVID.

There was no stimulation to be had. You know, it was, we were at home all the time and it was, you know, I had read baby scents and I kind of knew what to look for. And it's, it's like you said, it's a little bit trickier second time around being in a house with dogs and doorbells going and, you know, so, you know, it may, it may be that.

But I can't also find a sort of common link between the nights where she does it and the nights that she doesn't. So I don't know if it's just random or if there is a reason for it, but it can be, you know, two nights ago it was three, it was 9pm till 3am she was awake and screaming. Okay.

So she is having a couple of long stretches of screaming. Yeah, for sure. And, and not, so the other thing was she's a fairly ravenous baby for what I can tell.

I don't know if she's making up for lost time. But she, the pediatrician, you know, according to the formula of how much to give her per weight and so on, she's meant to be having a roughly 60 mils a bottle. So I'm expressing breast milk for her and she's regularly flattening a 90 mil.

If I give her a 60, she's furious. And I'm obviously aware of not wanting to overfeed her, but she, she does tend to settle. Okay.

Like she's not having a lot of wind or a lot of discomfort from what I can tell in, you know, other than these intermittent periods where she does. So yeah, I'm not quite sure what's causing that, but again, I'm, I just come to expect a certain amount of it, to be honest. Yeah.

So you bring up a number of very important topics there. So first of all, you know, after the 14 day patch period, we do start to see that some babies will have more fussy periods. So if she's fussing from a good nine o'clock till three o'clock in the morning, six hours stretch, you know, that is what we would, what could constitute colic if it's happening more than three days of the week.

So colic is, is three hours of crying at a stretch for more than three days of a week. And then it prolongs, it goes on for more than three weeks at a time. And it kind of peaks at six weeks and then starts to dissipate and disappear about 12 weeks.

That's classic, the classic crying curve. You know, a couple of things around that. The one is, you know, look, most babies, 90% of babies will have that between five and eight in the evening, rather than, you know, kind of in the middle of the night.

But having said that, my third child had exactly that. She also did the middle of the night. A couple of, just a couple of pointers there.

The one is, first of all, I love the fact that you and your husband are divvying up the nights. I think one of the most illogical things in the face of this world is when both parents get up, because why would two people be tired? So one person, you know, your tag team, which is absolutely perfect. I do think that maybe your husband needs a couple of pointers on how to keep things super calm.

And night feeds need to be in the dark with absolutely no eye contact and literally lift them, feed, change the nappy, little bit more milk swaddled, the second part of the milk swaddled, and then literally straight back down. They don't even really need to burp them. And yeah, I think what often happens is that we turn the light on, they're super cute.

They smile at you in the middle of the night. Of course, they will always do that. And so then you smile back and you have a little bit of interactions.

And then, you know, they're kind of super cute. You then feed them and then try and mess with them, burp them, swaddle them. And all of that handling will amount to more than an hour.

And then that's when the colicky patches start. So, you know, just the principles there are keep it super muted, dark lights, you know, lights off preferably or night light. No talking, no interaction.

And then keep back a little bit of the milk for after the nappy change because you'll have to change the nappy in the middle of the feed because they explode in the middle. You know, they're inevitably dirty. Always at the 9pm feed, thank God.

That's his one. Like clockwork. Like clockwork, yeah.

So she'll do her big poo, and then he must just hold back 10 or 15 mils, change her nappy, swaddle her super tightly, and you know, there is a video on my YouTube channel for how to swaddle a baby, and that swaddling's important. Feed her the last 15 mils of the feed, or if you're breastfeeding, the other side, and then burp her, but only for like three minutes. Like keep it super short.

If she hasn't burped, just put her down. Give her a dummy. Does she take a dummy, Julia? She does, thank goodness.

Brilliant. So she takes a dummy, which is great for non-nutritive sucking. Now she's full, so it's not going to cause nipple confusion at all.

And then he's going to put his hand on her, and I kind of like, if she is unsettled, to turn her slightly on her side, have deep pressure on her, and then pat her bum. And if she niggles, to just keep her lying down like that. Don't leave her.

We're not having her cry, but we're just patting her. And the reason for that is that sometimes if we lift our babies up, and we start to mess with them, and the swaddle comes half off, and we start to re-swaddle, and we mess, mess, mess, it escalates the crying, whereas the very best thing for colic, whether it's at five in the evening or at nine at night, is to keep them lying down and just keep them patting. Because they're going to cry as much if they're in your arms as they are if they're lying down.

So the fact that they're not in your arms is okay. If that goes on for like 10 minutes, then my next strategy is to get a carrier. And the carrier that I actually recommend is called the SnuggleRoo carrier.

It's like a wrap carrier, but it's just awesome. Keeps them upright. And to put her in a carrier and then to pace the passage.

And that's called a contact sleep, and she'll eventually fall asleep like that. And it's absolutely fine at this age because they don't form habits at this age. So I think one of the things that sits in our mind as new moms is we're thinking, oh my gosh, whatever I do now, I'm going to be doing for the next five years of this child's life.

I don't want to cause habits. But the reality is at this age, you're not causing habits. She needs the contact.

She needs to be able to be in a space that she can maybe fall asleep. And the reason I like slings, just to reiterate, is that it's different to carrying a baby without a sling or a carrier because if they're not in a carrier, you're messing with them. If they're in a carrier, they generally are just in one position because you don't shift them around.

So that would be my response to the evenings and see whether or not that helps a little bit with her unsettled patch. Yeah, that's really practical advice. I think we certainly do have slightly different styles and there probably are things that he's less aware of.

I mean, I'm the mom. I've done all of the podcast listening and the reading of the books and the blog posts. So I have lots of things in my mind that are maybe more kind of automatic or understood.

So we'll certainly try that tonight. Last night, she was an angel, but she actually did have a contact sleep last night because I took her with me to go and vote at like 6 p.m. And I just had her in. It was just a stretchy wrap, right? Perfect.

Yeah, so I just had her in that and she's happy as a clam. She passed out for the entire time, even passed when she was meant to be happy. It took so long.

But yeah, so we'll definitely give that a bash tonight and try and keep things a little bit more kind of minimal at 9 p.m. and see if it helps for sure. If it goes on for three weeks, don't worry, I'll be on the phone. Well, definitely.

You and I are going to be logging in next week again. I cannot believe that we've already come to the end of our time together. I've loved catching up with Aurelia's week and, well, whatever happens, you're definitely going to have a better week than you had this time last week.

I hope that's true. And next week, we'll chat to you again. She'll be almost a month old.

I can't believe it. And then we'll have a good catch up then. So thank you so much, Julia.

It's absolutely lovely following your journey. Thanks, Meg. Thanks for having me.

We'll chat next week. 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.