**[0:00 - 1:11]**  
**Meg Faure:** Join us today as we chat with Nina, mom of two adorable little boys, including her newest addition, just four weeks old. In this episode, Nina shares a heartwarming story of how she chose her little one's special name. But it's not all snuggles and coos in the household. We delve into the real challenges of caring for a four-week-old, from navigating grumpy tummies to decoding tiny human signals. And then we tackle some big questions like, do little ones get bored? How often should we space out feeds when they're so little? And what's the deal with gut immaturity? I share my experience and expertise on dealing with fussy tummies and whether excluding certain foods from your diet can actually make a difference. One thing I learned today was a piece of advice that's doing the rounds about keeping newborns awake so that they'll settle later. It's a crazy piece of advice and I debunk it. I also share my tips on setting up a day's sleep schedule and how that works, and also how to establish a bedtime routine for newborns that will work for the whole family. And just because we know that you may be curious, we answer the question about whether or not we need to bathe a baby daily. So tune in to find out and stay tuned for this raw, honest, and fabulous conversation with Nina as we dive into the realities of new motherhood.

**[1:12 - 1:54]**  
**Bailey (Announcer):** Welcome to Sense by Meg Faure, the podcast that's brought to you by Parent Sense, 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 moms 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 Parent Sense 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.

**[1:56 - 2:30]**  
**Meg Faure:** Welcome back, moms and dads. This is Sense by Meg Faure. I am Meg Faure, and I am delighted that you are going to be joining us here today. This is one of those episodes that you have told me is one of your favourites, which is when we are tracking a mom with her baby. And this is our third mom that we're going to be tracking. Her name is Nina, and she is the mom of two little boys. And her youngest is called, at the moment, to our knowledge, was called Tiny, because when we last chatted to her, she had not come up with a name, and he is about four weeks old. So welcome to the episode, Nina.

**[2:31 - 2:33]**  
**Nina Clark:** Thank you, Meg. Thanks for having me.

**[2:33 - 2:36]**  
**Meg Faure:** So I guess the burning question has to be, does Tiny have a name?

**[2:37 - 3:12]**  
**Nina Clark:** He does indeed. Yesterday, we finally committed to it. So according to Home Affairs, our little one is now Joshua Adrian Clark. And it is still very new. So at the moment, we are still smashing Tiny left, right and centre. And whenever Joshua comes up as a name, it doesn't feel right. But I know that, I mean, you know, kids grow into their name, of course. And it might be like that forever. Yeah, maybe, you know, maybe he'll just, I mean, he's a unit of a kid. So I mean, it might be one of those very ironic nicknames that he carries.

**[3:13 - 3:15]**  
**Meg Faure:** Is your husband tall?

**[3:16 - 3:20]**  
**Nina Clark:** He is, he is. He's got the tall Scandinavian genes.

**[3:20 - 3:34]**  
**Meg Faure:** Okay, all right. So tell us, because I know, you know, I think I said to you last week that one of the most googled topics on, you know, Google is, is what should I call my baby or baby names? What were the options when you were thinking about Joshua?

**[3:37 - 5:26]**  
**Nina Clark:** So, um, okay, so Joshua just felt like it was the front runner the whole way through. We had no ick around the name. I mean, like nobody, nobody put us off of the name in, in sort of any, any person that we knew. And, you know, we obviously did, I think we spoke about it last time, research into what the name meant. And I think also the sort of biblical connotations and what the, um, the, the shortened versions would be, if there would be any sort of like weird nicknames that would come out of it. And I, I think we were safe on all those fronts. So that felt the most right. Um, but a few of the other names that we really liked were, um, we really liked Elliot, we loved Nate, um, we liked Seb at some stage, um, Seth as well. Gosh, there were so many anyway, we cycled through a whole bunch. And I think Josh at the end of the day, yeah, it was sort of just our safest bet, but it, it's weird because with Max, we, um, we actually just had such a conviction about the name Maxwell. Um, it was actually a name that we had had on our top five list, um, for a while, while we were, again, I think we took about three weeks to decide on his name. And, um, we chatted to my hubby's parents about it the one morning and my father-in-law said, I actually woke up this morning and I had this dream about the name Maxwell. And before we'd even mentioned it to him, um, he told us a story and we were like, wow, that was actually on our top five list. And so that felt quite made to be, whereas Joshua, I don't know, we don't have that sort of sign to say this is the one just yet, but, um, but anyway, you know, we can always change it.

**[5:28 - 5:38]**  
**Meg Faure:** Yeah, no, it's a lovely name. It really is. In fact, my nephew, my sister's children are called Max and Josh, and then she's got a Ben as well. So there you go, Max, Josh, and Ben.

**[5:38 - 5:41]**  
**Nina Clark:** I love that. Okay, great. So it does, it does.

**[5:42 - 6:04]**  
**Meg Faure:** Yeah, definitely fits. Yeah. So that's wonderful. So four weeks old can be quite a challenging period because you're heading towards that six week period where actually, um, crying escalates a little bit, you know, kind of almost every day on average, some babies are very low criers and some are much higher, but it is still escalating until about six weeks when you turn the corner. So how has it been for you at four weeks?

**[6:05 - 7:25]**  
**Nina Clark:** No, absolutely. I have experienced that. I mean, I wouldn't say that Josh is necessarily a crier and he doesn't cry. Yeah, he doesn't cry for long. I mean, he'll have like a little outburst. If he's bored, it seems like, um, I totally forgot that they can also now get bored at this age, you know, um, a couple of, well, I say a couple of weeks ago, but you know, the first couple of weeks, it feels like you can actually just leave them chilling on a cushion or a sleepy head or whatever. And they can sort of just hang out there while they're awake for quite a long time and be happy with that. Whereas now it's definitely, you know, mom, I need to be entertained, um, or picked up or something. So there's, there's the crying about that. But then as soon as you meet that need, he seems to be fine. Um, and the same when it comes to, I suppose, when he's uncomfortable, which is one of the things that I'm finding to be the biggest challenge at the moment, um, is that sort of like, uh, uh, uh, the whole time. And he definitely seems to have something going on with the tummy. It doesn't feel colicky because he's not screaming through it and he doesn't seem to be in absolute agony, but there's definitely, you know, um, winds that need to be attended to a little bit more than previously. But I, I think now their tummies are developing if I'm not mistaken. So that's sort of to be expected, right?

**[7:25 - 12:21]**  
**Meg Faure:** Yeah, it really is to be expected. And, you know, I think, I think a couple of things happen at around about this age and, um, they're kind of needing to communicate. So just not finding the right way to do it because the first real form of communication comes at six weeks, which will be the smile, um, which we'll chat about in our next episode. Can't wait for that one. It's my favourite. Um, but right now they don't have any other form of communication. So the first thing is that they just kind of experimenting with those lungs in a form of communication. There is some evidence that there is gut immaturity that does contribute to this fussing. And it's got to do with the fact that, um, little ones are born with actually a very neutral and bland gut microbiome, not, not a lot of activity going on. And then it actually takes them time to build up that gut microbiome and to start to be able to digest everything really nicely. And in particular, um, any milk, whether it is human milk or cow's milk or dairy formula, whatever it is, um, has got a lot of lactose, which is the sugar that is in any animal milk. And it needs to be broken down by lactase, which is the enzyme that breaks down that sugar. And the problem is that the amount of lactase that the baby's gut is producing or that they're producing doesn't keep up with the milk. And so there is a little bit of irritability, which is why those breastfed baby poos are very frothy. And, and if you're feeding very, very regularly, they can be even more frothy and almost, um, and also almost create a bit of an uncomfortable tummy. So that means that the second thing that you can think about. So the first thing is accept that they're communicating. The second thing is, um, don't overfeed them. And, you know, I think sometimes moms get into a cycle where they, um, feed the baby and like an hour and a half later, they're niggling a bit, and then they think, well, maybe they're hungry. And so then they feed them again and they get into this little cycle. And then there's a lot of milk going in and actually, they're just not having time to really digest. And what we find is that if you start to stretch those feeds, as long as a baby is gaining weight nicely, and as long as your milk supply is in, you can actually start to stretch those feeds towards three hourly. And that sometimes helps a little bit. So that's on the gut side. Um, what, what is also on the gut side is that sometimes, um, cutting out dairy from your diet can help and cutting out sugar from your diet as well. Um, I don't like, um, you know, in back in the old days, we used to talk about exclusion diets where you had like no onions, no green vegetables, no dairy. It was just everything. And eventually all you were eating was meat, you know? So it was really, you know, wasn't fabulous for women's nutrition. So we don't talk about that anymore. Eat everything that you can. They're not reacting to anything in your diet, except potentially dairy. That's the only thing we do think. And then just the other thing on the gut side is that don't think that it's necessarily winds. And I'll talk about the third reason for, for niggliness just now, but it's not necessarily winds. And one of the other things that we tend to do is we tend to think, Oh, it must be winds. He's got a gas bubble. I must get out or a wind. I must get out. And then we pick them up, start to pat them, jiggle them. And this kind of winding of babies becomes this like 25 minutes cycle. And then, you know, then eventually they fall asleep, exhausted, and then it's time for a feed again. But actually winding should only take five minutes. If your baby hasn't made a burp, if Josh hasn't made a burp within five minutes, just consider that the burp's coming out the other side, you know, the gas will come out the other side. So don't pursue because often that leads to overstimulation. And that's the third reason for this peak and crying now. So the first reason was potentially, you know, just, just a way to communicate or as you said, boredom. Second thing is potentially a little bit of gut, but actually the main reason is overstimulation. And the, you know, I think going back to the 1990s, there was, we started to really think about overstimulation as a cause or neurological immaturity is a better way to talk about it as a cause of crying. And what was happening was that we could see that babies were, their crying was peaking in the evening between five and seven, between five and eight. And if it was allergies, or if it was a gut thing, that wouldn't make sense because there would be niggly all day, but they're not niggly all day. It's classically centred around a certain time of day, which is usually in the evening, but some babies have like a niggly patch between one and three in the morning, you know, everybody, every baby's different. But what actually happens is that they have taken in a lot of stimulation from a world that's very busy and very new to them. And they start to react to that, needing to just have sleep time or downtime. And because we're in the mode of solve, solve, solve, we then start to change nappies, refeed, jiggle, you know, burp. We do a whole lot of stuff. And all of that stuff actually just adds to the sensory load and they become more overstimulated. And so you end up in this colic cycle. And there's a very interesting chapter in Baby Sense that kind of goes into that and talks about this, you know, how do you get into the cycle of crying? So yeah, so a couple of little tips there just in terms of their diet, but also in terms of not overstimulating them, having very regular sleeps during the day, watching the awake times and making sure that he's not overstimulated in the evening.

**[12:23 - 12:40]**  
**Nina Clark:** Okay, sure. So many interesting things that you mentioned there. That's super helpful. Could you maybe just talk to me a little bit more about the sort of how to combat the overstimulation then at that sort of witching hour, I suppose, and especially at this age for them.

**[12:41 - 13:19]**  
**Bailey (Announcer):** This episode is brought to us by Parent Sense, the all-in-one baby and parenting app that helps you make the most of your baby's first year. Don't you wish someone would just tell you everything you need to know about caring for your baby? When to feed them, how to wean them and why they won't sleep? Parent Sense 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 Parent Sense app now from your app store and take the guesswork out of parenting.

**[13:20 - 13:33]**  
**Nina Clark:** Could you maybe just talk to me a little bit more about the sort of how to combat the overstimulation then at that sort of witching hour, I suppose, and especially at this age for them.

**[13:34 - 15:59]**  
**Meg Faure:** Yeah, so brilliant question. So first of all, throughout the day, there's a slow growing impact towards the evening. So, you know, what happens at eight o'clock in the morning, 12 o'clock in the afternoon, four o'clock in the afternoon, all kind of mounts on top of each other. So the first thing is, in principle, don't focus on stimulating a little baby too much because just being alive, being spoken to, having their nappy changed, having their head stroked while you're breastfeeding, all of those things are actually enough stimulation. They don't need to be stuck under a black and white mobile. And I think that was a big mistake I made with my little one as my first born. I put him under mobiles, like if his eyes were open, he was under a mobile. Because there was, and there's a thing in our heads, like as adults, that is if our eyes aren't occupied, we're not doing anything. So that's why we all have our heads buried in our phone the minute somebody walks out the room in a restaurant or whatever, you know. So don't try and stimulate that visual sense and actually almost protect that visual sense. It doesn't have to be stimulated. So like you said something very interesting, which I don't think a lot of mums do. You said you just put him lying with no stimulation on a Dockatot or a Sleepyhead, just being in the world. And actually, that's a really good thing. A lot of mums don't do that. A lot of mums feel this need to stimulate all the time. So first principle, don't feel the need to stimulate all the time. Second principle is get to learn his signals for overstimulation. And there are little signals like just looking away. So you're stimulating him and he just looks away. Or just kind of rubbing his eyes or his ears a little bit when he's a little bit older, he'll be able to do that. Or at this age, the grimacing, that kind of, that's a clear signal that I'm overstimulated, I need a gap. Then the next thing you need to do is you need to think about two things when he starts to give you those signals. The one is, is it sleep time, which you should be watching his awake times at this age. And they're probably around about an hour at this stage, you know, at the moment. And so when he's all the way through the day, you're watching his awake times and putting him back down because then you will make sure that he's resetting his sensory load regularly throughout the day. But let's say it's not sleep time. Or let's say you can't get him to sleep because that happens at this age where you battle to get them to sleep, is popping him in a carrier. And I personally, I have some real favourites in terms of baby carriers. My current favourite is the SnuggleRoo, which is a little, it's almost like a wrap carrier, except it fits on...

**[16:00 - 16:04]**  
**Meg Faure:** It's a structured wrap carrier, so it doesn't have all those long lengths of fabric.

**[16:07 - 16:13]**  
**Meg Faure:** Yeah, because those are, they do feel like you need an MBA to be able to put those together.

**[16:14 - 17:10]**  
**Meg Faure:** Exactly, they're not my favourite. I love the softness of the fabric, so that's why I love the SnuggleRoo. And then, so put him in a SnuggleRoo, and actually just go for a walk. Take Max for a walk in the pram, and put Josh inside of you, and just go for a walk. Because actually, that's kind of one of the ways that you can just help to just settle that sensory load, he'll probably fall asleep. And then the last tip I would say is just in the evenings, just be very conscious about not leaving bedtime too late. So bedtime for a baby of this age can be anywhere between 5:30 and 7. Like it's really early. So if it's got to like, let's say he woke up from his last sleep at 4:30, and you know that his awake time is about an hour to maybe an hour and 10 minutes in the evening, he's going to actually be going to sleep at like 20 to six, and that's okay. You know, I know it's tricky in Cape Town, which is light until 10 o'clock at night in summer. But you know, I think it is worth just not letting them stretch too late in the evening time.

**[17:11 - 17:51]**  
**Nina Clark:** Fine, okay, because I actually this morning read somewhere else, I think it was on the Huckleberry platform, that for babies of this age, they can actually have a very late bedtime, so sort of 9, 10 at night. And I was saying to my hubby, maybe one of us needs, we need to just like cycle through one of us needing to stay up with him a little bit later, so that he can get through that niggly period and stay awake or whatever it is, and then properly sleep from 10 onwards, if that is the case. But that's interesting to hear that actually, maybe we're missing the mark on him needing to go to bed earlier. And just, you know, sort of, yeah, putting him down super early.

**[17:52 - 19:22]**  
**Meg Faure:** I really don't agree with that. I'm quite interested, because I've always thought that the Huckleberry platform had some valuable advice, but that is really not good advice. You know, I think, unfortunately, what happens with that is that babies become more and more overstimulated at that time of day. I mean, we all like that. Just think about Max, all you need to do is cast your mind to Max. Max in the evening, you know, is Max about two now?  
**Nina Clark:** He's almost three.  
**Meg Faure:** Almost three, yeah. And he will get, they can be, toddlers can become like Duracell bunnies in the evening. And the reason is that their circadian rhythms are telling them, it's now time to defrag, it's now time to go to sleep, and they become more and more stimulated and hectic. And it's exactly the same for little babies. There is no ways that we should be keeping them awake. What does sometimes happen is that you will get him down at like, it's a quarter to six even, put him down, let him go down for the night. And he might wake three hours later, just like he's been doing in the day for his feed. And that feed, you treat as a night feed. So leave the lights off, leave the room dim, put him to the breast, night feed, even though it's, you know, it's nine o'clock at night, you don't take him out the room. And that's the way that you set up good circadian rhythms. So anywhere between, you know, kind of 5:30 and seven is bedtime. He will wake again for a feed, and then he'll potentially do his long stretch a little bit after that. Or he might even do his long stretch from 6pm all the way through till 12, which is what he'll be starting to push towards now. So, yeah, I would definitely would not keep him awake. There's just no sense in it.

**[19:22 - 19:40]**  
**Nina Clark:** That's super helpful. Thank you. And then just with regards to the bedtime routine, would you say that needs to be pretty set as well? So bath, da da da, all of that, obviously dimming the lights and putting on a white noise machine and that kind of a thing, also from that sort of quarter to six?  
**Meg Faure:** Yeah, definitely at four weeks.

**[19:40 - 20:51]**  
**Meg Faure:** So when babies are very little, so, you know, up until four weeks, we're often not kind of bathing our babies every day, even, you know, I mean, you might have been, but many mums don't bath them every day, they're clean, they don't need to be bathed every day. So, so that's not terribly urgent. Even now, you might find that there's a day where like, just we're not bathing him, he's overstimulated, he's overtired, we're just going to top and tail him, which means taking a little bit of cotton wool with cool boiled water, wiping down his face and his bum and his underarms and his neck rolls, but you would otherwise just, you know, kind of put him to sleep if you're not going to bath him. But at this age, from about four weeks onwards, we do start to like to see a little bit of a bath time routine come in. In general, a bath time routine for an older baby is an hour long. So for Max, his bath time routine should be an hour, which is, you know, really a lovely bath and then a story and then a feed and then a chat and a song and then into bed, it's an hour. At this age, an hour is the whole awake time, so that's a little long. So what you would probably do is you would, and this is quite a nice routine to have in this part of the evening, an hour and 10 minutes before bedtime, take him to his nursery and do one side. Are you breastfeeding or bottle feeding? I can't recall.

**[20:52 - 20:59]**  
**Nina Clark:** I'm breastfeeding, exclusively at the moment. So yeah, for the first couple of months, I'm hoping to just, yeah, at least steer clear.

**[20:59 - 22:23]**  
**Meg Faure:** And so I would feed him on one side then. So this is an hour and 10 minutes before bedtime. I would then go and bath him so that he's not really fractious for that bath time. And then you give him a little bath or a little top and tail, bring him back to the nursery, don't leave the room, make it dark, have the lullabies on and then give him both sides. So give him the other side and then go back to the original side again. And the reason for that is that I love the idea of like a really full tummy to try and get them to stretch. But for that second side, so you're between the two sides after bath, you'll wind him in the middle and between the two, you'll then swaddle him for the second side really nice and tightly. And that we don't swaddle him for the other ones, because we want him to actually stay awake and actually feed because they can often be quite sleepy. So with the second side, you'll swaddle him. And then if he falls asleep on the breast, I wouldn't even worry about it. They're not going to develop habits at this stage. He probably will fall asleep on the breast. You can lift him up and give him a burp. And the burping that I like is, you know, kind of you stretch out their back, kind of almost put your hand under their chin and their neck, hold him upright on your lap and give him a nice firm burping, even if he's asleep. And then put him swaddled back down. And that's it. And then put the white noise on and walk out the room. Now, often what will happen is that he'll then start to niggle. And that's when you go in, keep him lying down and just pat him and stroke him until he settles nicely.

**[22:24 - 22:34]**  
**Nina Clark:** OK, gotcha. Also, I like what you said about the burping not needing to take longer than five minutes, because I definitely lose patience after five minutes.

**[22:34 - 22:40]**  
**Meg Faure:** So I'm not one of those moms who's going to sit around for 25 minutes and hope that it comes out. So that's good to know.

**[22:42 - 23:30]**  
**Nina Clark:** One of the other things that you said, which I'm very guilty of when it comes to feeding is I potentially do overfeed him because I tend to, I think, almost use the boob as a bit of a dummy situation, you know, so whenever there's a niggle and I just shove that in and I mean, he'll just take it. Right. So it does it does feel like it probably is like an hour and a half situation instead of a three hour thing. And so sort of just if he is niggling after an hour and a half and we don't use the boob to settle him, would you say just putting him in the carrier and walking him around or obviously then doing a little bit of, I don't know, don't stimulate, don't, you know, yeah, don't overstimulate. So what would you say would be one of the other ways that we can just try and settle him then?

**[23:31 - 23:33]**  
**Meg Faure:** Well, so first question is, how's his weight gain?

**[23:34 - 23:41]**  
**Nina Clark:** Very good. Very, very good. He's almost five kgs now, so he's tracking quite well.

**[23:42 - 24:50]**  
**Meg Faure:** And it's very important that I ask that because I never forget actually having a mom on a podcast a few months ago, and I was giving her a suggestion, not dissimilar to what I'm going to say to you now. And then we discovered actually, because I said, look, you must go and get him weighed. And we discovered he wasn't gaining weight and really not gaining weight. And so he was actually trying to activate her supply by trying to be fed every hour and a half. And he needed those frequent feeds. So moms, just very clearly, if you are going to start stretching feeds at around four weeks, you need to first know what your baby's weight gain is. And if they're gaining weight beautifully and you know, you've got a good supply and, you will know, then you can start to stretch the feeds. If you don't have a good milk supply and they are not gaining weight, you do need to see a clinic sister. You need to problem solve that. So being that Josh, I wanted to call him Tiny, but being that Josh is gaining weight really nicely and your milk supply is established because you are exclusively breastfeeding, so therefore it would be well established if he's gaining, you can start to stretch him. So my suggestion is, is he using a dummy yet?

**[24:51 - 25:20]**  
**Nina Clark:** He has had a dummy here and there. I'm trying not to use it very often because I am worried that I then don't know the difference between whether he's just niggly and needing to just be soothed or if he's hungry. So maybe that's something that you can also potentially touch on because that is one of my fears with using them but I have absolutely and also like in the car or anything like that when it's, you know, extenuating circumstances, he does take the dummy.

**[25:21 - 27:40]**  
**Meg Faure:** Okay, good. That's great that he's taking a dummy. I actually would start to give him a dummy. I love dummies. I think they're very easy to get rid of later. They're easy to teach our little ones to learn to control themselves so they can use them in the middle of the night, you know, from six months onwards, they can start to learn. So I really like dummies. I think they're a very good solution for little ones. And they also, you know, at this age, I mean, I always say to moms, little ones are niggly at this age, and you've only got X amount of tools in your toolkit to deal with it. And when you say, well, he's never going to have a dummy, you're just taking a quite a useful tool out of the toolkit. So my suggestion is to introduce the dummy, he's not going to go off the breast, there's just no chance, you know, he's already four weeks and you've got a milk supply and he's feeding well. And also, and this is to your point, you're not going to use it to so-called fob off a milk feed when he's actually hungry. So let's talk that through. Dummies are great to use after a feed. So he's finished a feed, it's been 20 minutes, you've settled him to sleep, he's woken up again, and you can give him a dummy. And that's an example of a really constructive way to use a dummy. It helps with the peristaltic movement to help him digest his food. And it helps with just letting him soothe themselves, there are more sensory receptors in our mouth than anywhere else in our bodies. So it generates a lot of comfort. And so dummies, I think are a good idea. Now, I would suggest that from the start of a feed to 90 minutes after the start of the feed, you offer the dummy because in that period, he's not going to be needing another feed. It's too soon, you know, it's only it's only an hour and a half. If it gets to let's say an hour and 45 minutes, and you're really not sure because maybe he's angry, maybe he isn't, try and soothe him otherwise. And if you can't, then you can feed him and then start to stretch that time out to two hours. So let's just say for this week, our target is going to be, don't feed him any less than two hours. So anytime from two hours, and you must feed him by three and a half, four hours. Otherwise, you're going to have nighttime situations where he's waking regularly. So let's aim for that this week. And see if you can use that dummy just up to an hour and 45 minutes. And then anything from there, we'll try and feed him from two to four hours. And let's see how that goes.  
**Nina Clark:** Gotcha. Okay, perfect.

**[27:41 - 28:22]**  
**Nina Clark:** Very, very handy to know. And then the last thing that I just picked up on when we were talking about the stimulation and not over stimulating him. So I definitely, again, read somewhere that at this point, babies need to be stimulated. So the mom guilt came in a couple of days ago, and this was me doing, you know, all the mobiles and books and the whole nine yards. And so interesting to know that potentially that needs to be very much pulled back on. Is there a level of stimulation that one needs to have at this point or not at all? And when would you say let's properly start with that?

**[28:22 - 31:10]**  
**Meg Faure:** So again, amazing question. So first of all, the most important stimulation for this age is emotional engagement, like just connecting with him. And that doesn't just mean you, it means your husband, and it also actually means Max as well. So there can be many, many different caregivers who come and go from his life and engage emotionally with him. So Max walking up to him and getting in his face and touching him and making a noise near him. Like that's awesome, because that's human, that's life, that's engagement, that's relationship. And you know, these second born children grow up super resilient because they get completely abused by the older child and the noise in the environment, and you can't control everything. So that's why I say just being alive and in relationship is everything he needs. Because when you are in relationship, there will be touch stimulation, because somebody is going to stroke your head. There is going to be auditory stimulation, because your older brother is going to squeal very unexpectedly. There is going to be visual stimulation, because mommy's going to hold you 20 centimetres from her face and make eye contact and tell you that you're beautiful. And that's visual stimulation. And so there's going to be smells and taste stimulation because of breastfeeding and being on your body. And taking him for a walk in a carrier, amazing stimulation, because that stimulates his vestibular sense, which is his movement sense that will be giving him the foundation for motor skills. So all of that with nothing, with no extra is just perfect. You can start to add in a little bit extra at times. So within every wake window of about an hour to an hour and 10 minutes, he will have probably a 10 minute stretch of what we call the calm alert state. And the calm alert state is characterised by very still bodies, open eyes, and generally a slightly open mouth. So like a little ooh look on his mouth. They're very still and they're really watching. When he does that, every single neurotransmitter in his brain is priming for that connection. It's trying to connect. And those are the moments where you can do a little extra stimulation. So you might pop him under a little mobile, or you might actually just have music playing in the background. Or you might just read a story to him. He won't know what you're talking about, but there's language. Or you might just talk to him and do, I mean, in the Parent Sense app, I don't know if you're using the play activities, but we have a play activity for every single day. If you go onto the, there's a little pink tile on the home screen. Click on that. You'll see a play activity for every single day. And that'll give you something like, there will be a day when it says put him under a mobile, but the next day it might be give him a foot massage. And the next day it might be do a little nursery rhyme with him. So it's really simple stuff. It's not very often. There's probably only about eight times in the day where you do anything and it'll be one or two minutes. But for the rest, it's really, it's emotional engagement. That's what it's all about.

**[31:11 - 31:12]**  
**Nina Clark:** Okay. Gotcha. Brilliant.

**[31:14 - 31:24]**  
**Meg Faure:** Well, it's been amazing to chat. You've brought up all the most common questions of a four-week-old baby, and it's been wonderful chatting to you. So I'm really looking forward to tracking your journey, Nina.

**[31:25 - 31:35]**  
**Nina Clark:** Thank you, Meg. Same, same. This is so useful, honestly. I've got my little notebook here and I'm going to be making notes deluxe for the day.  
**Meg Faure:** Excellent.

**[31:35 - 31:39]**  
**Meg Faure:** I love it. And you can give us some feedback next week as well. And we'll see you then.  
**[31:39 - 31:40]**  
**Nina Clark:** Will do.

**[31:40 - 31:41]**  
**Meg Faure:** Chat soon. Bye.

**[31:43 - 31:52]**  
**Bailey (Announcer):** Thanks to everyone who joined us. We will see you the same time next week. Until then, download Parent Sense app and take the guesswork out of parenting.