**Season 7, Episode 169:** **Nina's 8-Week Update: Tummy Time, Skin Secrets & Holiday Sleep**

**Transcript**

**[0:00 - 0:31]**
**Meg Faure:** Today we have a fascinating conversation with Nina. She's our regular guest and mum to now eight-week-old little Josh. So if you've got an eight-week-old, this is an episode you shouldn't miss. Some of the things that you'll learn today is the importance of tummy time and how to fit it in and does chest time on your chest count as tummy time. We also talk quite a bit about the skin barriers and different skin issues from cradle cap to infant acne through to eczema and it's really, really a very interesting podcast. So yeah, this is one you really shouldn't be missing.

**[0:32 - 1:14]**
**Announcer:** Welcome to Sense by Meg Faure, 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 Faure 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.

**[1:17 - 2:48]**
**Meg Faure:** Welcome back mums and dads. This is Sense by Meg Faure, and this week we have one of our regular guests back with us. It's Nina, mum to her second little one who we're following, and that is Josh. Nina, how old is Josh this week?
**Nina Clark:** So, I mean, excellent question. I am currently on holiday and it's, you know, when you are on holiday, it's such a, such a wonderful thing. But when you stop counting the days of the week, and I actually don't even know where I am right now, so let's call it eight, maybe nine weeks, something like that.
**Meg Faure:** Amazing. Yeah, and I think also with your second baby, also, you don't track it as quickly as, as much as you do with your first. Your first, you kind of know, seven, seven weeks, three days.
**Nina Clark:** Exactly that.
**Meg Faure:** So how has the life, I mean, you say you're on holiday, and of course, that's always a juggle. How is life with two little ones and an eight week old and being on holiday?
**Nina Clark:** Oh, yes. Well, I mean, I would, I would probably say it must be one hang of a thing to be on holiday with a toddler and a baby if you have no additional hands on board. We currently are staying in a house where there's probably seven or eight sets of grownups and a whole bunch of sort of grown kids with no other kids to, to take the focus away from mine. So it does feel like everybody is just, you know, so like rearing to, to go to help out, hold a baby, entertain a toddler. So it has been absolutely wonderful. I mean, I would so prefer this setup to, to being at home on our own. But I do know that a lot of friends, if they, you know, if they do go away on their own, and I mean, we've, we've obviously done this before as well, actually, not with two kids, just with, with Max, but it often feels way more full on because you obviously just 24/7 with your little one, no help to speak of. And, you know, a lot of people just say it's basically the same thing as what you do at home, but with less, well, less potentially support, less structure, you know, less things to keep the kids busy, maybe because there's, you know, you're not bringing as many toys on holiday with you. And, and yeah. So it can actually be worse. But anyway, we persevere and we holiday on.

**[2:48 - 4:48]**
**Meg Faure:** Lovely. So what is life in his little life like at the moment, an eight week old?
**Nina Clark:** Nick, he is, yes, he's a sweet little kid, I must say. And maybe it is because he is sleeping really well. And I am just enjoying him more and more. I really hesitate to say that he's sleeping well, because I just want to touch wood while I'm saying that, because I know that this is an ever-changing environment. But at the moment, I mean, most nights will have us maybe wake up once or twice. And so he does a really properly long stretch in the beginning. The one night this week we had, I think it was about eight hours where he, yeah, he just went for it. And then after that, there might be one or two wake ups. But again, I think we were chatting about it last time and I said, he doesn't even cry when he wakes up. It's more just, you know, some niggling, some noisiness. I mean, I sort of actually just go for it and just pop him on the boob anyway, either to relieve my boobs or to just, you know, use it as a bit of a pacifier. He seems to be quite happy with that, a quick five minute feed and then he tends to go down. Sometimes there's a nappy change, but otherwise, yeah, it's not bad at all. So I think as well rested as we can be with a newborn, I think that's where we are right now. So we are quite happy with this little kid.
**[4:48 - 6:00]**
**Meg Faure:** Yeah, well, that's amazing. So you mentioned something that I think a lot of first time mums don't know, and that is that you're not always changing his nappy at night. And, you know, I think there's this obsession, particularly in the early days of changing nappies every feed to prevent nappy rash and so on. And obviously you do want your baby to have clean nappies. But actually by eight weeks, if they haven't soiled their nappy and they do stop, they do start to stop soiling every single nappy, you know, in the early days, there's a poo, especially if you're breastfeeding, there's a poo in every nappy. But as soon as they stop making poos in their nappies, you can actually stop changing them at night. And particularly with our new generation, really, really good quality nappies. You can actually leave them. And so that is one of the things that I do recommend for mums is to have a really cheap set of nappies for the daytime if you are at home, and particularly in the early days when they're changing 15 nappies a day. But for nighttime, don't use cheap nappies, use really, really good quality gold kind of nappies. And then it takes the moisture away. And if they haven't pooed, actually leave it. So that's spot on and will definitely help him settle back to sleep. And, you know, like you say, he's having a five minute feed and going off back to sleep, which is perfect.

**[6:00 - 7:13]**
**Nina Clark:** Yeah, absolutely. Such a good point about the cheap nappies during the day and the expensive ones at night. We also started doing that with Max because it is it is interesting to see how the cheapies just don't, they just don't keep that wee in at night for some reason.
**Meg Faure:** Yeah, they absolutely don't. Yeah, really.
**Nina Clark:** It is still such a tricky one with the nappy changes, because it's often not when he's already sort of wet himself or anything like that. And sometimes it's hard to smell a poo of a newborn as well. And it's sort of just ahead of time.
**Meg Faure:** Yeah, exactly.
**Nina Clark:** And that we sort of just decide, OK, well, listen, it's middle of the night. Let's just go for it anyway. Let's change the nappy.
**Meg Faure:** Absolutely.

**[7:16 - 10:56]**
**Meg Faure:** So tell us about the joys of an eight week old.
**Nina Clark:** So he is becoming more and more interactive, for sure. There is lots of chatting and cooing and responding to what we're doing, lots of following of everything that's going on. He loves to sit up. He does not like to lie down. So if he's awake, he wants to check out the world. He's definitely and I think we did cover this last time, but because of I think how his life started with having so many people holding him, this trend has continued. Thank goodness there are a lot of people around to hold him. But he does want to have that skin on skin contact pretty much all the time. So he's happy in a bouncer. That's the one other thing that keeps the little boy chilled and happy. But otherwise it is just getting carried around by people sitting in their arms and just being in the vibe. Yeah. And so I think I think that's on the one side when he's awake, the joys of the eight or nine week old. But then on the other hand, it does seem like the sleep is sleeping a little bit. I know that there's sort of six to eight week period also when the crying is at its maximum. We never found that he was never like the crying on and on and on kind of a baby. So he would cry if he needs something or when he's uncomfortable, whatever it is, that as soon as we get to that need, then he would stop. But I already feel that he's a lot more settled sort of post this eight week period, there's even less of that, even if he is alone and feeling like he wants to have someone to hold him or whatever, he won't cry. He'll just sort of niggle a little bit instead. So, yeah, I think the more awake and the more settled, which is a great combo.
**Meg Faure:** Yeah, it is an amazing age. And as soon as they find their little smiles at six weeks, they then really do start to settle and engage. He is, I think, probably going to be a social butterfly. I think we spoke about that last time as well, because he's been quite settled and he's quite orientated towards people and engagement. So that's lovely. And you mentioned that he's starting to coo. Has he started to make noises that he's able to control with his little voice?
**Nina Clark:** I think so. I mean, there's proper, there's lots of different sounds that are coming out and it's all sort of in response to what you're doing. So it's not just the same sort of baby noise the whole time. It definitely feels like he's trying to say something. The other amazing thing that he did last night when I was putting him to bed, he, so, I mean, it's always a different thing. But last night he was struggling to settle. I think he had a little bit of a nap just before we tried to put him down, actually, which was silly. But so I gave him both boobs and then he was still not asleep. So I put the dummy in and for the first time I noticed that he was actually starting to get quite good at controlling it with his hands. So I can't remember if that's right for this age, but, you know, he was like putting a little fist in front of it and then he would sort of like play with it with his tongue, almost like push it out a little bit. And then actual fingers were starting to hold it and like control it. And because I was lying next to him, I could see him doing this. So maybe he'd done it before, but I thought it was amazing because previously he would just push it out and it was a constant sort of putting the dummy back in game that we were playing. Whereas now he was actually starting to keep it together.

**[10:56 - 12:29]**
**Meg Faure:** Amazing. Well, they only really get to actually control it enough to put it in their mouth closer to six months. And then, and then, you know, kind of in between six and eight months, we work quite hard on them doing that independently. So they don't need you at night. But it is very interesting. He's obviously worked out that he likes it and that he can, if he sucks a little hard, it pops back in and, you know, it doesn't automatically just fall out. 'Cause that's one of the challenges with, with this age is that they often kind of hook their finger in the ring and then they pull it out and then they, you know, can't control it. So yeah, that's really, really clever. And I was just having a look at the Parent Sense app and you know, the cooing milestone, which is on the play screen, you can actually click down into milestones, happens between eight and 12 weeks. So it is quite, he's quite ahead of the curve there because cooing is actually a really difficult, it's difficult. You have to start to control your breath a little bit to be able to get those sounds out. And they often are quite clumsy at it when they first start. So it's amazing that he's starting to actually make noises that sound not just like a moan, but actually like a little coo. So he's definitely ahead of the curve there, which again, we see that with our social butterflies. And if I remember correctly from last week, he also didn't, he smiled earlier than six weeks as well, didn't he?
**Nina Clark:** Yeah.
**Meg Faure:** Yeah. So we've got a really social little one. So that's amazing. And the next milestone that is going to come up is that he'll start to look at his hands. He obviously hasn't started doing that yet.
**Nina Clark:** No, no.
**Meg Faure:** And so looking as in, it'll be in front of him and he'll sort of stare at it as if it's the most fascinating thing in the world.
**Nina Clark:** Correct.

**[12:30 - 16:01]**
**Meg Faure:** Yes. That's exactly what they do. They start to absolutely fascinating, be fascinated with their hands at about 10 to 12 weeks. They'll normally start that some a little later. And it's really as part of the kind of wiring together that, "Oh, these things at the end of my arms actually could be quite useful and that they're part of my body." So, so that'll be a milestone that you can watch out for. Are you tracking on the Parent Sense at the milestones or not yet?
**Nina Clark:** I am a little bit. I'm really, I'm just the worst parent when it comes to that, because I mean, I, and this is not even a second child thing, which is just amazing because Max also didn't get much of the tracking. I sort of tend to just, you know, let it, let it happen and just assume that, you know, nature is going to take its course. So I really am bad at tracking.
**Meg Faure:** And it's so wonderful because, you know, we get different types of moms. And when we were building the Parent Sense app, we break our moms obviously into personas as you do with any brand. When you're starting to think about marketing, you think about who are we marketing to, and we have these two different personas of moms. And the one is the mom, who is the Uber tracker. And she loves to know at what time, what was the last feed, how many mils, how many mils in the total of the day, how many hours of sleep in the total of the day. And she, she's a tracking mom. And we have a lot of moms on the Parent Sense app who obsessively track and it makes them feel a lot more just secure and in control. And they know what's coming up next. And those moms particularly like the responsive routine in the app, because it then predicts what's coming up next. We have this routine that predicts, and then you get the other moms who use our app as much more of a loose guideline where they don't track, they know what the responsive routine is saying, but the responsive routine doesn't respond to anything because you have to track in order to obviously have the responsive routine working properly. But they just kind of use it as a loose guideline. And I think it's so important to know that as with everything parenting, both personas are absolutely valid and fabulous, you know, so going with the flow, which a lot of our moms would be as well, is absolutely great.
**Nina Clark:** It makes you feel great. And I think the risk with anything parenting is when you start to feel criticised or start to criticise the other persona, you know, with our laid back moms might say, you know, it's wrong to have a routine, it's wrong to track and our tracking moms might say, "Oh, I don't know how those other moms do it." So it's just different ways of doing it. And so it's really great.
**Meg Faure:** Yeah.
**Nina Clark:** Yeah, absolutely. And I listen, I keep saying to friends who do it in a different way, like parenting is hard and however you want to do it to survive it and potentially thrive is cool. Like it's, yeah, there's absolutely no judgments.
**Meg Faure:** Do you still watch his awake times, which are now 50 to 60 minutes?
**Nina Clark:** I do watch his awake times loosely. So, and potentially again, this is falling into how I tend to parent, I suppose, but I, yeah, I would say that I tend to not try and go definitely not past the 90 minute mark. And I do tend to try and just also watch his signals or his sleeping at signals, potentially more so than the actual clock, because sometimes I also find that he might smash a really long sleep at some stage in the day. And he tends to really like his car seat. So we were actually driving for a couple of hours during the day earlier on this week, and he had a three hour nap in the car. We sort of actually had to wake him up to just have a stop for lunch. Then he had another two hour nap for the rest of the drive. And so yesterday we also actually ended up doing a sleepy drive with our toddler in the car. And then we popped Joshy in there as well. And he again did sort of a three hour sleep in the car seat. So he tends to quite like that, you know, very sort of snuggly stuff, I suppose. But then I find that if he does that very long sleep, which he tends to not actually do otherwise, he seems to be like a little bit more of a cat napper at the moment, then he's often quite happy to stay awake for a little bit longer after that.
**Meg Faure:** Yes, exactly. Which I don't know if that's right, or if one should be quite militant about sticking to those.
**Nina Clark:** Yeah, look, I mean, militant's a good word, because actually, you shouldn't really be militant about anything around parenting. And the fact that you're watching his signals is absolutely fabulous. You know, the awake time guidelines of 50 to 60 minutes at this age is a guideline. And I normally recommend that parents are kind of really just watching their awake time at that time, and then watching for the signal. So when he gets to 60 minutes, I would be acutely aware of what's going on with the signals to make sure that you don't miss them. And you know, that he does actually settle. So don't be militant.

**[16:01 - 17:34]**
**Meg Faure:** Yeah, watch the awake times and then pin them to signals, it would be a really good strategy. An interesting thing that you just spoke about that comes up for a lot of mums is those kind of sleeps in the car seats. And I want to just touch on a couple of things that you've said today that kind of have piqued my interest. You know, I think there is some evidence that sleeping in car seats is not fabulous as a long term thing for two reasons. One is that it's not a great position for their spine and neck to be in. And so, you know, while it does put them into a curled up position, which actually does make them sleep longer than flat on their back, it's not ideal to have them sleep like that all the time. And the other thing is that overuse of devices, whether it's a car seat, a bouncy chair, or later on a Bumbo seat, are not great for their motor milestones. So I would probably, if he is home, not have him sleeping in a car seat, not having sleeping in a bouncy seat. I'd probably have him sleep as much as possible flat on his back. But I mean, as we've discussed so many times on my podcast, when life happens, life happens. So you're doing a drive because you've got to get to a lunch somewhere and they end up sleeping in a car seat. That's absolutely fine. So, you know, and particularly you're on holiday, so you have to be flexible because otherwise you spend your whole life behind four walls on holiday, which is not, which is pointless. But it kind of brings me to something else that you mentioned, which is that he likes to spend his awake times either in people's arms or in the bouncy seat. And obviously that's also partly because he's very social and he likes to be upright, to be able to see where people are and so on. But I do think that he does need some tummy time as well. Are you managing to get him to have some tummy time as well?
**[17:34 - 17:59]**
**Nina Clark:** Yes, we are, and I think it's often it's often also on someone's chest, which I'm wondering whether that is sort of as effective as him being on the floor, which we do also tend to do. But it's often, you know, if he's being held, you know, he might just pop him on the chest and have him do tummy time like that, or he'll put him on his feet and do like a little bit of an aeroplane game. So that's that's sort of what we also tend to do. But then, you know, whenever there is a soft carpet, because we actually didn't bring any of our proper play mats, then we'll just pop him on there and give him a few minutes here.

**[18:00 - 20:23]**
**Meg Faure:** So in terms of having him lie on your chest to be able to lift his head, I mean, the purpose for other mums, just just to note the purpose of tummy time is to activate those neck and back muscles. And it's very important. And if we get it right at this age, at eight weeks, then by the time they get to about 12 weeks, they start to work hard on their front muscles and their flexor muscles. And that means that between 17 and 24 weeks, they'll actually be able to activate both their front and back muscles and actually start to roll. And then if they're rolling, then they'll be able to activate the muscles needed for crawling at about 10 months latest. So, you know, it's kind of there is some method in the madness. There's a reason why we do it, because at this age, these back muscles are so important. And what we find is that if babies don't have exposure to activating their back muscles, in other words, they don't have exposure to tummy time, they do have delays in rolling. They do have delays in crawling. So we do like them to have a good chunk of tummy time at this age. Where it happens, whether it happens on your chest or flat on the mat on the floor is absolutely fine. And particularly moms, for those of you who have little ones that absolutely hate tummy time, the minute you put them on their tummy on the floor, they start to cry. Then the chest area is a really good idea, because what you do there is you've got a face which is of interest. You've got a slight elevation usually because your chest might be slightly higher than your tummy. And particularly for moms, you know, their breasts are bigger than their tummies. So they need to actually activate at a little bit of an angle so they can activate with less stress. And they've also got this interest of a face to look at. So tummy time on the chest is great. And moms, if your little one is hating tummy time on the carpet, definitely start with that. And then once they're dealing with tummy time on the chest, then definitely move them onto the carpet. And, you know, in a 60 minute awake time, you've kind of got time for a feed, which is maybe 45, you know, half an hour to 45 minutes if feeds take a while. And then you've got some time for a nappy change. And then you should aim for between five and 10 minutes of play time in that one hour awake time. And part of that should be flat on their tummies on the floor. And if he's protesting, I would put something in front of him or even lie in front of him so that he can look at your face or put Max in front of him so he can look at Max's face. But definitely do try and get him to start to have some good chunks of tummy time. You know, maybe it's five times a day for five to 10 minutes would be a really good strategy for this age. And then you'll find it will get easier and easier and easier. And then because he'll start lifting his head more and more and eventually in the next couple of weeks, he's actually going to push up on his elbows as well. So then he'll really be able to be interested in what's happening in front of him.
**Nina Clark:** I think that's noted, yeah, we definitely need to up our game on the tummy time. I don't think we're hitting the five times a day, five to 10 minutes.
**Meg Faure:** It's not a perfect science, it's not a perfect science, but I do think that, you know, if we aim high, then when we miss, it's not the end of the world. So, yeah. And what have been the challenges of the eight week old?

**[20:23 - 21:00]**
**Announcer:** 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 personalised for you and your little one. Download ParentSense app now from your app store and take the guesswork out of parenting.

**[21:02 - 21:08]**
**Meg Faure:** And what have been the challenges of the eight week old?
**[21:08 - 22:38]**
**Nina Clark:** I can't really think of challenges. I think the only thing that we had been sort of working on this week was that he had quite a quite a solid cradle cap situation going, which seems to have sorted itself out now. So I just did a combination of breast milk, which I was quite hesitant to do because he also had some baby eczema in the beginning, which I also didn't really want to put breast milk on because I was like, well, it's obviously my hormones that are coming out in his skin from the breastfeeding. So I'm not sure whether I should be putting breast milk on top of that to make it worse. Surely, how is that going to solve it? But then, you know, finally, every Tom, Dick and Harry said try it and I did. And it actually has has sorted all the things out. So his skin is cleared and the cradle cap seems to have cleared as well. So I also just used a very soft brush at night when we were bathing him and putting a combination of sometimes nipple cream during the day, sometimes EpiMax at night. And yeah, that's that's actually completely gone after a couple of days. So yay, yay breast milk. I think that's probably that's probably the only thing. If I if I was to think about, you know, his mood when he's awake, I think we'd say, you know, that's actually really improved. Sleep seems to have improved as well. So, yeah, what are sort of the challenges that I should be experiencing at this point?
**[22:38 - 22:50]**
**Meg Faure:** Well, I'm very interested by your skin challenges. And I want to talk about those because this is an age where we see a lot of little skin niggles come up and the three main ones. Well, let's talk about the four main ones.
**[22:50 - 24:14]**
**Meg Faure:** The four main ones would be cradle cap, pimples, nappy rash and eczema. And I just want to run through each of those for other moms as well. So cradle cap is due to an overproduction of kind of sebaceous activity on the scalp. And it causes mom's very big, almost like flakes of almost fatty skin. And it can be terrible and it can last into the toddler years. I mean, it can really be a horrible situation, which his obviously isn't. I've never heard about using breast milk for cradle cap. I'm very interested by that. And what generally works very well is to use an oil on it. And so because it's sebaceous and it's fatty, when you put oil on it, it kind of dissolves it. And so a good strategy for that is to actually just put a little bit of oil on the scalp before bedtime, before bath time, you know, kind of 15 minutes before. Really, really rub it in. I love the fact that you're using a soft bristle brush. That's absolutely perfect. And you can kind of use that soft bristle brush, a baby brush to just kind of almost like massage that little bit of oil in or use your fingertips and then pop them in the bath and then wash it off. And the washing off, I tend to like for this age just to use aqueous cream as a soap. So not to use any soaps and not to use any baby products really at this age. They're not necessary. They've often got things added into them that you don't want your baby to have through their skin. So just to use a normal little bit of aqueous cream and then to just kind of wash it and it will come off. The big, big thing with cradle cap is never to pick because the minute you pick it and pull it, you then start to create open areas on the scalp, which you really, really don't want. So I think the fact that his has gone away, he obviously had a very light dose, but for moms who are dealing with a much more heavy and severe dose, you know, you can have a look at using an oil before bath. And you can even if it's very severe, moms, you can actually leave it on overnight. You can actually just rub that oil in and leave it on overnight and then kind of wash it off in the morning and it will start to address it. So that would be cradle cap.

**[24:14 - 28:08]**
**Meg Faure:** The pimples that happen at this age, I don't know if he had any pimples, but they're also very common. They're hormonal and big thing there, don't pick. Again, they go away. You don't have to wash them. You don't have to put ointments on them. Just, you know, wipe them with a little piece of cotton wool that's kind of, you know, soaked in warm, warmish water. And that's it. So pimples you can leave well alone. As well, if they really are like infantile acne and very, very angry and horrible, then I would see the doctor on those. And then the other two are very important to talk about. And that is your eczema and your nappy rash. Now, I've got an episode coming up now with Dr. Claudia Grey, who's an allergy specialist, a paediatrician who's also an allergy specialist in Cape Town. And it's just an incredible episode. So moms, please do watch out for that one. And what's very interesting about that episode is she talks about how our skin barrier is just the most important barrier in the world. I mean, it is part of our immune system, actually. It is what creates a barrier between us and all environmental factors, whether it's germs or whether it's actually just normal things like foodstuffs and mom's cream or mom's softener that's left a little bit on her clothes or whatever. We need that barrier. Babies need that barrier to stop the rest of the world getting in. And so protecting that infant skin barrier is actually probably one of the most important jobs that we have from a health perspective at this age. And, you know, when we talk about long term health, we're talking about things like as much as like baby's mood, baby's allergies, baby's obesity, like all the chronic issues that can come up later on often have their foundation in infancy. And the main thing there is that we've got these two barriers that kind of protect us from the rest of the world. The one is our gut and that protects us from everything that's going in that we're ingesting. And the other one is our skin. And we have to protect both of those. Best way to protect our gut at this age is obviously breast milk. It's got amazing oligosaccharides in it. It really builds up that gut microbiome and it protects our infant's gut. And formula milks tend to do a fairly good job as well. Anything else at this age is a big no-no to protect that gut. So it's milk only would be first principle. Second principle is protect the outside layer of defence, which is our skin. And any lesion, any gap in the skin is a problem immediately. And those two things at this point are usually eczema and nappy rash, because there you can see it's a break in that skin barrier. So protecting that skin barrier is a really, really big priority. So in terms of nappy rash, you obviously want to treat it rapidly. And the main way to do that is to change the nappies regularly if they're soiled. And even if it's urine, particularly during the day, to use good quality nappies. If your baby has a tendency towards nappy rash, if you are going to use the cheaper nappies, make sure that you change them regularly. Second thing is if they do develop a nappy rash, treat it quite quickly. And the product I like the best is Sudocrem. It's a quick, effective treatment for nappy rash. And then if a nappy rash is angry, you definitely need to go and see a doctor about that and just make sure it's not a candida fungus or it's not a fungal infection or a bacterial infection. You need to really take care of nappy rash. And big no-no there is don't put anything else on nappy rashes. And people tell you the most terrible, crazy things, particularly on TikTok and Instagram, things like putting egg white on nappy rash, which is an absolute massive no-no. And, you know, what happens there and you can imagine it is that you've got this allergen, this protein that then enters the body through an unnatural route, and that's through the skin. And I mean, I have a terrible story of a friend of mine who, her daughter is now in her 20s and they were living in London and she was told to put egg white on her baby's bum because of nappy rash. And when she introduced egg, her baby's very first introduction of egg, she had an anaphylactic attack. And so she's now very, very severely allergic to egg. So it just highlights how whatever you do, you know, be very cautious when there's a break. The other break, which is the much more common break, is the eczema break. And it used to be thought that eczema was an indication of allergies. In other words, you know, my baby has allergies, I've got eczema. But actually the reality is that it usually works the other way around. But the eczema comes, it's a dry skin that doesn't get treated. And then later on, all the environmental allergens come into the skin through the break in the skin barrier. And so suddenly there's allergies to things like grass and pollen and dust mites and all these environmental things. And it's more to do with the fact that that skin barrier was broken. So the critical thing there is to get that skin barrier back to where it should be. And a really good treatment for that, I know you've got on top of it, but a really good treatment for that is to use an emollient in the bath. And an emollient is, it looks like a liquid or like an oil. And when you pour it in the bath, it kind of goes milky and it's really a good moisturiser. So a baby emollient is a good way to address eczema. And then the big other thing with eczema is to keep the skin hydrated because you want to get that skin barrier back to the way it was before.

**[28:08 - 28:22]**
**Meg Faure:** So, yeah, I mean, thank you for highlighting both of those, because I think those are very important lessons to learn at this early stage of infancy.
**Nina Clark:** Well, that is so fascinating about the break. I never actually thought about that.
**[28:22 - 28:57]**
**Meg Faure:** Yeah, yeah, it's really, really important. None of us do. And so you've just got to really prioritise, you know, two things for long-term health. The two things is gut microbiome at this stage and skin integrity. And those are the two things that at this stage, if you're getting those right, your baby is less likely to have allergies. They are less likely to have long-term gut issues. And so just really protect those parts, yeah.
**Nina Clark:** Very, very interesting, especially the skin integrity, because you think that it's just like a topical thing, you know, it's just like, oh, it's fine, it's a little bit of this, like whatever, let's just ride it out or let's put a little bit of this or that on.
**[28:57 - 29:32]**
**Meg Faure:** And it is fairly simple, actually. It's really just moisturise. You know, don't use any creams on your baby that has any smells, additives, parabens. I mean, anything that's got any, I mean, every single good skin preparation or cream should have a list of ingredients. If it's got more than like aqueous cream, you know, there's just almost nothing in it. And that's why I personally, when I tell mums to go and buy preparations to toiletries, it's literally just aqueous cream and maybe some Sudocrem, because the less complicated, the better, you know, all these fancy, smelly, beautiful baby things. I don't know. You really shouldn't use them. You know, I mean, I know some of them have rooibos in them and I don't know what else. I just don't think that you should. I think you should under-complicate it.
**[29:32 - 29:33]**
**Nina Clark:** Excellent.
**[29:33 - 29:41]**
**Meg Faure:** Well, Nina, thank you so much. Enjoy the rest of your holiday. We are definitely going to catch up again. And yeah, just loving hearing how things are going. He seems to be doing so well.
**[29:41 - 29:48]**
**Nina Clark:** Oh, thank you, Meg. And happy holidays to you as well.
**Meg Faure:** Trust me. Thank you very much. Cheers.
**[29:48 - 29:49]**
**Nina Clark:** Bye.

**[29:50 - 29:59]**
**Announcer:** 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.