Transcript episode 164 [0:00 - 1:45]

Meg Faure: Welcome to another not to be missed episode of Sense by Meg Faure, the parenting podcast where science meets real-life motherhood. Our podcast is growing and I'm super excited and want to welcome all of our new mums. These podcasts are really a passion for me to be able to support you and I know that you're going to find some really amazing nuggets, but I do have a request. Please won't you like and share the podcast with your friends if you find it useful and above all subscribe to Sense by Meg Faure. When you subscribe not only will you never miss another episode, but it also helps us to rank and that means other mums can find us. So this week we're joined again by media mama Zoë Brown who opens up about life with her 10-week-old boys, the sleepless nights, the emotional roller coaster that comes with twins and those first precious gummy smiles. Alongside twin expert Tasha Perreard, we tackle the highs and the lows of early parenting and specifically with twins. So what are you going to learn today? Well first of all, if you are battling with milk supply, we uncover a cause of low milk supply that I actually had absolutely no idea about. So it is fascinating. You'll also learn what to expect at all of your six-week checkups, both for you and for your baby. We'll look at a little bit about vaccinations and whether or not they're traumatic for babies and for our twin mums, learn how to handle two babies who fall into different sleep schedules. We're also going to talk a little bit about identifying your baby's sensory profile and why it matters. So whether you're a twin expert, a new mum or just love the honest science-backed chats that you've come to know on Sense by Meg Faure, this episode is full of raw stories and expert insights and there are a few of those, oh yes, that's me moments too, so don't go away.

[1:47 - 2:28]

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.

[2:32 - 3:23]

Meg Faure: Welcome back mums, it's always wonderful to have you join us and today we are very fortunate to have two of our regular guests again and we have got Zoë Brown with us, she is a media personality in South Africa and a mum to twins and she's really honing her craft as a mother and we were just saying that she's just doing an incredible job. I'm sure that the days sometimes feel like the balls are dropping but we'll chat all around that, so welcome back Zoë.

Zoë Brown: Thank you Meg, it's so wonderful, I'm enjoying these chats.

Meg Faure: That's great Zoë, and they're so meaningful for other mums. Last time we spoke about niggly tummies and it was just such a great episode, so mums if you missed that do go back and listen. Then we have our twin expert with us which is Tasha Perreard. Tasha's a midwife, well no, not a midwife, she is a well baby nurse in the Western Cape and a twin specialist. She runs a very busy practise so for any of you who are listening and want to go and look them up, they are in Rondebosch. It's really awesome to have Tasha here with us, welcome Tasha.

[3:23 - 3:32]

Tasha Perreard: Thank you, thanks so much for having me again. Lovely to be here.

[3:32 - 4:04]

Meg Faure: It is, it's so wonderful to have you adding in the science behind what goes on for twins, the science and the sense. So Zoë, you've got your little ones who are now 10 weeks old, your little boys and give us a little bit of an insight into what the world is like for the mum of twins of 10-week-old twins.

[4:05 - 5:42]

Zoë Brown: Well, we had our six-week checkup not too long ago and that for me was heartbreaking when they give them their first vaccinations and those little faces scrumple up and they start scream crying. So we had their six-week checkups and that evening we had one of the babies had a slight fever so naturally it was the first time I experienced a newborn with a fever. We were able to just bring it down with a little bit of Panadol, but it's basically paracetamol so it was just monitoring that closely but also completely expected. But it's still heartbreaking when your little one runs the fever, they're not feeling themselves, they're a little bit niggly. So that was their six-week checkup and then what I thought was quite interesting was my six-week checkup. They just asked me a bunch of questions, they took my blood pressure because after birth I had postpartum pre-eclampsia, but that was it. There was no physical exam so I don't know if a six-week checkup for the mums involves more or maybe because he just saw my records or heard my birth story and just decided well she's fine, she doesn't really need the checkup.

[5:42 - 5:58]

Meg Faure: So did you see the obstetrician that delivered your baby or did you have a checkup with a midwife or who did you actually have your six-week checkup with?

[5:58 - 6:09]

Zoë Brown: I had it with our local GP when I called them to make the appointment. I was like listen do you guys do checkups because when I was discharged from hospital they were like okay your six-week checkup will be with your GP. So I thought that was quite strange.

[6:09 - 6:15]

Tasha Perreard: I didn't really feel like I got the full checkup experience that I expected. So I have no idea what the six-week postpartum checkup should be like for a new mum.

[6:16 - 7:32]

Tasha Perreard: Yeah, I mean I guess what's so wonderful about the kind of system in Cape Town is that you build such a strong relationship with your one obstetrician. So by the time you have your babies and I mean you feel like you're the closest of friends, which is amazing, and then at six weeks, I mean the six-week checkup is normally it's quite sort of thorough. I mean obviously from a physical point of view if you've had obviously a vaginal delivery, checking any kind of episiotomies or tears or wounds that have kind of been healing and then with a caesarean section, obviously checking the wound and then blood loss, how the blood loss has been over the last few weeks and then a lot of gynaes check in obviously to see how mom's doing. I mean so importantly how mental health of mom is doing because obviously it's not just a physical check, it's a huge mental check as well. I mean a lot has happened physically and emotionally and mentally in the last six weeks. So that's a big part of the checkup and then also a lot of gynaes and obstetricians chat about contraception at six weeks. I mean a lot of moms obviously are not nearly thinking about potentially having any intimate moments with their partners but I mean a lot of them are and obviously something to think about from a contraception point of view at six weeks. I know a lot of the gynaes discuss that at six weeks which is really important because you certainly don't want to go for another checkup in a few months time and figure out you've got another bun in the oven quite soon after.

[7:32 - 7:34]

Meg Faure: Did anybody chat to you about that?

[7:34 - 7:53]

Zoë Brown: They did, they did. I got a script but I was just, can you just imagine four under one or four under two that would be another set of twins.

Tasha Perreard: Yeah exactly, exactly. I mean actually some gynaes chat about contraception even before you have your baby because some contraceptions can actually be managed. I mean for example if you have an elective C-section some gynaes actually like to place a device in the caesarean section into the uterus. So that's something that can be managed before the birth even. Yeah so it just depends on the gynae when they like to chat about that.

[7:55 - 9:14]

Meg Faure: It's very interesting you know Zoë, you kind of highlight something. In South Africa birth has been highly, highly medicalised and it really is like it's a big medical process. And the South African medical system in private is, I think it's probably the best in the world in many respects. But when it comes to birth it is a very, I think it's a much deeper journey that we in some respects do follow in terms of the medical process and so that's why have such high caesarean sections. Our births are much more medicalised. I certainly don't think you would have had a vaginal delivery necessarily if you had been in South Africa. But in other countries and I mean I've been living in the UK, you're in Australia, birth is not as medicalised and it is more of this is a normal journey you know it's a much more almost a much more organic journey for many mums. So you know it doesn't really surprise me that they're you know their care about it and I think for me the big things was they would definitely in South Africa be just be checking up how much bleeding and whether or not your bleeding is now shifted to being less lighter and also having you know you know kind of maybe a bit of a change of colour because that definitely does happen. So they would check for that because prolonged bleeding can indicate that maybe some of the placenta was left behind and so they'll usually check those sort of things. Did they ask you a little bit about your bleeding?

[9:16 - 9:59]

Zoë Brown: Um not because I pretty much stopped bleeding I would say three to four weeks after birth. But I think because I didn't have any tearing there's no stitches involved. The doctor that did the checkup probably he even said to me he's never heard of a twin birth like this before. But I thought it was strange the fact that I had postpartum pre-eclampsia he took my blood pressure and everything was healthy and good and because I have gestational diabetes I now have just to go to the pathology lab and do another round of blood works and the glucose test. But that was it in terms of my checkup so I really was like I really thought it was a bigger deal. I mean you just gave birth you want to make sure all the body parts are back together.

[10:01 - 10:02]

Zoë Brown: So I did I did find my six-week checkup underwhelming.

[10:01 - 10:21]

Meg Faure: Yeah. Tasha can you give a little bit of a guideline on on bleeding after birth how I mean just for the mums who are postpartum and thinking about that how long typically do mums bleed for and what can they actually expect in terms of change of blood and so on you know over this period? Is it normal to have stopped so early?

[10:23 - 12:06]

Tasha Perreard: Yeah no absolutely I mean there's some mums who I see in the clinic I mean yeah I mean within the first week some of them start stop bleeding actually. So you know heavy bleeding for the first kind of two, three, four days and then towards the second week a lot of mums have actually stopped bleeding. What I have seen actually quite often is that mums stop bleeding in the second kind of the end of the second week and then they have almost a bit of a break and then they almost start again. But the most important thing is that obviously it is supposed to get lighter and lighter and lighter and then yeah normally about four, five, six weeks you have stopped bleeding. Yeah the concern is obviously if there's kind of loss of blood clots and heavy bleeding for a prolonged period because absolutely that's a big issue. Very rarely as Meg mentioned that some of the placenta is actually left behind in the uterus and quite an interesting sign that we pick up as lactation consultants is if a mum comes to us in the first few days or the first few weeks and their milk supply or their milk hasn't come in or their milk supply is very low, one of the questions that we always ask is are you still bleeding? What is your vaginal bleeding like? Because if you are still bleeding very heavily and you've got kind of passing blood clots, this means that the placenta is still in situ, the placenta produces a lot of progesterone. So if some of the placenta is still sitting in the uterus, a lot of the progesterone is still circulating and that is actually inhibiting the release of prolactin and prolactin is the milk making hormone which obviously makes for the milk. So if there's a piece of placenta sitting there, your brain's going not much or there's a lot of progesterone around here, not making a lot of prolactin. So this is quite a kind of good clue for us lactation consultants to see one of the reasons why your milk supply is low.

[12:07 - 12:32]

Meg Faure: That is fascinating because one of my friends actually after c-section had a piece of placenta left behind and it was like weeks later that they eventually had to do a little bit of a DNC or a little scrape to get it out. And the reason I'm so interested is that she could not breastfeed and I've never understood that connection. So that's really, really interesting for moms who are battling there.

[12:32 - 12:48]

Tasha Perreard: Yeah, absolutely. And so many moms kind of blame themselves like, well, why don't I have milk supply? Why have I got a milk supply issue? And they're like, oh, you know, it's just because I can't make milk. But there's always a reason why moms have a low milk supply. So you kind of got to dig below the surface to find out why. Yeah.

[12:49 - 13:45]

Meg Faure: And then I want to just pick up on something else you spoke about Zoë, which is the vaccination piece. And, you know, I mean, I'm sure Tasha, you and I are very much on the same page because we're on the same page on most things, that vaccination is not a negotiable. It is absolutely something that everybody should do. And I know there's just such a hoo-ha going on in America at the moment where people in government are actually questioning vaccinations. Yeah, and certainly the measles outbreak as well, but actually questioning the validity of all vaccinations. It's just crazy. And so I just wanted to ask you, Tasha, with regards to vaccinations, can you give moms a little tip on, like, first of all, how to actually cope in the moment? You know, I mean, the things like breastfeeding a little one while they're having their vaccines or, you know, ideas on how to relieve the pain then. And then also how to deal with the day, because it is, like Zoë said, they're niggly. They might run a little fever. Like what should moms really know about and what should Zoë know about for her next round of vaccines?

[13:46 - 14:29]

Tasha Perreard: Yeah. Oh, shame. It's such a distracting moment. I find way more for the parents. I mean, whenever I vaccinate babies, I mean, they cry very temporarily. And the moms and even the dads, they are just in tears. And it is absolutely heartbreaking because you've never seen your baby in that amount of pain before. So what is the painful, the painful part is the actual kind of vaccination, the medicine going into their little muscles. So that burns for a couple of seconds and then it actually goes away. So what did your boys actually have? It's quite interesting to see what the difference is between the South African schedule and Australian schedule. It's interesting that you have them, had them at six weeks in the UK and other European countries. They always have it at eight weeks. But in South Africa, yeah, we do it at six weeks. So I presume what is the schedule decided interest for Australia?

[14:29 - 14:34]

Zoë Brown: So six weeks. And then what after that? The next round of vaccinations will be at four months.

[14:34 - 14:35]

Tasha Perreard: Oh, interesting. Okay. Yeah.

[14:35 - 16:52]

Tasha Perreard: So in South Africa, it's six weeks and then it's 10 weeks and then it's 14 weeks. So we did a lot of vaccinations within the first few months. So in South Africa, we do the two injections at the six week vaccine appointments. It's a great idea to breastfeed your babies while they are getting the injections. I do find quite a lot of babies, if they're feeding and we inject them, they have such a big, big, big, big cry and moms try and put the baby back to the breast. But because babies are quite upset for a little bit, I almost feel it's better to kind of pick them up, cuddle them, jiggle them around a little bit, calm them down and then put them to the breast. Because they're crying so hard at the breast, it's difficult for them to kind of calm and then go back to the breast. So you can always start with the baby on the breast feeding. And then obviously if they have a cry, then you stand up, standing and walking and jiggling them to calm them down works really, really well. And then you put them back into the breast. A lot of people ask me, do I need to give Panadol or Calpol before the vaccination? So it's actually not a good idea to do that because that actually affects the efficacy of the vaccine. So it's always best to give the Panadol after the vaccination. And a lot of babies afterwards, it normally takes about three to four hours after the vaccinations for them to start getting uncomfortable. And then they start getting a little bit lethargic, a little bit sleepy. And their fever can sometimes go up to like 38 degrees, anything above 37 and a half degrees. We always say, you know, you treat that with some Panadol or Calpol. And they're just a little bit niggly. But also there's some babies where there's absolutely no side effects at all. And you wouldn't even imagine that they'd had the vaccine. So it completely depends. But some babies, they struggle a lot, but it's normally within 24 hours and then it's over. And the most important thing to remember is that they don't remember. You remember because it's so distressing for you, but they won't remember. It's only when they're, you know, 18 months, 20 months, two years old that they start coming back to the clinic and they're like, hmm, something's going on here that I don't like. And they start to get very suspicious. But within the first few months, it's really such a temporary little discomfort for them. And they get so much comfort from you afterwards. So they forget about it quickly.

[16:52 - 16:52]

Zoë Brown: Oh, that makes my heart a lot better to hear that.

[16:52 - 17:04]

Tasha Perreard: And they don't connect the discomfort, you know, with you. Like if you hold them while they're getting their injections, they don't think, gosh, I'm sitting on my mom's lap and she's allowing this to happen. They don't realise that when they're so little.

[17:04 - 17:10]

Meg Faure: Yeah. Yeah. Interesting. So Zoë, fill us in a little bit more. What else is going on for our little boys?

[17:11 - 17:49]

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[17:51 - 17:54]

Meg Faure: So Zoë, fill us in a little bit more. What else is going on for our little boys?

[17:56 - 19:11]

Zoë Brown: So our little boys, I mean, I love that they are so different, but it's also now challenging a lot of, you know, the advice and the guidance I've been given. And I'm hoping here, Tasha, as a twin specialist, you'd be able to just assist with this. So my husband is currently working in Melbourne a couple of days a week. So he's been flying up and down. With my mom being here, we've just decided it's easier if each of us take a baby for the night. And the next day, we'll swap babies. So we basically just each in charge of a baby so that we can get a good stretch of sleep. I have found that my baby A is ready to give us longer stretches of sleep, whereas our baby B, like clockwork, wants to eat and feed every three hours. Two minutes before the three hour timer runs out, he starts eating and it's like he knows it's been three hours, I'm ready for my next bottle or my next feed. I've always been told, keep the twins on the same feeding and sleeping schedule. But when we put them together now, am I not doing the one baby a disservice by cutting his sleep cycle short? Because he's ready to do five hour, four and a half, four hour stretches, whereas the other one is three hours on the dot.

[19:12 - 19:31]

Meg Faure: And you're talking about at night time there, Zoë. When you're talking about the five hour stretches, you're talking about at night. So at night, one of your babies is actually ready to stretch a little longer. The other one's doing three hours. That is a very interesting question, Tasha, because I mean, in my mind, definitely keeping them on the same routine in the day makes sense. But what about at night?

[19:32 - 20:31]

Tasha Perreard: Yeah, I think it all depends on how you're feeding your baby. So just remind me, breastfeeding, the journey's kind of finished for you now. So they're just on bottle feeding.

Zoë Brown: They are just on bottle feeding. Yes.

Tasha Perreard: OK. OK. So the thing is, at the moment, it's so wonderful that your mom can be there because obviously it's a perfect scenario where one baby can lead their own schedule and the other baby can lead their own schedule because they've kind of got their own person looking after them. I guess the tricky part comes when you're going to be by yourself because then it's going to be baby wakes up, you know, baby wakes up at one and then you settle them back to sleep. And if you're by yourself, then baby, he kind of might wake up one hour later. So I guess that if your husband and you are going to continue to do that together and, you know, when he comes back and when he is there, he is going to deal with, you know, sort one little one out and you deal with another one, then that's absolutely fine. I guess it's just the tricky part when you are by yourself. You will maybe have that moment where you that those nights where you are just kind of feeding, feeding, feeding, feeding, feeding. I mean, when your husband comes back, is he like does he have the capacity to kind of wake up with you and do that with you?

[20:31 - 21:24]

Zoë Brown: He is. Yes. So when he's back. So then what happens is both babies are sleeping with us in the room in their crib. And what we have been doing is naturally baby B is the first one awake. And then we just gently wake baby A up by unswaddling him, giving him about 10, 15 minutes to naturally wake up. But I just I thought it was fascinating when I had him by myself that he gave a five hour stretch. And it just got me wondering, like, am I doing him a disservice by waking him up and, you know, breaking that little sleep cycle? Yeah.

[21:25 - 22:10]

Meg Faure: Yeah. You know, from my perspective, you know, if you have a singleton at this point, if they're gaining weight nicely, which your boys are, you really should be leaving them to wake themselves at night because it does have an impact on sleep rhythms if you are consistently waking them. I particularly see this with mums who do the so-called dream feed at 10 o'clock where they actually wake their babies up. Those babies probably would have done a five or six or even seven hour stretch as they get older and they're still being woken up at 10. I'm not a big fan of actually waking babies at night. Tasha, you and I may not be on the same page with this, but I really don't like waking babies at night. Tasha, is there any sense in maybe just letting the little one who's doing the five hour stretch just wake naturally and actually treat them differently even at the expense of potentially Zoë's sleep if she's doing it on her own? What do you think?

[22:10 - 23:09]

Tasha Perreard: Yeah, I think it's worth a try. It's definitely worth a try. I mean, you know what, there's no definitive right or wrong answer. I think it all depends on the parents and the parents' capacity and who's there in the night time. I mean, if you going forward were, you know, there's all these mums who are single mums of twins, you know, and there's some people who really are doing it by themselves. So in that circumstance, I would actually say keep on waking the babies together because otherwise it's impossible, especially if you're there during the daytime. But the fact that you have a very involved husband and you've got help at the moment, I think you definitely, I wouldn't say it's a luxury, but I think it's the, you're able to actually test it now and then see, because in time you can push the little one who's sleeping for longer. And then who knows, you know, as time goes by, he might even start sleeping through the night and then you're only waking up one baby. So I think while you have the helping hands and while everyone's got the capacity to do so, I think definitely go with what you're doing now. Absolutely.

[23:09 - 23:42]

Zoë Brown: Because what we find with the two separate rooms and the babies each on their own little schedule, I've taken your advice after our second recording, after seven o'clock, since they've hit their birth weight, after seven, between seven and seven, we do not wake them. They tell us when they wake, except obviously when the one wakes, we try to keep the other one on the same schedule. We have found that the stretches gets a little bit better, but yeah, it's going to be interesting to see now how we can find our own rhythm again.

[23:42 - 23:52]

Meg Faure: And then what are you doing for day with those wakings? Are you then waking them? Are they on the same rhythm in the day? And are you feeding three hourly, four hourly? What are you doing there?

[23:52 - 24:38]

Zoë Brown: Oh, this is what I wanted to say earlier, is even though baby A will give us a long stretch in the beginning of the evening, by the end of the evening, they naturally sync up again. They would maybe be half an hour apart. I have found there were some days where it's just impossible to keep them on the same schedule, but then the next day you just try again. I have found on the days where there's maybe an hour difference. I'll try to stretch the one by half an hour and wake the other one up a little half an hour earlier, just so they can keep the feeding close together. That helps. So we're just taking it in our stride, but I think noticing that the one is ready to give us longer stretches kind of got me excited that yes, more sleep is on the horizon.

[24:38 - 24:38]

Meg Faure: Exactly.

[24:39 - 25:27]

Tasha Perreard: And the thing is though, I mean, I guess the reality is also, I mean, schedules in the first four months, well, I mean, throughout the first year really changed so much. So, you know, now is actually the kind of the good time that babies start to stretch a little bit longer in the nighttime. And then the sad reality is in four months, they go back again. So, you know, they start stretching kind of some babies at 10 weeks are on one night's feed. You know, they've got to sleep at seven and then some of them wake up at one and then they wake up again at five again. So that kind of happens between two months and four months. And then at four months, we, some babies hit this dreaded kind of sleep regression where they start waking up again and then they start waking up again at 10 or 11 and then at two and then at four again. So I think while you can enjoy the kind of longer periods of sleep, take it while you can.

Zoë Brown: Agreed.

[25:27 - 25:28]

Meg Faure: Absolutely.

[25:28 - 25:37]

Meg Faure: Exactly. And Zoë, tell us a little bit about feeding or development, one of those two might be something that's in your mind as well.

[25:37 - 26:04]

Zoë Brown: Oh, you were spot on Meg when you said that they all start being a little bit more interactive and start smiling. So our baby B was the first one to give Oma the smiles. And I saw it at a distance. It wasn't directed at me. It was definitely his Oma. And my husband also on Sunday morning got the biggest gummy smile. So I'm still waiting for that smile to be directed at me intentionally.

[26:04 - 26:06]

Meg Faure: After all your hard work Zoë.

[26:09 - 26:41]

Zoë Brown: Yeah, but it's so lovely to see them a little bit more alert. I've also noticed that in the beginning they were pretty much, they would sleep, wake up, feed, and then pretty much have their awake window after their feed and then be sleepy again. Now we starting to notice a shift in schedule where they wake up before their next feed and that's been their awake window. And then they're quite sleepy after their feed. So that kind of has also thrown the schedule that I've known after birth. But I think I have to get used to that. The minute you get on top of the schedule, it changes.

[26:42 - 29:17]

Meg Faure: Yeah, exactly. And a lot of mums actually really battle with that exact one, which is where, you know, they were kind of sleeping so much of the time, almost from feed to feed and just with small awake times. And then they start to have wake windows. And I can remember as clear as daylight, even though for so many years ago, like going, right now, what am I supposed to do with you? You're not, it's not time for a feed. I'm not going to change your nappy. What do I do? And that's obviously where a little bit of play comes in and, you know, putting them under things like mobiles are lovely for that time because, you know, and I would say the two key things that you're wanting to develop at this, in fact, let me say three key things that you want to focus on for development right now. The one is serve and return, which is where they make a little signal of any sort, whether it's eye contact, a smile, a little noise, and you do it back to them. And then in time, they'll learn that they do it back to you. And that serve and return is, it's actually a term that was coined at Harvard University, the centre of the developing child. And it's just very, very important because it creates the foundation for language, interestingly, and social interaction later. So that's, that's number one that you want to focus on is serve and return. Number two that you want to focus on is that their eyes are going to, your, your, the visual system is the least developed system on the day a baby's born. And so they need to actually start to focus those intraocular muscles, the muscles inside their eyes, and actually also exercise the extraocular muscles, which are the muscles that contract things. And so giving them a bit of visual stimulation is really good under a mobile or moving a toy across their visual line. All of those sorts of things are good for their visual system. So that's the second activity you should be doing with them. And then the third activity that they need a lot of right now is tummy time. And tummy time is such an interesting one because with the back to sleep campaign, which is the fact that we put babies to sleep on their backs, babies nowadays get a lot less tummy time than they did in the 1960s. And, and, and, you know, back in previous years where babies were very often put to sleep on their tummies. Because we don't do that, they don't get a lot of time in their tummies. They don't get to exercise their neck and back muscles. And so giving them tummy time during that awake slot is also absolutely critical. So those are kind of three things that I think you can focus on in terms of development. And then the last one, I know I said three, but the last one is a little baby massage because that, that tactile system is just so important for honing their body awareness, which will be a foundation for eye hand coordination and other fine motor coordination later. So those are kind of four little things that you can focus on doing at the moment.

[29:19 - 29:39]

Zoë Brown: Oh, thank you for that. Oh, we'll definitely do it. We have noticed that our baby A is mimicking dad. So dad will do the little pursed lips and go like, and then a few seconds later, he attempts to also do the, like, he rounds his little mouth to try and mimic dad. So we'll now do it the opposite. We'll mimic them first.

[29:40 - 30:44]

Meg Faure: Yeah. And you know, that's so interesting because that, um, that mimicking of, of facial expressions is a fascinating thing. I mean, it's, first of all, it's a reflex at this age. So it actually happens automatically in their brain, that their brain actually will then copy a face. So moms, if you haven't done it, what Zoë's talking about, it's like, you literally hold your face in a position and your baby will stare at it and it will actually put their face in the same position. And there's incredible books on this, like photographic books that actually show mom and baby's faces and how they copy. So that's really, really awesome that they're doing that. And it often is the more social little ones that do it. Um, and I can remember my middle child is, is very social. And she, um, if I made a very sad face, um, for her to mimic, she'd actually burst into tears. So if she like, put the full emotion behind it as well, it was, she, it was fascinating. And she's ended up being a very socially wired human being, like very, an empath, a real empath. So, um, it's interesting that your little ones might have little different personalities around how much they're doing mimicking and so on.

[30:45 - 31:04]

Tasha Perreard: So I wanted to ask you Meg, the stimulating the visual system. I know a lot of moms ask me about colours, um, in the first few days and the first few weeks and months, like, you know, black and white or red or, um, so yeah, just to kind of, to offer some information about what colours are in terms of the visual stimulation.

[31:05 - 33:24]

Meg Faure: Yeah. So actually the colours don't matter, but the contrast matters. So babies in the first few weeks see bigger contrasts more clearly. And that's why we typically go for black and white and red because red and white are highly contrasted as is black and white. So yes, your high contrast colours are good. I mean, the one thing, and you know, it's quite interesting when I wrote Baby Sense, which is going back to like the early 2000s until that time, there'd be like this deep focus on stimulating your baby. And I mean, there were nurseries that were like built around black, white, and red and contrasting colours. It was like very in the baby's face. And what we introduced in the book Baby Sense was the fact that babies really can become overstimulated. So what is important to do is yes, give them the black, white, and red, um, also faces are fascinating for them. So like literally take photographs of close ups of people's faces and show them face books and that sort of thing. 'Cause faces are very fascinating for them, but the important thing in whatever stimulation you're doing, whether it is a baby massage, whether it is serve and return, whether it is under a mobile, whether it is even tummy time is to watch their signals and babies will give you very clear signals of when they're becoming overstimulated. And the first signal is generally looking away. So what is quite important when you're putting them under black, white, and red mobiles is to watch for when they look away because they've often when they're little like this, they can only actually cope with only a few minutes of stimulation in each awake time. It's not like 45 minutes of awake time is all stimulation. It's not. And in actual fact, I often talk about less is more that actually sometimes putting your baby on the middle of the bed, staring at the roof with a little bit of Mozart playing in the background or whatever music you'd like playing in the background can actually be better for them than lying them under a mobile. I think it's watching these signals and not overstimulating them. And particularly for your little baby, I can't remember which one it is who was a little bit niggly after feeds. That can often be an indication of overstimulation. So he might have less of a capacity for being stimulated and therefore his stimulation window is just a little bit shorter than your other baby. It could be that.

Zoë Brown: That is our baby, our little Luke.

Meg Faure: Yeah. So is he is he still quite niggly at times and gassy?

[33:26 - 34:20]

Zoë Brown: Not so much. We've we've actually transitioned their formula to the sensitive. So we've been using Nan Pro and we we've now transitioned them to Nan Sensi Pro. And weirdly enough, with the vaccinations, baby B had the temperature and baby A was completely fine. Transitioning both of them to the same sort of formula, baby A had a runny tummy. He had quite an upset stomach and baby B's been fine. He's been grunting a lot less. But both of them are slowly but surely breaking wind a little bit better here and there. It still gets a little stuck. But I think that's that's completely normal. But we have noticed the more active they are, they're kicking the legs and they're moving around a little bit more. That's also helping with breaking the wind a bit better.

[34:21 - 36:29]

Meg Faure: Yeah, that does make a difference. And it's interesting just to chart those those personalities. So Luke was a little one who was a little bit more niggly. Is he also the one that is waking as a religion at three hours through the night? And he was the one that ran the fever and cried more after the vaccines. So it's it's really interesting. So he is his sensory profile will be on the more sensitive side. So basically, the way that our baby's brains work is that all of our brains filter sensory information all the time and all information all the time. And some of some babies and some people are better at filtering it out and habituating sensory information. And some have a lower threshold, which means that they're more sensitive to actually everything. And they typically that all sits together as a we call it a low threshold. So they're just more sensitive. They're a little bit more niggly generally, because they're more likely to become overstimulated. If they get the signals from their tummy that they might be slightly hungry, they'll suddenly wake up, whereas the other sensory thresholds that are much higher. It's high for everything. It's they have a higher tolerance for social interaction. They have a high tolerance for pain. And then they also when they when their tummy starts to give them signals that they might be hungry, they often start to sneak through that and they don't actually notice them. So you've got actually a very interesting profile here of a more sensitive. And that's not that. And that's not doesn't mean that he's going to be more tricky. It just means that he's more sensitive around sensory information and in one that's got a higher threshold and therefore less sensitive. So it's very interesting to watch. And actually, many years ago, I did a lecture in Doha. And one of the speech therapists sent me a video afterwards of her twin boys. And the one had a high threshold, one had a low threshold. And the one with the low threshold was a real, real, like more sensitive baby took time to warm up. He was very social, but he was he took time to warm up to new new things. And the other one was gregarious, social, seeking interaction, wanting to smile. So it's really interesting if you're really starting to see that with your little boys.

[36:30 - 37:05]

Tasha Perreard: It's amazing. I always find I mean, in all the years that I've kind of been meeting twins, and then even with my own twins, I have never, or I've very rarely met a set of twins who have the same personalities. And the same same kind of your sensory profile, it's almost always one is slightly different to the other. It's very unusual. I mean, I guess obviously, it just highlights that they're just two such different, different little individuals. And it sounds like you're so on point with recognising that. So I think so many parents expect their twins to be the same. And I mean, you're really noticing it's so obvious how different they are.

[37:06 - 37:33]

Zoë Brown: It really is. But I think for me, it's a constant reminder that they are two little individuals. Yes, they've got the same mom and dad. Yes, they've got the same birth date. But that's that's it. They just two babies born at the same time. And we've been very big on picking up on that. Now, I just want to make sure I'm not giving the one a disservice just because the other one might want to wake up a little earlier for feeds when it comes to that nighttime waking or keeping the one sleeping routine.

[37:33 - 38:01]

Tasha Perreard: But I think you'll you'll something to remember going forward is that there will be some days where the one will get a disservice and the other one, you know, you'll never be able to pull yourself equally into all of it. One day, it'll be more kind of focused on the other one week, it might be focused more on the other. So it kind of it kind of comes in roundabouts that, yeah, it's difficult to kind of treat them completely equally the same. So it's it's a journey.

[38:02 - 38:07]

Meg Faure: Very interesting. Well, it's been fascinating. So is there anything that was pressing that you wanted to mention before we finish up?

[38:08 - 38:23]

Zoë Brown: Um, no, I think the big thing for me was just, you know, because I know how important it is for little ones to connect their sleep cycles, because I'm a mama that wants to make sure the babies eventually when the time is right, sleep through the night.

[38:24 - 39:19]

Meg Faure: They will and they will. It won't be too far away. As Tasha said, between now and when we talk next, they're probably both going to start to stretch those one of those feeds. And actually, it's quite typical for them to only stretch one feed at night. So it's very typical at around about this age that they might start to go five or maybe even six hours and then go straight back to the three hourly day after. That's that's a very typical thing. And you will see it getting getting better and better. And then unfortunately, as Tasha said, sometimes around about, you know, 14, 17 weeks, we see this kind of little bit of a regression back to reintroducing one of the night feeds that they had dropped. But I'm absolutely certain that they will start to move towards having one longer stretch. And, you know, later on, not now, but later on when they're gaining weight, well, there's nothing wrong with stretching one of those night feeds with a little bit of water as well. But that's not for now. But it will come in, you know, in time to come when we're chatting about their night sleep.

[39:20 - 39:58]

Tasha Perreard: I think just something I wanted to add, sorry, just for the other moms listening, is that some moms don't even notice the regression because some babies don't have a progression. So, you know, it's also very normal for babies not to start stretching. You know, it's wonderful if they do start stretching five, six, seven hours. But there are a lot of babies who just cannot do that for the first four, five, six months. So if you are a mom listening and your five month old or six month old is not stretching, it's nothing you're doing. It's it's it's kind of within the very normal range of normal. So most babies are very different, but it is a wide range of normal.

[39:58 - 39:58]

Meg Faure: You're right.

[39:59 - 40:16]

Zoë Brown: It is a wide range. In fact, Meg, I just wanted to know from you now that we've like established that, for example, my baby B is a little bit more sensitive to sensory experiences. What is the best approach to make sure I don't overstimulate him?

[40:17 - 42:45]

Meg Faure: Yeah, look, I think it's such a good question. And it's a question that moms ask a lot. So first of all, less is more, particularly with our sensory sensitive babies, because we're not doing them a disservice in terms of development by offering them less because remember, they're actually taking in more. So at the end of the day, the two minutes under the mobile that Luke gets is actually kind of like the 10 minutes that baby A is getting. So, you know, I think I think it is important to recognise that he will he will actually develop really well with less stimulation. And we actually often, this is quite interesting, Zoë, we often see that our more sensitive babies are more advanced with their milestones. So they tend to do things a little bit sooner than the other ones, because they are just so wired for everything that's going on in their world. And so it doesn't mean that if they get less stimulation, they're actually not going to develop normally. So I would just be more conscious of his signals, I would definitely be watching him when he starts to look away. If he starts to rub his ears, if he rubs his eyes, if he sucks furiously on his hands, those are all signals, or if he gets hiccups, or if he gets blue around his mouth, those are all signals that are saying, oh, there's just too much going on for me. So you want to watch those signals quite carefully with a more sensitive baby, your more social babies and the ones with the higher threshold, they actually need a bit more stimulation. So it is worth actually putting him a little bit longer under the mobile, giving him a little bit more stimulation, because they're actually needed in order to kind of maintain their development. And actually sometimes, and not for your babies, but I have seen in clinical practise where a baby with a very, very high threshold, so I'm talking about a baby who's super laid back, like just the whole world's going on around them, they don't really notice it. And they sleep through early, they do things very differently. But some of those babies can actually have developmental delay, where they actually don't crawl, and they don't walk, and they don't talk on time, just because things are taking, and it's not a problem, again, like Tasha said, wide range of normal, but it's just a little bit later. So you'll start to see that some of the milestones actually start to separate up because of their sensory profiles. But just watch the signals, give him the same opportunities, and then just take the opportunity away when he needs a bit of downtime. That would be my recommendation.

Zoë Brown: Oh, thank you. I really appreciate it.

Meg Faure: Thank you so much to both of you. Pleasure.

Tasha Perreard: And thank you both. Thanks, Tasha. Thanks, Zoë.

Meg Faure: And we will definitely catch up again, because I'm loving these chats.

[42:46 - 42:48]

Tasha Perreard: Yeah, I feel like we can carry on talking for ages and ages.

[42:48 - 42:53]

Meg Faure: Yeah, me too. Excellent. Thanks, everyone. See you next time.

[42:53 - 42:55]

Tasha Perreard: Thanks so much. Bye.

[42:55 - 43:08]

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.