**Weaning Wisdom: Practical Feeding Tips from a Speech Pathologist S5|134**

I am absolutely thrilled to have Annie Hamilton back with us for the 132nd episode of Sense by Meg Fora. Annie is a brilliant speech pathologist and feeding specialist who is going to share her wisdom on introducing solids to your precious little one. We're diving to all the juicy details that you need to know about starting your weaning journey, from the best seating setups, to navigating different textures and when to introduce them, and then also exploring the various different weaning methods.

We've got you covered mums. We're going to chat about balancing those expectations with reality because let's face it, meal times can be messy and toddlers don't always follow the rule book. And we're also going to share some practical tips on how to make the whole process a lot smoother.

In this episode we actually go on to touch a little bit on social eating and why it's so important and why it can just make such a difference to your weaning journey. And of course that unlocks the whole conversation around screens and eating in front of screens and why screens actually do need to stay far away from the dinner table and we'll unpack that. And then we're going to give you some strategies on how to do that, how do you actually keep your little one engaged with their food.

So trust me, you are going to walk away from this episode feeling confident and ready to create magical mealtime moments with your little one. So grab a cup of tea and join us for this jam-packed episode. Let's make your little one's eating adventures fun and positive and let's set you guys up for a really positive journey.

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'm Meg Fora and I am super excited today to be welcoming back a guest and that's Annie Hamilton all the way from Australia. Annie, it is just lovely to have you here with us.

So wonderful to be back. Thank you, Meg. It's always good to chat to you.

Annie is a speech and language pathologist and so we often associate that with speech and communication. And the last time we met up, which was earlier this year, Annie and I did speak about speech and communication and development of language and really what you can do. She has a very deep focus on connection with little ones and so a lot of our session last time actually focused on that.

But as we came out of the conversation and we were chatting afterwards, she started to talk about her little boy. It's a little boy, isn't it? Yes, a little boy, Benjamin. Benjamin, who's 21 months old.

And she started to talk about how she's really also passionate about feeding. And I think at that time you were just going down the weaning journey with Benjamin and that was a while ago. And now, of course, he's a toddler and so you're probably dealing with a bit of picky eating.

And at the time, we started to chat about the fact that we should really pick up the conversation. And this time, instead of speaking about communication and language, we would talk about feeding. So Annie, I'm really, really excited to have you back with us and welcome.

Thank you. Such a pleasure to be here. Excellent.

So a lot of people who will be listening to this would not immediately connect a speech therapist with somebody who deals with feeding. So could you tell us a little bit about how it is that speech pathologists do deal with feeding and also what you would hope for people to learn from today's episode? Absolutely. So as you mentioned, Meg, I'm here in Australia and I trained in Australia.

So speech pathologists who graduate here, we come out with a competency in dysphagia, so that's swallowing disorders, as well as quite a light touch on paediatric feeding as well. And that varies depending on which university we go to. And it also varies for speech pathologists, I suppose, internationally as to what level of experience and training they receive through their studies.

But it is a really key role for speech pathologists to contribute to little ones in that feeding and swallowing space because we have really in-depth knowledge around the anatomy and the physiology of this whole space in the mouth and the throat. And I guess have a really in-depth working knowledge of how different systems contribute to a child's experience of feeding and swallowing difficulties as well. So a speech pathologist's role is, I suppose, to really look at both anatomy, so the actual structures of the body, as well as the physiology, so how the structures move and work together to have the successful experience of feeding.

And I guess it's a real passionate area of mine, and I'd previously worked in big tertiary hospitals around the world. And so now I'm delivering that sort of support one-on-one with families here in the private practice clinic. But to say that speech pathologists, we work with children right from birth and look at supporting feeding right from in NICU, in neonatal intensive care units and special care nurseries, and can be on that journey with families right from really day one, those really early periods of time.

So I guess the majority of the clients that I see here in clinic are children sort of in that one to two-year-old age span where there might've been early challenges with texture progression and feeding difficulties. And my role, I see it really to journey with families and unpick what different contributing factors are at play for that individual child and the family at large, and to get the right team members involved. Because speech pathology, we have our lens in the feeding space, but occupational therapists have their lens, dieticians have theirs, psychologists as well.

So it's really important when working in feeding that you're working with clinicians that really have a deep understanding of the anatomy and physiology in that space, but also that link in a broader network to make sure that we've got the right eyes on the child to pick apart exactly what's going on for them. Absolutely fascinating, Annie. So there, most people could probably imagine that you'd be dealing with baby's potential problems or babies that might be having a tricky journey, like for instance, our prem babies.

But actually you have really taken a real interest in the typically developing child as well. So if I'm a mom or dad of a typically developing child, and I'm thinking about the fact that I don't want them to be a picky eater later on, and I want their journey of feeding to be really optimised, what would you hope that they would be able to learn from today's episode? Yeah, absolutely. So I guess I'm really wanting to highlight the importance of family or social mealtimes and the intrinsic value of connection within mealtimes.

So thinking about how are we able to make it possible to eat together with children, as well as keeping a real consistency in the routine of what we're offering around the positioning that we're considering at mealtimes and how we're presenting meals in a way that children are going to be an active part in that mealtime with families. And I suppose thinking too a bit about building the skills for children to have success with progression through textures and all towards that goal at around one for typically developing children to be weaning away from the bottle and off the dummy and ideally onto open cups and straws and being established with sort of modified but family foods. So that's what I'm really hoping to drive home today.

Excellent. So it's really all about the journey and it is a journey. So let's start right at the beginning of that feeding journey.

So we have babies who have been on exclusive milk diets for any period of time, somewhere normally between about four and six months. They've been on exclusive milk diets. And now moms start to think about introducing solids and having a really successful, awesome weaning journey.

And a lot of moms tell me that they are so excited for this journey and then it comes and it just isn't as they turned out. So are there specific things that or practices that you think that they could prioritize early on that would really significantly affect the child's weaning journey and whether or not their little one will be a picky eater? Yeah, so I suppose when we're thinking about what you're able to establish, you know, as the caregiver at the start, I suppose being really mindful in terms of, yeah, that long-term vision towards, you know, we're aiming for your child to be participating in eating the kinds of foods that you as a family eat by the time they're around one. And so I think it's really helpful for parents to be mindful of that from the start and to prioritize exposures for babies to the foods that are commonly available, you know, in the home, as opposed to needing to necessarily go out and do all these, you know, unique, exotic, weird and wonderful things that we can keep it really simple.

And to think about how children can be offered right from the start, foods that you're not needing to necessarily, you know, create from scratch entirely separately, but thinking about what parts of your meal could you have kept aside a little, or, you know, modified right down for a child to have success with right from the start. And I suppose it's a key point to mention here that I suppose there's two sort of big schools of thought in terms of sort of traditional texture progression, but then also baby led weaning. And I'm also a big advocate of thinking about like, it doesn't have to be so black and white that we can really find the right balance between those for each individual family.

And I suppose the key thing being that we're wanting to really promote a child's autonomy right from the start and giving them lots of experiences to witness what is mealtime all about, the goal of it being really social and really joyful and thinking about how we're able to promote and prioritise that opportunity to eat together is really, really paramount because it allows for those opportunities for kids to, you know, witness and see like, oh, okay, mum and dad are eating this, you know, we all sit here together, that there's no sense of, you know, pressure ideally. And that, you know, that children are given the opportunities to explore that food for themselves and to learn all the rich, you know, sensory opportunities from that and to develop their own capacity towards self-feeding, be that, you know, with modified, you know, food, so baby led weaning or be that making sure that they're getting exposure to handling and playing with their own spoon right from the start. So those kinds of principles can be really, really powerful for families to be mindful of right from the start.

And I suppose also thinking about and just putting a flag there around, you know, some of the things that typically developing children can experience but can be real, real challenges around progression with solids can be things like constipation and things like, you know, family history of A2Ps or things like just being cued into if there's a family history of asthma or eczema or food intolerances and allergies that children who are, you know, otherwise typically developing these kinds of aspects can contribute to their feeding experience. And I suppose that's another lens that we bring to considering mealtimes and feeding with children is thinking about that more holistic sense of, you know, what are all the different factors that are contributing and that the experience of a child, the felt safety within a mealtime is so paramount to having a positive experience from there. So their body needs to feel good, their sense of safety and confidence and, you know, for their family to be really, you know, happy and joyful within mealtimes and to reduce that stress as much as possible for both the caregiver and the child is really, really key.

Absolutely. And, you know, I've got two very different pictures in my head of different potential weaning journeys at the start. And the one is the very much more traditional.

And when I say traditional, I'm talking about kind of late 1900s, early 2000s, you know, kind of when my kids were little, my son was born in 1998 and my girls were born in the early 2000s. And the ethos around weaning at the time and in the books and so on was very much a quite a clinical progression through foods that were very well pureed and then increasingly textured. And you introduced very specific foods, simple foodstuffs initially, didn't mix foods initially, did a very set weaning progression that would kind of rule out allergies.

We delay, we did things like delay egg until after nine months. We didn't introduce wheat. You know, it was a very, almost like a very alarmist approach or medicalized approach to weaning, you know, not very organic and intuitive.

And the pendulum has really swung because the other picture I have in my mind is of a little one sitting on their mom's lap, family table. Mom is eating her own lasagna, peas, carrots and hummus for dinner or whatever it is. And the baby kind of reaches on, might pick up a little carrot and dip it in the hummus, suck it off.

And, you know, a much more organic and kind of experimental process rather than a very clinically almost led process. Would that kind of articulate the differences in the direction that we are starting to move in? This episode is brought to us by ParentSense, the all-in-one baby and parenting app that help 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. Would that kind of articulate the differences in the direction that we are starting to move in? Yeah, so I suppose a key part of like when you think about that traditional texture progression and to say like as a speech pathologist, I suppose it's important for me to flag here that I do tend to work with children that might have quite like significant oromotor challenges as well.

And so there can be a real time and place for something that is a lot more graded and very concrete in terms of that progression. But when we're thinking about otherwise very well typically developing children that I think of that traditional texture progression like that, that real end of the spectrum being that I just hold the spoon and you open your mouth and you take the puree from me as opposed to even allowing children to have that opportunity to mess and to play and to experience the whole mealtime. And to say I have lots of families they come into clinic and we have these conversations around like we realize that the child in front of us is incredibly keen to be autonomous and that they really want to be in charge.

And so we have the conversation around like we need to let them, we need to let them be in charge and to have that real sense of like I am learning to feed myself and that that's the ultimate goal. We want a little one that is you know feeding themselves, that they're having a wide range of foods, that they're happy to participate in family mealtimes. And so yeah we're trying to find that space from it not being I give you this spoon and you open your mouth and you take it to how are they participating, how are they an active part of that mealtime and how are we giving them lots of opportunities to experience that.

And I guess as you said that other end of the spectrum being that we might see little ones that you know are having rather scant or small amounts of volume because what is being offered might be a bit too challenging for them to get much in the way of volume in. And so we need to be really mindful and responsive to what is each individual child's capacity at any point in time and how are we adjusting what we're offering to them so that they're having the best possibility of success and to be able to you know achieve that with their own with their own skills and their own yeah volition. Yeah and you know it makes me think and this actually has gone for almost anything I've ever spoken about in the parenting domain that the correct path is very variable but also is probably the middle of the of the road between those two.

And you know we just released our latest version of Weaning Sense this year, Kath McGaw and I, and we included a chapter now on baby-led weaning because there's been so many questions about it. But I'm very much of the belief system that it's more around modified baby-led weaning in that they you know some little ones are wanting to wean really a lot earlier than they have the dexterity to be able to actually self-feed. So you know there are little ones who are wanting to wean you know between four and five months and they really can't get in enough because they just don't have the dexterity.

But then I think parents can also then you know particularly parents who start with spoon feeding at four months can really get stuck there and then suddenly you've got a 10 month old who's got the volition and the intent and the will to actually jump in and feed themselves who's now held back by spoon feeding and quantities. So yeah it needs to be a much more fluid and an organic approach I think which is which is what you are really talking about. Absolutely agree and it's so interesting you know as you mentioned I've got my own little one Benjamin now in his 21 months and you know just coming back to that idea of you know how are we starting with the goal in mind and even my own experience of knowing that I was intending to be weaning off the bottle at 12 months and you know to be off the dummy at 12 months and that's from my own you know clinical experience and my own philosophy around it.

And still there was a real sense of like almost grief and like you know the loss of you know acknowledging that that was due to happen but it is some of these some of these shifts that parents go through in terms of like oh I'm letting my baby hold their own spoon and feed themselves like that can be can feel really significant that you know that they are less less of a baby and more of their own their own person and and we really need to lean into that. Absolutely we actually have a quote in the book Weaning Sense about the conundrum of early parenting which is that our greatest conundrum is that every single day of our baby's life from birth we are preparing them to be independent of us and yet every day we're also wanting to hold on to their littleness and and kind of maintain that connection so it really is it's a it is it's a conundrum. So I mean I'm thinking about your 21 month old and some of the classic difficulties that come up for parents at this age and one of them that I always think about when I think about my kids at that age is that they wouldn't sit in a high chair anymore they didn't want to be at a meal table once they'd just taken got rid of their hunger they were wanting to get on the go um what are your thoughts on um kind of how seating influences feeding do children need to sit in their high chair sit at a table can they feed on the go I mean I'm just interested to hear and especially now that you're a seasoned mum of a toddler sometimes our ideals and our realities are not the same thing so can you talk to that? Absolutely they can be quite different so um so I guess you know theoretically there's this analogy of like for you and I if we are sat somewhere on a bar stool and we're not able to put our feet down stably to to balance ourselves and we're busy trying to eat and to pay attention to what's happening in the environment and to participate in all of that like it is a tough task um and so I suppose it's it can't be overstated the value of having an option there in terms of stable positioning for children and thinking about you know that it doesn't need to be um you know it doesn't need to be the most state-of-the-art option but you know a footrest is a really great place to start um and then there are options in terms of whether you know the seating plate and the footplate can move and you know that it can grow over time so there's lots of amazing options out there and to say you know that's as a clinician that is certainly that's what I've got at home and that was a part of my starting as I wish to continue um but in terms of yeah my my little one is constantly wanting to climb out of that high chair and I suppose it comes back to um what I've what I've had the lived experience of now is starting as I wish to continue in terms of being really mindful that my um you know I'm in charge of you know what what is on offer at a mealtime and when that's being offered and where we're going to be eating and my little one is in charge of whether he's going to eat that and how much and so the routine and the consistency of that we all sit together that sitting in the high chair is where he where he sits for mealtimes um that that it's such a it's now such a fluid exchange in terms of figuring out is he communicating to me by calling her wanting to climb out of the high chair that he is full and that that is the end of the mealtime and really wanting to honour that for him if that is true but also helping him to learn to communicate that or that I will interpret his communication if he's wanting to climb out of the high chair that I would consider that as okay so you're finished with wanting to eat and on occasions he will be taken out of the high chair he might cruise around for a little bit but then he also knows that he will come back if he still wants to eat and that for me as a parent is I guess how I'm managing that situation um and it's so like it is such a it's such a unique experience for every family because I've worked with many families who don't have a dining table and that mealtimes happen on the sofa around you know in front of the tv and we'll have conversations around how how do we optimise that experience in that environment that we're setting up loving boundaries and expectations around what happens at mealtimes so that children can lean into that and I guess trust that we're holding that space and that expectation for them so that their job is to participate in the mealtime with us um but yeah it is a it's a it's a far more flexible and fluid um reading of the of the cues and the vibes within each mealtime um than I could possibly have have realised before coming among myself yeah absolutely so it's interesting so a couple of things that I just think moms should pick up from that the first thing is is that having a good high chair with solid feet support is actually a really good idea and the one that I particularly like and I know that there are a variety of different brands but um stocky has one that has adjustable seat heights and and floor plates and actually grows with the child so they're really lovely chairs that can be used you know for homework when children are six years old so I mean and I'm sure there are lots of brands that are now like that but they kind of did the original one so I do like that one what was quite interesting was with my third child she was one of four children in the household at that time because we had a fourth child who had then but then moved in with us and we had a kitchen counter that they would all sit around for mealtimes and they ranged between my son would have been seven as the oldest and then all the way down to Emily who would have been four to six months old and what we had for her was our kitchen was really little and we did have a high chair but we never moved it into the kitchen so they would sit around this kitchen counter and we had one of those little high chairs that kind of latched onto the kitchen counter so she was exactly at the height of the kind of four five and seven year olds who were sitting at the table and she was an incredible eater she really was always an incredible eater and it speaks to another aspect of weaning and that's of course the social because if she had been sat on her own in a high chair in a separate room in the dining room so I could feed her while the other three sat around the kitchen counter and did their supper I don't think that she would have been as good an eater and so let's talk a little bit about that social element when it comes to to weaning.

Absolutely so eating and mealtimes are a social experience so the whole the whole idea of yeah being sat and eating solo and especially for a little one that is just learning the skills right they're learning they're learning what happens at mealtimes and what am I meant to be doing with my mouth and with my hands and what is this that all that learning comes from connection as the foundation and thinking about how that experience is being had with someone else and so the number of times I've had families come in and say oh my child's like they just won't eat at home but at daycare they eat so much at daycare they come home and I hear that they eat all the things at daycare and you just think about like the difference of the experience perhaps at daycare where a child is sat around lots and lots of peers but there's unlikely to be a great deal of pressure around their mealtime experience and they're getting to watch all these other kids having that experience but it's incredibly powerful because when we're thinking about like the power of modeling repetition the power of like motion neuron or mirror neurons rather and thinking about like oh I'm seeing that happening so I'm going to you know I'm going to try and do that myself but it just can't again another thing that can't be overstated for the value of it and also as a speech pathologist thinking about like the language opportunities that come from meal times and the opportunity that can come from building that as a really beautiful routine that happens you know and ideally multiple times a day where we're sat together and I think I have really shifted my language around this recently from it being family meal times to being social meal times because I think when we say family meal times that we sort of perceive that like oh everyone needs to be home and together for that meal time to happen and then that becomes a too hard basket you know endeavor as opposed to just making sure that you know a caregiver or as many people who are able to be there can be to experience those meal times together so it's just such a an invaluable yeah an invaluable philosophy to keep alongside yeah meal times and starting the way that you wish to continue with with their meal times and and that that experience and that connection you know can be fostered for life when you think about you know that as kids grow the opportunities that come from you know being able to connect at times is is really really powerful you know you've said that um one of the most important parts of of the work that you do is in obviously communication and speech and the other one in feeding but the overlap of the two almost like the venn diagram of the two is connection because when we are speaking and learning language and developing language it's because we want to connect and actually feeding brings us opportunity for connection and you know I just think that it is so true And it is almost like every single day in the life of a baby is laden with an opportunity for connection. And every single moment of every single day with a baby has the risk of disconnection, unfortunately. And one of the things that you mentioned just now, which, you know, kind of really buzzed with me, was the fact that little ones watching TV and eating in front of the TV or in front of screens.

And, you know, I think what happens then, and almost, I mean, there are many reasons why it's not recommended. But one of the things is that it's a lost opportunity. Because in, you know, and as a parent, you know, we never, there's no parent who's with their child 24-7.

So, you know, if you think that you're maybe with your child maybe four hours of a day because you're a working mom or whatever, there, within those four hours, there are just so few opportunities for connection. And it's kind of going, right, we need to maximize that opportunity for connection. And TV will remove that altogether.

Yeah, yeah, it's true. I mean, it's, I guess, again, in my clinical work, you know, there are certainly, it needs to be acknowledged, there are some children out there where they may only be able to meet the volumes and the nutritional needs that they have in the presence of devices and things like that. But for, you know, otherwise typically developing children, I think it's another thing that we can start as we, you know, as we wish to continue and trying to avoid falling into that risk of having screen time as part of meal times.

I think if we're able to really prioritize how, it's the connection piece, it's the joy piece, it's around how are we able to participate and enjoy this together. And just the, yeah, the opportunities that come from just being able to enjoy that experience together. If we can prioritize that and come back to that as opposed to, yeah, using other tools within a meal time.

But yeah, it's, yeah, it's really key. And of course, that's really the ideal. But of course, as you and I both know, I'm a mum of three, you're a mum of one, and you're right at the rock face.

The day is when you're just so exhausted that you just want to take the path of least resistance. And so, you know, you don't want to be made to feel guilty about using TV because actually it's the only way you're going to get through bedtime because you're just so exhausted yourself. Are there strategies when you think about that kind of exhausted moment that we've all had where it just is easier to put our kids in front of TV? Are there other ways that you could recommend? Are there things that you do in your life that kind of almost protect that connection opportunity, but at the same time, take into account that you're actually just human and sometimes you just don't feel like you can give what, you know, are there things that you can recommend for parents to do? Yeah, absolutely.

I love, and especially if families find themselves already using screens and if they're wanting to actively work away from that, I can find like using music can be really, really powerful and that it's something that you can gradually, you know, reduce over time, but it takes away the visual piece of the total absorption and distraction visually from having that attention available to participate in the mealtime. So having some background music on or having, yeah, yeah, and be that like nursery rhymes and things like that, or just some generalized dinner kind of music, that it can be a really, really helpful strategy to shift away from the screen time piece. But I suppose otherwise, yeah, I just love, again, from my speech pathologist lens and the language piece, the more that we're able to invest our energy alongside what your child is doing and what you were doing in your mealtime and thinking about the richness of all the action words, all the describing words, all the, you know, all the language that you can just embed in those opportunities is just so incredible.

And, you know, if you're in that together and you're talking about, you know, all the different colours on your plates and how things smell and how things look and thinking about it, not from the like, oh, so yummy lens, but more so like being really concrete in terms of like, oh, that, wow, it smells really cheesy tonight. And oh, when I feel this, like, oh, that's a bit, that's a bit lumpy and being able to be really concrete in the language that you're using with your child around mealtimes. Yeah, it's a really powerful strategy and it builds that connection and it builds their language alongside too.

So, yeah. And I'm gonna give moms another two tips there because I think that is lovely, like just speaking. Another one is I loved making place mats for my children.

You can buy them as well that were plastic coated so that they, you know, they didn't get ruined when food got dropped all over them, but that had lots of pictures on them because then one of the things that you can do if you're not talking about the food is you can say, you know, where's the doggy in the farm? And they could go and find it. And, you know, that's a figure ground activity which is really, which is really lovely. And children love doing that, you know, finding that or show me all the red things or whatever it is.

So I think, you know, doing something as concrete as a searching activity. And then the other thing that I've come across recently, and I don't know if you've ever come across them, but I'm just loving them, is the Tony's Boxes. Annie, have you heard about Tony's Boxes? No, I haven't.

Okay, so Tony's Boxes is like a little, it's almost like a little box that plays music or stories. You can tell stories or it can play music. Yes, I do, T-O-N-I-E-S, Tony's.

Tony's, yes. Yes, I have heard of them recently, yes. And they're just amazing.

And you buy the little figurine of whatever story, you know, like, I mean, I actually got one yesterday for a friend of mine's godchild, which was the Paddington Bear stories. And what's incredible is that it requires very little fine motor control so that little one can actually just pop the figurine on top of the box. And as soon as the figurine, whatever it is, whether it's Peppa Pig, Paddington Bear, a farmer, whatever it is, when he's on top of the box, that's the story or the song that gets played.

And it's actually, you know, the reason I love it is that, as you said, it takes away the visual, which immediately is what we're actually trying to get away from with the screens. It improves the auditory processing and it's okay for us being lazy parents. You know, it's like, this can babysit my child because I've got no more to give today.

And it's a lovely story or auditory activity. So yeah. Beautiful, I love those two strategies, they're great.

Yeah, excellent. Well, it's been absolutely wonderful connecting with you again. I know that we haven't covered off everything, but I think just before we finish off, for any parents who are really battling on their weaning journey, so things are just pear-shaped.

Their little one is A, very fussy, B, doesn't sit still, C, sits in front of TV, has a limited diet, does not gain any weight. You know, at what point do you think parents need to seek intervention? And are there any little tips that you can give them before they seek intervention? Absolutely. So I think you touched on the key thing to highlight here is these red flags.

And so what we know is that if there's any degree of stress around mealtimes, be that for you or the caregivers involved in mealtimes or the child or both, that that is a red flag to reach out for assistance. If mealtimes are taking longer than 30 minutes or if a child seems to be particularly slow or laboured in their eating, that's also a red flag and worth opening a conversation. Certainly if there's any respiratory distress or if you notice any wetness in their breath or in their throat or coughing or spluttering during or after mealtimes, that that's another reason to reach out for support.

And as you mentioned, weight concerns. So one other key one is if they're missing entire food groups. So when we're thinking about from a macro and micronutrient point of view, we're wanting to make sure that children are taking, you know, a variety of foods and it should be across carbohydrates, fruit and vegetables and proteins.

And so if an entire food group is missing, they are all key reasons to reach out for support. In terms of where to reach out for support, I think it's really important that families have someone that they really trust and really feel heard from or heard by, I should say, within their care team. And so if that's your GP, that's fantastic.

If that's a maternal child health nurse, brilliant. But certainly if you find that whoever's in your care team at the moment sort of doesn't take you and your concerns seriously, then I think it's really valuable for families to reach out for a second opinion and to highlight that, you know, allied health, we don't need referrals generally. So you can reach out directly to a dietician or an OT, occupational therapist, a speech pathologist to start the conversation with them.

And ideally looking for someone that is experienced in the kind of concerns that you have for your child's feeding. And I guess as I inferred at the start of the call, that feeding, it can take a few different lenses or a few different points of view to really get the complete picture for children and families. So the ideal scenario is that whoever you start the conversation with, they're able to help navigate and guide you as to if there's anything more to be looked into or another opinion that needs to be contributed to really get to the goals that you have for your child's feeding.

So I think they're the key things that I wanted to flag there in terms of red flags and who to reach out to. That's great. And I think for me, the biggest message there is don't battle alone alone, because, you know, if things are not going well, if you're the ones not gaining weight, you just, as you said, your time's taking too long.

Whole food groups must reach out because there is somebody that can help. And yeah, so it has been wonderful chatting with you. Thank you, Annie.

I mean, I really appreciate it. I do know that when we ended our conversation last time, we said we'd talk about books one day and we'll come back around to that because that's a big passion for you. Annie, I love watching your Instagram.

I know that you're not always consistent because your actual clinical life is so busy, as well as, of course, being mum to little Benjamin. But where can people find you? Yes, so I'm at babyto3, so B-A-B-Y-T-O-T-H-R-E-E dot com. And I'm also at babyto3 on Instagram and Facebook and intending to get some things up on YouTube at some point in time.

So my social media is very much in mind. But yeah, it's been such a pleasure to join you here again today, Meg. Thank you.

Excellent. Thank you, Annie. We will definitely chat again soon.

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