**sharon-sarah-intv**

**sharon-sarah-sarah-1:** [00:00:00] Sharon, I am very excited to have you here on the podcast today. So thank you for joining us.

[00:00:05] **sharon-sarah-sharon-1:** [00:00:05] Absolutely. I'm so excited to be here with you.

[00:00:08] **sharon-sarah-sarah-1:** [00:00:08] Wonderful. And so why don't you start by introducing yourself and telling us a little bit about your career path to date?

[00:00:16] **sharon-sarah-sharon-1:** [00:00:16] Absolutely. Am, I guess I have a, what I would call a pregnancy and parenting expert. I've been in this field for over 20 years. I am an author. I was the co-author of the best-selling what to expect when you're expecting series of books, what to expect the first year, what to expect the second year and so on.

[00:00:34] And and I spend a lot of time on Instagram. I do a lot of parenting coaching and speaking. I give classes, virtual classes in person classes before the pandemic. And I love what I do. And I've been doing this for many years. I have four children of my own. So a lot of them came in handy for experiments as I was writing and researching and seeing.

[00:00:58] What the research shows on parenting. And then I was able to see it in person with my own kids. So it's been a great journey.

[00:01:06] **sharon-sarah-sarah-1:** [00:01:06] yeah, no, that's incredible. So you were doing this, you were considered a, you are an expert in this space before you had kids.

[00:01:14] **sharon-sarah-sharon-1:** [00:01:14] So I'm a journalist by trade. Actually, I used to work in television and when my first daughter was born, I was a writer and producer for nightly news. And when my first daughter was born, I realized that being out of the home until 11. PM was really very difficult with the baby. So I left and I started writing for various magazines and newspapers.

[00:01:35] And somehow I guess, because I had a child and then I had quickly a second child. I gravitated towards the field of pregnancy and parenting. And that's when I got involved with the With what to expect and and then started writing with them and co-authoring the books and then subsequently had two more children.

[00:01:55] Became an expert first as a parent, but then as a researcher and author. So I guess it went hand in hand, let's say,

[00:02:02] **sharon-sarah-sarah-1:** [00:02:02] Got it. It's funny. I think I it's, I, I talked to so many women and it feels giving birth or being pregnant, like reinvigorates, like so many people have changed their career choices. And after having kids, because they've seen like the pain points that all moms have, and they're like, I hope I can create a solution for this.

[00:02:22] That was me too. And it's just, it's so fun to hear those stories.

[00:02:26] **sharon-sarah-sharon-1:** [00:02:26] Yeah, no, it's great. And I actually I'm, I feel very lucky and blessed that I was able to join the team at what to expect and really be able to grow with them as I was growing my family. And now I've moved on to other things in the pregnancy and parenting world, and I'm excited for the next chapter.

[00:02:42] **sharon-sarah-sarah-1:** [00:02:42] Yeah, definitely. And there's just so much so much opportunity in the way that people consume information. Now it's just, there's new things too, and ways to offer it to them.

[00:02:52] **sharon-sarah-sharon-1:** [00:02:52] Yes for sure. For sure. It's very exciting.

[00:02:56] **sharon-sarah-sarah-1:** [00:02:56] Today's podcast. We are going to tackle some of the if we sh we'll call them myths. But we'll talk about the different pregnancy myths that you will hear if you are pregnant and we'll debunk them or talk about which ones are true. And then on the baby care side, we'll also talk about.

[00:03:16] Myths or how things have changed. And and so my cat not, but like when your in laws are offering you, kind and well-meaning advice you can say that's, that's actually not true cause I heard it here. And so let's dive into that. Do you want to do you have a preamble that you want to talk about or should we just dive into some of the big ones?

[00:03:37] **sharon-sarah-sharon-1:** [00:03:37] Let's just dive in. It's always so amazing because Being pregnant, it's such a vulnerable time for so many women and they're getting advice, as you said, very well-meaning advice, certainly, but advice from so many different avenues. And especially now with social media, they're just hearing lots of things.

[00:03:51] And I'm a big proponent in looking at what the data shows and what the research that has been done on particular things shows. And so I always like to debunk the myths that seem to have legs and keep on being just. Trying to get perpetuated and, one mom to another mom, one grandma to, to a new mom we're expected moms.

[00:04:10] So there's I guess a little preamble, but sure. Let's just dive right in to some of them.

[00:04:14] **sharon-sarah-sarah-1:** [00:04:14] yes, actually. So the first one we have on our list which I remember with my first pregnancy, I was like, Oh my goodness. I got to get my hair done before I get pregnant. So what is so let's so the first thing is that you'll see everywhere that you can dye your hair while you're pregnant.

[00:04:32] **sharon-sarah-sharon-1:** [00:04:32] Yes. That's what so many expectant moms are told or believe. And the truth is that some doctors, not all. And I always, and I will preamble all these things. Things by saying, always go according to the advice of your doctor or your midwife. It's very important that you're following their recommendations, certainly, but many doctors and midwives will.

[00:04:52] Okay. Certain types of hair dye in certain trimesters. So something like highlights for example, are usually okayed in the second and third trimester. In general, doctors will say, medical experts will say try not to do certain things in the first trimester, because that's when the baby's organs, the fetus, his organs are developing and growing.

[00:05:13] And after the second trimester things are, then the baby is just growing. But the origins have been developed already for the most part. So highlights are okay. And so many moms get so. Excited when they hear that they're like, Oh wait, my mom told me, or my friend told me, or my aunt told me that I can't.

[00:05:29] And you can so certain types of hair dye and treatments are certainly allowed. So don't worry. Your roots won't have to suffer for nine months.

[00:05:39] **sharon-sarah-sarah-1:** [00:05:39] Maybe like in these COVID times, like the grays, the roots, like I went from having highlights to being completely own Bray.

[00:05:46] **sharon-sarah-sharon-1:** [00:05:46] It's true. That will be the next wave of fashion, Andre hair.

[00:05:50] **sharon-sarah-sarah-1:** [00:05:50] Exactly. The next myth which I feel like is definitely one of those from generations eating for two.

[00:05:59] **sharon-sarah-sharon-1:** [00:05:59] It's such a wonderful phrase, right? Oh, you're pregnant. You're eating for two. You're not just eating for yourself. And that's certainly true because what you are eating is directly helping your baby to grow because the more nutrients you have the better for your baby, but sometimes moms take that phrasiology too literally.

[00:06:17] And they. Literally eat twice as much as they did before they were pregnant. And one thing that, that you always have to remember is that the baby that's growing inside of you, especially in the beginning is tiny, right? We're talking about the size of a grain of rice in the beginning. And so they don't need as many calories as you need.

[00:06:34] You're a full grown woman. So eating for two should not be taken literally. And the truth is that moms only need around 300 to 350 more calories. Per day when they're pregnant compared to what they were eating before they were pregnant. So that's not that much when you think about it. I can go through a bag of crackers or chips or, even a sandwich and that's a lot more than 300 calories.

[00:06:56] So it's not as much as we tend to think. And certainly When we think about what the recommendations are for weight gain during pregnancy, which is for a normal BMI women prepregnancy V the recommendations is 25 to 35 pounds. So that's not that much. And if you're eating for two, literally for nine months likely gain a lot more than that.

[00:07:17] **sharon-sarah-sarah-1:** [00:07:17] Yeah. And I will add to that too, because it's actually interesting that you need more calories when you're postpartum and if you're breastfeeding, then you actually need to add during your pregnancy. Cause I think it's anywhere from three 50 to 500 extra. And I think people forget that.

[00:07:37] **sharon-sarah-sharon-1:** [00:07:37] And it actually makes sense if you think that you're right, it's around 500 extra calories that you need if you're breastfeeding, but that's because your baby is much bigger than when your baby was in utero. So that makes sense. And also it takes more to actually produce milk than it does to grow a baby in terms of calories.

[00:07:54] **sharon-sarah-sarah-1:** [00:07:54] I know who knew. Yeah. That one we try and answer on Juna a lot. And we also try and offer healthy alternatives with which not everybody loves. But they're like, I'm pregnant. I just want to eat the shit. And I'm like, yeah, no, I get it. I get it. I did too. But there's like a thing called balance and we can all do it.

[00:08:12] **sharon-sarah-sharon-1:** [00:08:12] Exactly. Exactly. There are ways to have fun while you're pregnant in terms of eating, but also do it in a healthy way.

[00:08:20] **sharon-sarah-sarah-1:** [00:08:20] Exactly. Exactly. No, this one is a very fun one. I feel like I explored it with all three of mine. I'm interested to hear about yours, but how you're carrying and how that relates to gender.

[00:08:33] **sharon-sarah-sharon-1:** [00:08:33] I love this one because this myth, or, all these myths about, your pregnancy impacting or predicting your gender, just, they're fun. So maybe that's why they keep on just. Being perpetuated the one about how you're carrying. And people will say, Oh, if you're carrying in the front, you're having a boy.

[00:08:51] Or if your nose doesn't grow wide or you're having a boy, and if you're carrying in your hips, it's going to be a girl and all those things. So I will say that 50% of the time, it's correct. 50% of the time. It's not correct. Which is what happens when, you're either having a boy or a girl and. The truth is that how you carry has a lot more to do with your body type, your body weight, your genetics, how fit you are how big your baby is though that's less so and not so much about, or not at all about the sex of your baby.

[00:09:22] And I will tell you, I have four daughters and my first pregnancy, and this was before, I, I. New better. People would literally stop me in the subway. I was in New York at the time and people would stop me in the subway and say, Oh, you're having a boy. And I, we did not find out before she was born what she was, but I was convinced because people were telling me all the time, you're carrying all these things.

[00:09:46] And when she was born, the doctor says, Oh, it's a girl. And my husband literally said, What, because we were so sure that she was going to be a boy, just because of the way I was carrying. So I am living proof that it is a myth.

[00:09:59] **sharon-sarah-sarah-1:** [00:09:59] Me too. It's so funny. My I carried all three the same, but like when well-meaning strangers would come up to me with my daughter who I didn't like with, which is my second child, we didn't find out the gender and people just kept coming up to me and saying, you're having a boy. You're having a boy.

[00:10:13] And I. I was like, okay. Sure. I have no idea we didn't find out. And so when she was a girl, which I did think she was a girl the whole time, for other reasons, not for how I was carrying. But I was just like, yeah, I think it's all, it's like more about your, like your frame, your core structure, like all those things.

[00:10:30] It makes way more sense. Like then you're jet men, like then the gender

[00:10:36] **sharon-sarah-sharon-1:** [00:10:36] exactly. The theory behind it makes sense, right? It's about hormones. There is more estrogen in a girl, baby, and more testosterone in a boy, baby. But it just doesn't bear out in the studies and in the data and really, even in the anecdotal evidence, because again, you'll be right 50% of the time.

[00:10:51] So people will be like, see, I knew it, but 50% of the time you'll be wrong. So

[00:10:56] **sharon-sarah-sarah-1:** [00:10:56] No while we're on the topic of gender. I'm curious if you have dug into any of the research on the I guess like acne with girls, or like the saying was always like, girl steal your beauty

[00:11:07] **sharon-sarah-sharon-1:** [00:11:07] Yeah. So that's also one of those myths. So again, I have four daughters and I will tell you that each one of my pregnancies was different. So my face broke out with one of my pregnancies, but not another one. But they're all girls. And that's just my little anecdote, but it's not really true.

[00:11:22] There, there are women who are carrying girls and. I don't have a single breakout and there are women who are carrying boys and look horrible all nine months. And that's actually, another myth that people think that when you're pregnant, you're just going to have that pregnancy glow and for many women, yes, they're glowing and they're feeling great and they look wonderful.

[00:11:42] And for many women equal an equal amount of women, they feel. Terrible and don't look their best and they're dragging and that's completely normal, they're nauseous all day or they're exhausted or swollen. And so there is no glow and, there's nothing wrong with that. It's not it doesn't say anything about the type of pregnancy or the health of your pregnancy or the health of the baby.

[00:12:05] It's just, we're all different. And each experience is different.

[00:12:08] **sharon-sarah-sarah-1:** [00:12:08] Totally. And I'm going to ask you one more on the gender question. Cause it's this my own personal anecdote, which does not make it true, but want to make sure that the research suggested, but is boys, you're not like girls you're sicker with and boys you're not as sick with. It was the inverse for me.

[00:12:24] I was sicker with my daughter. I said it was sicker with my son than I was with my daughter.

[00:12:28] **sharon-sarah-sharon-1:** [00:12:28] So yeah, that's also a myth again. And my little anecdote is I had four, four girls and I never had a single nauseous day. And that's not because, I was very lucky, but. In general, I'm not the type of person that throws up. So I have other things, but you know how there's some people who just have more of a nausea center in their body and they'll tend to be nauseated more often and throw up when they're not feeling well and other people aren't.

[00:12:53] And it really has nothing to do with whether you're carrying a boy or a girl, again, you'll be right. 50% of the time. If, if you want to hold the myth to be true, but okay. It won't, it's not really backed up by science.

[00:13:04] **sharon-sarah-sarah-1:** [00:13:04] It's it is, I think like the only thing that all these myths do is it's like just a fun thing. Cause you're like, Ooh, I remember when we didn't know with my daughter, like every other week I was convinced. I'm like maybe it's a girl and then maybe it's a boy. And then the last 20 weeks, I was just like, Nope, this is a hundred percent a girl.

[00:13:21] **sharon-sarah-sharon-1:** [00:13:21] It is fun. And I'll tell you a little funny story. So when, again, when I was pregnant with my first a friend of my husband's had a dentist who swore that he had a method. Of determining the sex of the baby based on the date of conception, which I know because I'm anal that way. And the birth dates of the parents and a few other things.

[00:13:41] So we gave him for fun, all that information and he comes back and he says, I have never been so certain in my life, you, everything is aligning a certain way. You are most definitely having a boy. So between that and everyone telling me that I was carrying like a boy. That's why we were shocked in the delivery room.

[00:13:57] But again, these are more for fun and it's, and there's nothing harmful about, playing the games. But but don't paint the nursery a certain color based on these predictions.

[00:14:08] **sharon-sarah-sarah-1:** [00:14:08] Good. Good advice. So next myth is can you prevent stretch marks?

[00:14:15] **sharon-sarah-sharon-1:** [00:14:15] So I wish that I can say that the answer is, of course here's what you do to prevent stretch marks. But the truth is that there isn't anything that will prevent stretch marks, stress marks in general have to do with genetics. So if your mom has stressed marks, you're more likely to have, it's not an absolute, but it has something to do with skin type.

[00:14:36] And flexibility in the skin. Women who gain weight very rapidly during pregnancy are more likely to have stretch marks. So those are the things that, that cause stretch marks. And there isn't something that you can do to prevent it. Now, if you do have them, you could certainly moisturize and use cocoa butter that a lot of people recommend to help with it, and certainly to help with the itching, but it bones.

[00:14:57] And it may help to minimize them over time. But it won't prevent them. I'm so sorry to say. I w I wish I had better news on this one.

[00:15:06] **sharon-sarah-sarah-1:** [00:15:06] It's so funny, we get that question a lot. I'll get that in my DMS. And I'm like, I wish I could tell you this, the secret sauce for this, but like it is genetics. It's funny. Yeah. I, with my first like religiously massage stuff on my belly with my second, I would say like I sporadically did and with my third, and this is all like, just related to how much time I had in my hands with my third.

[00:15:31] I did not. I did not put anything on my belly. And with all three didn't have stretch marks, which is why I'm like, yep. This is definitely like just my body thing.

[00:15:38] **sharon-sarah-sharon-1:** [00:15:38] I love that you're actually like a scientific experiment. Do you have the control you have that? It's like perfect. They should be like, we should memorialize you and let the literature.

[00:15:47] **sharon-sarah-sarah-1:** [00:15:47] Exactly. Okay. Next question. The next method is the sleeping position.

[00:15:54] **sharon-sarah-sharon-1:** [00:15:54] Yeah, this is all. This is so amazing. And this is actually based in some science, but it's taken on a life of its own. So I'm sure that if you have ever been pregnant or if you are pregnant, you have heard that you must. Sleep on your left side and the reason why you'll hear that, and I'm telling you that it's not true, but the reason why you'll hear that is because sleeping on your left side does put less pressure on your vital organs.

[00:16:20] So it is recommended that if you feel like choosing a side, because obviously you're not sleeping on your stomach and it's not safe to be sleeping on your back. So you do have to choose a side, but if you are going to choose a side, Then choose the left side, but if you are more comfortable on your right side, that's fine too.

[00:16:36] And so many know, talk about DMS that you get, right? The DMS that I get is, Oh my gosh, I woke up on my right side that I hurt the baby. And I just want to reassure everybody who's pregnant saying, no, it's fine. There's nothing wrong with being on your right side. What's most important is that you're comfortable and that you're not on your back because if you're on your back and especially later in your pregnancy the weight of the baby can press on, on, your vena cava and some vital organs there.

[00:17:03] So you don't want that, but there's nothing magical about the left side, if you prefer the right.

[00:17:07] **sharon-sarah-sarah-1:** [00:17:07] But also, cause I'm sure you get this question too. Like the, Oh my God. I woke up on my back and I'm like, I like it. It's not great, but there's a reason. And it's your body woke you up

[00:17:20] **sharon-sarah-sharon-1:** [00:17:20] Exactly. Exactly. Yes.

[00:17:23] **sharon-sarah-sarah-1:** [00:17:23] don't need to ask any expert on like Instagram, just know it's don't try not to sleep on your back.

[00:17:29] If your body rolls over it's okay. It'll wake itself up and then move yourself back inside.

[00:17:34] **sharon-sarah-sharon-1:** [00:17:34] Totally. Totally. And it's so true. And when the recommendations that say, try not to be on your back, it's really try not to be on your back for prolonged periods of time. It's not for five minutes or 10 minutes or even 20 minutes. So yes, that's a great caveat. And thank you for saying that because it is something that, that understandably that moms to be worried about a lot.

[00:17:54] **sharon-sarah-sarah-1:** [00:17:54] Yes. We, it's whenever we post workouts and it's it's, you're on your back and some will, Oh, inevitably get a question. And we're like, it's prolonged periods. If you're doing bridges on your back for a certain amount of time, like that's totally okay. You're one you're moving.

[00:18:10] It's not like you're in a static position. And so I think it's like, there's been so much fear around this, like being on your back that that people are like it's ingrained in them.

[00:18:20] **sharon-sarah-sharon-1:** [00:18:20] So true. Let's see. So we're going to be debunking these myths today.

[00:18:24] **sharon-sarah-sarah-1:** [00:18:24] Let's hope. Let's hope. All right. Let's talk about fish.

[00:18:28] **sharon-sarah-sharon-1:** [00:18:28] Fish is a great one because this is actually a real example of how, when. Expert recommendations are put into place, how then they sometimes could be taken to the extreme so many years ago, the Aycock the American college of obstetricians and gynecologists recommended that pregnant women.

[00:18:45] Limit the amount of fish that they eat because of mercury content. And what happened was over time, they saw that women were happily, not eating fish that had, that were high in mercury, but then they also, weren't eating fish at all. And fish contains a lot low mercury fish contains a lot of really good and important nutrients that I growing baby needs.

[00:19:08] Is the growing fetus needs. And and so now the recommendations are, it's actually recommendations that you should eat eight to 12 ounces a week of low mercury fish. So things like salmon or flounder or Seoul or Cod, there's so many very delicious. Low mercury fish out there, but what's happened is because because there was a scare or worry about mercury, that's so many moms and perhaps their mom, their mothers have said you can't have fish when you're pregnant.

[00:19:36] And you not only can have fish, but you should have fish.

[00:19:39] **sharon-sarah-sarah-1:** [00:19:39] Yeah. Yeah. It's it's I feel like that's a big one and there's I can't say the studies, but there's been so much about the brain health of babies that have of born of women that are eating plenty of fish throughout their pregnancy and

[00:19:53] **sharon-sarah-sharon-1:** [00:19:53] Yes. It's all about the, yeah, the science is there. It's the Omega three fatty acids, the DHA. That's all in prenatal vitamins these days, but but getting it naturally is always the best way. And so there's so many benefits to eating fish and so yeah, so go fish.

[00:20:10] **sharon-sarah-sarah-1:** [00:20:10] definitely. And even it's our registered dietetic, like we like the, I feel like the sushi one has also taken off too. I'm interested in your position on sushi.

[00:20:20] **sharon-sarah-sharon-1:** [00:20:20] so the official recommendations are not to have sushi that contains raw fish. And the reason for that, and obviously the cooked fish or the vegetarian. So she has fine. The. The cook the raw fish, the reason why the recommendations are to try to avoid it is because of potential for parasites or for listeria in the fish that then could impact a pregnant mom and a mom in general, who's pregnant a woman who pregnant.

[00:20:48] Has already a lowered immune system. And so listeria, which may be not such a big deal for not pregnant person would be more of a big deal. If you're pregnant, it potentially could hurt you as the mom and even hurt the baby. So that falls under a better safe than sorry situation. So it's just nine months.

[00:21:11] **sharon-sarah-sarah-1:** [00:21:11] All right, let's talk about heartburn. And the baby's hair.

[00:21:16] **sharon-sarah-sharon-1:** [00:21:16] So I love this myth because there's actually some truth to it. And I know we've been debunking all these myths, but this one there's actually some truth to what's done. And this is based on science. I don't know, who becomes a scientist and says, this is what I want to study, but there are scientists who have studied this and they have found that the more heartburn you have in pregnancy, the more likely it is that your baby is going to be born with hair.

[00:21:39] And it's such an interesting thing. Now, again, this is not an absolute right. You'll. Going to be plenty of moms who were hearing this and saying, Oh wait, I didn't have any heartbeat Harper. And my baby was born with a full head of hair and vice versa, but measure for measure, the more heartburn you have, the more likely your baby will be born with hair.

[00:21:54] And they say it's because the same hormones that contribute to heartburn. Also contribute to fetal hair growth. So there you have it. It's a fascinating one because that one everyone's Oh no, that can't be true. And of our whole list here, that's actually the one that has some truth to it.

[00:22:10] **sharon-sarah-sarah-1:** [00:22:10] It was true for me. All three of my kids were born with full heads of hair and I had Harper in the entire time.

[00:22:16] **sharon-sarah-sharon-1:** [00:22:16] So for me, I had heartburn the entire time for all four. And my second one was born so bold that I didn't even know what color her hair was until she was like 11 months. So I think I'm debunking all the myths and all the truths, I guess once you have so many pregnancies, anything goes.

[00:22:34] **sharon-sarah-sarah-1:** [00:22:34] It's so fun. Like I like having all three newborns have like full heads of hair. Like I can't imagine having a bald baby. Yeah. No different.

[00:22:48] **sharon-sarah-sharon-1:** [00:22:48] It's funny. My, I have three red heads and then my fourth is dark haired. So when she came out and she had not a full head of hair, but she certainly had enough hair that we saw what color it was, where my husband and I like, Oh my gosh, she has dark hair. And the nurses were like, Oh yes, look, she has so much hair.

[00:23:06] And we're like no. It's not about the amount of parents. The color. We just were shocked by the color. It's funny.

[00:23:12] **sharon-sarah-sarah-1:** [00:23:12] we're going to have to bond over redheads. Are you a redhead?

[00:23:16] **sharon-sarah-sharon-1:** [00:23:16] I I'm not as red as my daughters are. They are real red heads. But I have, I was always called strawberry blonde when I was younger.

[00:23:24] **sharon-sarah-sarah-1:** [00:23:24] Okay. And is your husband red?

[00:23:26] **sharon-sarah-sharon-1:** [00:23:26] Oh, he is dark skin, dark hair. So that's why I thought for sure when I married him that I was going to have all these dark haired kids and then the first one comes out red and then the second one comes out red.

[00:23:34] Then the third one comes out red. And then the fourth, we call the black sheep of the family because she came out with the dark hair.

[00:23:42] **sharon-sarah-sarah-1:** [00:23:42] Oh, my God genetics are so creative. Most of my daughter is our red head. And she, it's just like the most beautiful red hair imaginable, but I, my husband was a red head when he was he's much more blonde and I it's strawberry blonde. Let's call it. But my, my. Son when my first son, I fully expected to have red hair.

[00:24:00] Cause it was a boy and I just expected him to look like my husband. He came out, dark hair, my dark, darker skin, like he is my coloring. And then when my daughter came out, I was just like, Oh my God, I did not expect her to be red and sh little red. And then our youngest is like, when he came out, he had blonde hair and blue eyes and I was like, look, this is.

[00:24:21] Medically, I don't think that's as possible

[00:24:24] **sharon-sarah-sharon-1:** [00:24:24] It's like you're doing in your head, the pundit square that you learned in ninth grade biology. And you're like, wait a second. How is this working?

[00:24:31] **sharon-sarah-sarah-1:** [00:24:31] no, that this is that my rudimentary understanding of genetics does not allow this to happen. Cause there's only

[00:24:38] **sharon-sarah-sharon-1:** [00:24:38] Exactly. Exactly.

[00:24:41] **sharon-sarah-sarah-1:** [00:24:41] that's great.

[00:24:42] **sharon-sarah-sharon-1:** [00:24:42] It's fun. It's fun. We get stopped a lot in the street. Let's put that, put it that way.

[00:24:47] **sharon-sarah-sarah-1:** [00:24:47] That is exactly my poor daughter. Like every single time anyone sees her, they're like, Oh, what? Beautiful hair. And my husband said that people said that to him growing up and he hated it. I'm like, I don't think my daughters and I hate it though.

[00:24:57] **sharon-sarah-sharon-1:** [00:24:57] no, my girls, my redheads love it actually, but it's just so funny. And then when there's three of them together, it's just a lot of red and yeah, they get stopped a lot.

[00:25:06] **sharon-sarah-sarah-1:** [00:25:06] Wonderful. Wonderful. All right. Last pregnancy myth. And that is the thing that everybody is Googling at 38 weeks. And that is how can I bring on labor?

[00:25:16] **sharon-sarah-sharon-1:** [00:25:16] Everyone probably starting to Google that even earlier than 38 weeks, because they're just like counting down the days. Can't take another moment. Being pregnant. There are so many wonderful myths. About how to get yourself into labor. And luckily, most of them are not dangerous, so there's no harm in trying them, but I will tell you what the science says.

[00:25:36] Spicy food will not put you into labor. Yoga will not put you into labor eating pineapple. Won't put you into labor. Now, there are a billion women out there who said no. I ate some pineapple juice and I went into labor the next day, or I had, a spicy jalapeno, something or other, and boom, I was in labor.

[00:25:52] Yes, it's true, but it might've just been a coincidence. You would have gone potentially into labor, even if you didn't have your your spicy, whatever salsa. So those are just not true. The science doesn't show them to be true. They are anecdotal and possibly can happen. Acupuncture, a lot of women will say that got me into labor.

[00:26:10] There have been actually a lot of studies on this and acupuncture has not been shown to induce labor or to bring on contractions. It has been shown to help ease the contractions when they do come. But I'm not, it's not a way to bring on labor. The big one. Oh, sorry.

[00:26:25] **sharon-sarah-sarah-1:** [00:26:25] While we're on acupuncture. I'm just, that's so interesting because I remember doing acupuncture. And then when I was like, got pregnant, I was still doing acupuncture and they were like very specific places that they wouldn't do it because I was like, and I was because I guess it would cause uterine cramping.

[00:26:42] And so it's interesting that they believe so much in it, even though they're like a few things in first, Jennifer. I get it, but it's just, yeah.

[00:26:50] **sharon-sarah-sharon-1:** [00:26:50] No, but it's true. Cause there was some, I think there was some points like on the ankle or something where I'd certainly for acupressure, if you press on certain points early in pregnancy, it could induce contractions. But but th the studies just don't show that full on that acupuncture can bring on full on labor.

[00:27:07] Yeah.

[00:27:07] **sharon-sarah-sarah-1:** [00:27:07] makes more sense.

[00:27:08] **sharon-sarah-sharon-1:** [00:27:08] The big one, right? What do you think the big one is? What do you hear all the time about, Oh, if you do this, you'll definitely bring on labor.

[00:27:14] **sharon-sarah-sarah-1:** [00:27:14] Red raspberry leaf

[00:27:16] **sharon-sarah-sharon-1:** [00:27:16] Oh, okay. I wasn't going to say that, but yes that's true too. And that, that there is some truth to that, but I would recommend only doing that under the advice of your doctor or midwife because it's not, so it's not so clear cuts and the not always so safe depending on the person.

[00:27:33] **sharon-sarah-sarah-1:** [00:27:33] got it. What about

[00:27:35] **sharon-sarah-sharon-2:** [00:27:35] So walking is something that we should be doing anyway when we're pregnant or about to hoping to give birth. And it also has been shown to. Ease labor cramps, but not necessarily to bring on labor cramps. I will tell you from my second baby my oldest was 20 months old and I was two days overdue and I walked three miles to a pizza store so that I can get a very spicy slice of pizza, which I've never eaten in my life.

[00:28:01] And I did end up going into labor that evening. But again, I think it was just a coincidence because the studies don't really bear out, walking we'll bring on labor walking can help ease labor. W when you're in it, but not necessarily bring it on. The other one that lots of people talk about is sex, right?

[00:28:20] **sharon-sarah-sarah-2:** [00:28:20] Oh, yeah. I forgot about sex because it was not an option.

[00:28:25] **sharon-sarah-sharon-2:** [00:28:25] If it's not an option, then it definitely won't bring on labor. But if you Google or, you go onto social media, everyone will say, Oh, just lots of sex. It will bring on labor. And the reason why people say that it will bring on labor is because of the prostate gland in semen that that.

[00:28:41] Are said to jumpstart the contractions, but the truth is that the studies that have been done have shown that the prostoglandins in semen are not at a high enough level to actually get contractions started. And there's a fascinating study that found that women. Who had any sex towards the end of their pregnancy?

[00:29:00] Like it doesn't didn't matter amount, a lot or a little, but just any sex towards the end of their pregnancies went into labor later than those who didn't have any sex that last month of pregnancy. Yeah, I know who would a funk

[00:29:12] **sharon-sarah-sarah-2:** [00:29:12] I wouldn't have good for those women though.

[00:29:16] **sharon-sarah-sharon-2:** [00:29:16] Exactly. Exactly. So the only two things that have been shown to scientifically, right? Again, we're not talking anecdotally, but scientifically to actually bring on labor are two things. One, interestingly. His dates, eating dates. And there was a study that showed that if you eat dates in the last month, around six dates, daily, starting around 36 weeks that could stimulate uterine contractions.

[00:29:41] So if you want to go that route, you really have to like dates. And the other one is nipple stimulation, which yeah. And that, that will work if your body, he was primed for labor. So you have to be towards the end of your, of your pregnancy and maybe your cervix is starting to soften a little bit or dilate her face or something.

[00:30:00] But but with that, and with those studies again, I don't know who is Necessarily signing up for these studies. But what they found is that you have to tweak your nipples for a few hours every day. And if you do it enough, it will stimulate oxytocin, which in turn stimulates contractions.

[00:30:17] So those are the two that have been shown to work.

[00:30:21] **sharon-sarah-sarah-2:** [00:30:21] Oh, and then I have a question. So what about castor oil?

[00:30:25] **sharon-sarah-sharon-2:** [00:30:25] Oil is very popular. A lot of midwives will recommend it and it can work, but, and this is the caveat and the reason why I didn't include it in the list is because it can work. It's not necessarily recommended that you do it the way that castor oil works is it's a laxative. So it stimulates your bowels.

[00:30:44] And then if you're. Sitting on the toilet because your bowels are stimulated. It can irritate your uterus enough that your uterus, that starts to contract so it can work, but you have to decide if firstly, it doesn't always work, but if you want to try, you have to decide if you want to start labor while cramping and being on the toilet with diarrhea.

[00:31:04] It's a trade off,

[00:31:05] **sharon-sarah-sarah-2:** [00:31:05] Yep. It is a off I, my my last, this, my most recent birth, my, I delivered with a midwife and she w based on her style on Castro's was like if everything else is aligned, like you're a little bit your face, you're a little bit dilated. Like all of these other things are happening then castor oil.

[00:31:26] Is like a great thing, but if your body's not ready, like essentially you're not a face you're not dilated at all, then you're just going to have diarrhea.

[00:31:34] **sharon-sarah-sharon-2:** [00:31:34] It's true. And then do you want that, is that what you want while you're 40 weeks pregnant or whatever and about to spend 12 to 20 hours in labor?

[00:31:42] **sharon-sarah-sarah-2:** [00:31:42] Exactly. Yeah. I will say I was all of those things and I texted her and said, okay, I'm going to do I just want to make sure you're good. If I take this castor oil, you'll, you're free to deliver me tonight. And she's said yes. And so I took the caste oil at 7:00 PM and I'd had my, I went into labor at eight 30 and had the baby by one.

[00:32:02] **sharon-sarah-sharon-2:** [00:32:02] Wow. All right. So there you go. So it worked for you

[00:32:04] **sharon-sarah-sarah-2:** [00:32:04] worked for me, but again, I, like I was three sentences, three centimeters dilated, like something 75% of fate. Like I had all of the, and I had to put Dromo labor for the previous three days.

[00:32:16] **sharon-sarah-sharon-2:** [00:32:16] And you were ready. You were ready.

[00:32:17] **sharon-sarah-sarah-2:** [00:32:17] I was ready. I was very ready. That, I think we've covered the pregnancy stuff.

[00:32:23] So let's get into some baby care if that works. So let's kick it off with sleep. Cause I think this is one of those things that has changed over time. I know I definitely experienced this with my parents. And so do you want to talk a little bit about how, like how our parents might've done it and how we should be doing it now?

[00:32:43] **sharon-sarah-sharon-2:** [00:32:43] Yes. So many of us were probably either tummy, sleepers or side sleepers. There was times when there were actually these inserts that you would put into the crib or the bassinet to keep the baby on their side. But these days. And really since the early to mid nineties, the recommendations are that the safest way for your baby to sleep is on his or her back.

[00:33:04] And a lot of grandparents may say, Oh, they shouldn't be on their back. They're going to spit up and then they're going to choke. But that's not true. They, babies are really good at A babies are really good at spitting up. That's true, but they're also really good at making sure that they're not choking on their own spit-up they have good safety mechanisms for that.

[00:33:23] So on the back is the only way that your baby should should sleep and your baby should be sleeping flat on his or her back. So not on an incline sleeper. Lot of parents will, keep their baby in the car seat or the stroller, or even in a bouncer or rocker after they've fallen asleep.

[00:33:42] And so it's always best to transfer your baby from an inclined sleeper or inclined position to a flat surface. How's the baby that's especially an early, a very young baby. That's an inclined position. If their head rolls forward, they can constrict their airways. And so we don't want that. So on their back in a crib or bassinet the mattress should be very firm.

[00:34:04] That sheet should be very tight-fitting and the crib or bassinet should be empty, which is also something that is hard for a lot of. Especially grandma's to see because they want to deck out the crib and the beautiful bumpers and the blankets and the pillows. And the recommendations are to have a completely empty crib, no bumpers, no pillows, no blankets, no comforters, no stuffed animals.

[00:34:26] No, positioners no inserts, nothing. So it may not be like Instagram worthy for an extra of your nursery, but it's really the safest for your baby. Because it prevents all these safety measures are really to prevent suffocation and SIDS. Sudden infant death syndrome. And the incidence of SIDS is really highest in the first six months, but these recommendations go through the entire first year of life.

[00:34:49] **sharon-sarah-sarah-2:** [00:34:49] And with that said, I want you to talk a little bit too about because even now, like my baby can roll and all these things, but like I still, my, the direction I still give any caregiver or, my, myself too is even though your baby can roll over and he can, and he sleeps on his belly.

[00:35:06] Cause that's what he prefers to do. You always just put them on their back first.

[00:35:11] **sharon-sarah-sharon-2:** [00:35:11] And I can tell you also how many people on Instagram will DM me or, I do Q and A's all the time. So that comes up all the time. And the, my question box has I came into my baby's room and he was on his tummy, is that bad. And once the baby can roll over, that means that he has enough strength to roll over and to be able to lift his head up.

[00:35:30] And and. Get out of the way of any potential suffocation obstructions. So always continue to put your baby on his or her back. And if she flips over, that's okay, you can let her sleep that way. But don't put her on her tummy. So yeah it's a really important point and parents get so nervous about it you should feel reassured if your baby can roll over, then you should feel reassured that he has enough strength to really protect himself for the most part.

[00:35:56] So it's not something to be nervous about.

[00:36:00] **sharon-sarah-sarah-2:** [00:36:00] I guess, while we're on this topic, let's just talk about swaddling too. Cause there's that transition that happens when they start rolling over. So let's talk about when we swaddle and then we'll talk about when we don't swaddle.

[00:36:10] **sharon-sarah-sharon-2:** [00:36:10] So modeling can be wonderful, but I always tell parents it's not a must do because some babies love to be swaddled, but somebody who's really don't. And was just, I do parenting coaching, private part parenting coaching. And I was talking to a parent who was so nervous because her baby was crying more in the swaddle than out of the swaddle.

[00:36:29] And I said, listen to your baby's cues. If she's more comfortable out of the swaddle, there's no rule regulation recommendation that says you must swaddle. So it's important to keep that in mind, some baby loved being swaddled because it keeps them more. And then it recreates the comfort of the room.

[00:36:45] And certainly in the beginning when they still have that startle reflex it keeps them from startling and the data actually shows that. Babies are much less likely to startle awake when they are swaddled. So it can keep babies sleeping longer. So that's great, but there are other babies who don't like it and and actually hate being confined and having their movement restricted.

[00:37:06] And so you really have to watch your baby again, we were talking earlier about how I have four kids, so are they're very experimental for me. So I would say half of my babies loved being swaddled and the other half hated it. And I would try to swaddle them in the beginning with their arms out, but still they just really chafed against it.

[00:37:22] And so I got two that were swaddled into that words and they all turned out. Okay. So that's when you can swaddle, right? Certainly in the beginning, but you, one thing with swaddling is that as soon as your baby is starting to roll over or attempting to roll over it, you should take the swaddle away.

[00:37:36] So that's going to be around three months on average. Obviously some will do it earlier. Some will do it later. So watch your baby and and stop swaddling once, once they hit that point.

[00:37:49] **sharon-sarah-sarah-2:** [00:37:49] Got it. And it's funny. I think when we were first having our first call, my, my dad who's obviously well-meaning and wonderful. When he first saw my son being swaddled was like, why are you putting him in a straight jacket? Just put them on his belly.

[00:38:03] **sharon-sarah-sharon-2:** [00:38:03] That's two negatives right there.

[00:38:04] **sharon-sarah-sarah-2:** [00:38:04] Exactly. I was like, okay, I guess I'm going to have to explain this, it's there are a variety of different swaddles.

[00:38:11] And for me I my all three kids were like hoody knees and like the blankets, were never an option for me. And so two of them absolutely loved the swaddle up because their arms were up. And then the other one was totally fine with them down. And so I think if you're.

[00:38:26] Interested in swaddling and your baby, maybe doesn't like one swaddle, try another one, borrow one from a friend. And if you know that doesn't work, then be okay with abandoning ship. And again, like you said, listen to the cues of the baby.

[00:38:40] **sharon-sarah-sharon-2:** [00:38:40] Exactly. Yeah. And there's so many amazing options out there with Felker without Velcro, all these just so many different ways of doing it that you should I love that you said, borrow from a friend. You don't have to go out and buy every single design there is out there, but test out a few and see what works.

[00:38:54] See, what's easy for you. And then see what works for your baby.

[00:38:57] **sharon-sarah-sarah-2:** [00:38:57] Definitely. Now one of the things I feel like this is something that like is, comes up in if you take a breastfeeding class like the very pro like most lactation consultants, I think that I heard from every lactation consultant I saw was to like, wait three weeks. Before you introduce a bottle or a pacifier, because you're going to hit nipple confusion.

[00:39:19] And that didn't happen with any of my kids. And I came on, I gave them bottles. And so I'm just, I'm curious what the science is on that one.

[00:39:26] **sharon-sarah-sharon-2:** [00:39:26] So I wish that the science was really clear on some of these things because it will make our lives so much easier. But in, in this, on this topic, the research is a little unclear. So the, there was a recent study. I think it was, I don't know, 2015, 16 sometime around there that actually looked at 14 other studies on nipple confusion.

[00:39:46] And what this data showed was that there is some evidence. That babies can have nipple confusion when they use bottles, but very little evidence that that babies can get nipple confusion from pacifiers. So it's an interesting when they looked at all the different studies done, and I guess this is, one of those studies that look at many studies they see that it's a little unclear, so you're right.

[00:40:09] Most lactation consultants will advise breastfeeding moms to wait until breastfeeding is really well-established before introducing the bottle. Like you said around three to four weeks, but most experts will say that giving a pacifier right from the start. If your baby wants it right, you don't have to force it, but if your baby wants it is really totally okay.

[00:40:27] And it's the whole idea again, I always like to whenever I'm explaining something on my Instagram page or my books or in, in my classes, I always like to give the reason behind it. Cause I always feel like it helps parents. To understand why, as opposed to just following the recommendations or rules without the context.

[00:40:46] So it's much easier for a baby to extract milk from a bottle, you just suck and go, there's nothing that they really have to do. But breastfeeding is much more challenging. And if you're a breastfeeding mom, that it takes a while for the baby first to suck until the letdown happens and then they'll suckle and get the actual milk.

[00:41:02] So a baby that's going back and forth between breast and bottle sometimes like a, not all babies, cause every baby is different, but sometimes we'll say, you know what? This bottle thing is just so much easier. I'm going to, I'm going to prefer this and not do the breastfeeding because that takes so much longer and I'm hungry.

[00:41:19] Gosh, darn it. I'm hungry. So it's not so much that the baby is confused. I don't love the term nipple confusion. So it's not so much that the baby's confused as much as it is an early introduction of the bottle could potentially impact breastfeeding. If the baby decides it's not worth the effort for him.

[00:41:38] But all that said, and as you described, there are. Billions of babies who switched back and forth right from the start with a bottle. And that's not a problem. And I want to reassure moms who have to or want to introduce a bottle very early on that it's fine. Like you shouldn't, you, you don't want to like, Make yourself crazy, only breastfeeding.

[00:42:00] If you have to, or want to introduce a bottle early on and feel like you're doing something horribly wrong because even the research is a little unclear about this. It's just very weak. So bottom line, if you can, or if you want to wait three to four weeks before introducing the bottle but you don't have to.

[00:42:17] And And with the pacifier it's you can start from the beginning most, most of the time, again, not all babies will want it or like it. So don't force it. Oh, and I will say one of thing about pacifiers, because I actually am a I love pacifier. Not for myself, but for my kids. I, they all loved them.

[00:42:36] I guess I have to caveat that. I haven't in many years sucked into Pennsylvania, but they pacifiers are actually good. Because there's evidence that using one for sleep in the first six months reduces the risk of SIDS. And so it's actually recommended by the American Academy of pediatrics to introduce a pacifier early on.

[00:42:54] Again, it's not a must do, but but if you want to, there are some protective benefits to it.

[00:43:00] **sharon-sarah-sarah-2:** [00:43:00] Good to know. Okay. When I think this one has changed over time to when and how should we integrate solids?

[00:43:10] **sharon-sarah-sharon-2:** [00:43:10] This is an amazing topic because it's actually rapidly changing as we speak. And I love that because it just reinforces how. How there's no absolutes in parenting and and other than safety things, of course, but for everything else it's really doing what feels right for you and, after, making an informed decision based on your own research and picking what you want.

[00:43:31] So introducing solids is changing changing topic in the sense that what. W what used to be for many years ago babies were fed solids starting at six weeks or eight weeks. And you would see these babies who were being, shoved a spoon, was being shoved into their mouth.

[00:43:51] And 90% of these purees were coming out. And what, I guess over time what's. The scientists and doctors and experts have realized is that a baby is really not ready for solids until at least four months and closer to six months is what's recommended now. And that's for many reasons for developmental reasons, but that's really the recommendations.

[00:44:12] Now start solids. Between four to six months, preferably closer to six months. But if you want to start earlier, you can and you want to make sure that you're looking for signs of readiness. And the reason why it's a four to six month window is that because every baby is different. So some babies will show signs of readiness earlier and the others will show it later.

[00:44:32] So you want to make sure that your baby has good. Head and neck control so that they could, keep their head up while they're eating that they are sitting with either very little support or no support at all. That they've lost that tongue thrust reflex, which is when they stick their tongue out, when something is pushed into their mouth or put into their mouth.

[00:44:50] And also that your baby is actually eager to participate in mealtime and opens her mouth when offered food. So those are signs to look for. And that's much more important than looking at the calendar.

[00:45:03] **sharon-sarah-sarah-2:** [00:45:03] got it. That's good to know. So on that front cause I think this is the baby led weaning versus purees.

[00:45:11] **sharon-sarah-sharon-2:** [00:45:11] Yeah. So this is what I was referring to before, about how things are changing. It used to be that. The only option for babies to eat until they were let's say nine or 10 months was you raise, you have to start with purees. And now it's starting maybe 10 years ago, there's a movement. Like I shouldn't say movement, but I moved towards something called baby led weaning.

[00:45:33] Which I actually prefer to call baby led feeding. Because winning,

[00:45:36] **sharon-sarah-sarah-2:** [00:45:36] know why it's weaning.

[00:45:37] **sharon-sarah-sharon-2:** [00:45:37] I know it's a misnomer. I'll tell it's weaning because this was developed yeah. In the UK and they use the word weaning a little differently than we do in the U S and weaning just means. Going from all fluid to to incorporating solids into into the diet.

[00:45:54] But it is a little bit of a misnomer. And so I like to call it baby led feeding, but

[00:45:58] **sharon-sarah-sarah-2:** [00:45:58] Yeah, I like that.

[00:45:59] **sharon-sarah-sharon-2:** [00:45:59] Yeah, but it's interchangeable. So I'm, so baby led weaning is where you bypass purees altogether and you offer your new eater as long as they're over six months old finger foods. Actually you hand them a chunk of melon or a chunk of an omelet, or even a.

[00:46:18] Chunk of meat, which I know sounds crazy to a lot of parents and certainly to a lot of grandparents who may be watching over the high chair and saying, what are you doing? But but there's actually been again, this is new. So there have been lots of studies that show there are benefits. But there haven't been studies that have shown that is more beneficial to start this way versus purees.

[00:46:42] So some of the positives or the pros of baby led weaning are that it allows a baby to self feed from the start. It promotes independent eating. It allows the baby to self-regulate her own appetite and her own food intake. And also that it exposes the baby to lots of flavors and textures and tastes.

[00:47:02] Because you're not just giving single ingredient purees for majority, you're giving actual table food that you're eating. And at possibly though the jury is still out on this and possibly reduces picky eating later on. So those are all the pros of baby led weaning. There are some cons and primarily that it's very messy if you've ever seen.

[00:47:22] **sharon-sarah-sarah-2:** [00:47:22] probably not. It's so messy.

[00:47:25] **sharon-sarah-sharon-2:** [00:47:25] It's right. There's food everywhere. And feeding babies in general will be messy, but what baby led weaning, it's very messy because you are not doing the feeding as the parents. You're letting the baby do. Self-feeding. So babies are not, they haven't learned table manners just yet. And so the food will be flung everywhere.

[00:47:44] It's messy, it's a little hard, or a lot harder to actually measure how much food your baby is eating with a puree or a jar. When you're spoonfeeding your baby, you know how much the baby has eaten because you're sticking it into the baby's mouth and that they'd be presumably swallowing it.

[00:47:59] And and you could say, Oh, okay, she's eating this amount. And he's gotten that amount because. There'll be food everywhere with baby led weaning. You're not sure how much the baby will take. And there have been some studies that have. Raise concern though, not shown but have raised concern that it might lead to to lower intake of food, which could which could lead to some nutritional issues, but it hasn't been proven yet or shown.

[00:48:23] So it's just a conjecture that might be a con. And I guess the big one that parents worry about all the time with baby led weaning is the gagging and When you're feeding a baby finger foods, there is that much higher chance of gagging and it scares parents. And I always try to remind them, choking is not gagging.

[00:48:43] Gagging is not choking. Choking is when your baby is airways obstructed and they can't breathe. And gagging is just your baby's way of working food. That has reached a little too far back in her mouth to bring it back forward. And it's actually a natural response and you just have to take a deep breath and hold yourself back and just let your baby work.

[00:49:03] It, work it back to the front of her mouth, but it's scary for a lot of, for a lot of parents. And so they get nervous about it. And so they choose not to. And I always say, maybe do a combination of the puree and the baby led weaning. If you're too scared to go all in on baby led weaning.

[00:49:20] **sharon-sarah-sarah-2:** [00:49:20] Yeah. I also remember doing reading when I had my first and we were. Doing baby led weaning was that they're gag reflexes actually, when they're babies is much further in front of their mouth. So they're more likely to gag because it's a protection protective mechanism so that it doesn't, they gag much sooner cause it's further up in their mouth.

[00:49:39] Is that true?

[00:49:39] **sharon-sarah-sharon-2:** [00:49:39] Yes, it's definitely true. So it takes like we think of gagging. If we gag something is very far back in our mouth for a baby, precisely because it's protecting them against choking. They'll gag, even if it's somewhere mid tongue, nor little behind mid tongue. And remember their tongues are really little so gagging will happen a lot and and it is nerve wracking.

[00:49:58] And you have to be prepared for that as a parent and you have to really read about it, learn about it. Watch videos, I think is really helpful with other babies gagging before you start doing it so that you can, so it's not so shocking for you when you see it happen and it will happen.

[00:50:13] It will happen.

[00:50:15] **sharon-sarah-sarah-2:** [00:50:15] Yes. Okay. Next topic. Sleep training.

[00:50:19] **sharon-sarah-sharon-2:** [00:50:19] Okay. That's another big one. Can we go back one second to the, to this feeding solids, because there's, there is one other myth or I guess old school kind of way of thinking that I want to just mention before we move on that. Possibly when we were all babies. And certainly when our parents were babies, there was this very strict order of how you have to introduce food to your kids.

[00:50:41] You have to start with baby cereal and then do fruit or vegetables. And now people are saying you have to do vegetables first because then they won't like fruits, et cetera. But that is really. No longer recommended right now. What is recommended is that you can give anything to your baby at any time.

[00:50:57] And you don't have to just serve one food at a time for a few days. The reason for this is because. Another thing that used to be the case and the recommendation was to wait to serve allergenic foods like nuts or strawberries or eggs until the baby was much older. And what the research showed was that kids were actually, the rates of allergies were rising really significantly.

[00:51:22] And what they found in very fascinating studies was that. Children who are introduced to let's say nut products early on when they were babies have much, much lower rates of allergies. And so now the recommendations are to serve allergenic food, right from the start. Still get this all the time and Instagram people say, but wait, I heard that you can't serve eggs until nine, 10 months.

[00:51:45] And I'm like, that's not true. You can serve eggs from day one. You can mix. Thin out some peanut butter and mix it into the cereal or the yogurt or whatever you're serving and let your baby actually, it's not only let your baby, but you should do that. And that's the recommendation. You should serve all types of food and allergenic foods early on.

[00:52:06] **sharon-sarah-sarah-2:** [00:52:06] Yeah, I'm not, this is not a tout for ReadySet food, but did it with my third one, cause I was just like, I have two kids that love peanut butter. What the end? My husband also likes. But I do too, but we love peanut butter in this house. And the thought of having a kid that had a peanut allergy, like what made me so nervous and my doctor, our pediatrician mentioned it and I was like, okay, I'll look into it.

[00:52:28] And it's, I we've been doing it with Levi's so all has been good.

[00:52:33] **sharon-sarah-sharon-2:** [00:52:33] That would not be good if you if you're a peanut butter family and there's a peanut allergy in the house.

[00:52:38] **sharon-sarah-sarah-2:** [00:52:38] Yeah. Oh my God. It was so scary to even think of it, but All right. Are we, is that an, is that, are we good on foods?

[00:52:44] **sharon-sarah-sharon-2:** [00:52:44] I think so. You know what else? I will say what the baby led weaning that another. Thing that parents, I guess don't realize or that ask me all the time or certainly Google probably is, but wait, my child doesn't have teeth, so how can they eat finger foods at six months? And so that's a myth. A child does not need teeth.

[00:53:02] To eat. They actually will chew with their very strong gums. So obviously you can't be serving let's say hard on cooked carrots because even a baby with teeth wouldn't be able to eat that's really a choking hazard, but certainly soft foods are easily mashed between the gum. So babies do not need teeth.

[00:53:20] And if you think about again, I always like to say So think about the reasoning behind it, but think about how you chew, right? How we chew. We don't chew with our front teeth, which you with our molars, the back teeth and babies are the same way. And baby's first teeth are the front teeth.

[00:53:34] They don't get their molars until I'm closer to let's say. Yeah. Exactly. Exactly. So if you had to wait that long to give them solid food, then that would not make sense. So babies do not need teeth to eat. Any types of finger foods. So that's a good myth to debunk.

[00:53:52] **sharon-sarah-sarah-2:** [00:53:52] Yes. Yes. I always say to people, I'm like, you can tell how it's, because like, when you can tell how strong their gums are, when they bite your nipple, it's just like a pinch. But then when they get the it's way worse.

[00:54:06] **sharon-sarah-sharon-2:** [00:54:06] That's so true. I never thought of it that way, but you're so right. They can really chomped down on your finger, on your nipple. And so imagine what they could do to a piece of banana, they could do it.

[00:54:16] **sharon-sarah-sarah-2:** [00:54:16] Exactly. Before we get into sleep training, I just want to cause one, I wish we had talked about it when we were talking about sleep and just safe sleep in general, but it's nuts because I was talking about one of my questions was about naps and you'll hear those well-meaning in-laws or friends or whatever.

[00:54:30] I hope that they're not friends. Cause I feel like they, he should know better now, but the keeping the baby awake to make him sleep longer at night.

[00:54:41] **sharon-sarah-sharon-2:** [00:54:41] Yes, let's do bunk that that is not true. And actually the converse is true. The more tired a baby is the less, she will sleep and the shorter amount of time she will sleep. So if you keep your baby awake during the day, Then you will have a baby that is not sleeping well at night. And then it becomes a cycle where they're not sleeping well at night.

[00:55:01] So they're even more overtired. So they're not sleeping well during the day and on. And then you'll have a very cranky overtired, unhappy child and parents. Naps are really important and babies, especially young babies need their naps because that's how they're, I think about the world is so overwhelming for little babies and even into the toddler years and even the preschool years, there's just a lot that's going on and they need that time to recharge and to consolidate memories and new learning that they did.

[00:55:31] And all these things that they're trying to develop intellectually and physically. They need that downtime and that nap. So please don't keep your baby awake.

[00:55:43] **sharon-sarah-sarah-2:** [00:55:43] I like, like my mom always just say sleep begets sleep. And that could not be more true with

[00:55:48] **sharon-sarah-sharon-2:** [00:55:48] So true. So true. And I'm a real big believer in sleep. Was just answering a DM right before this, from somebody who said my baby takes two hour nap. Should I, is that a problem? And I'm like, no count yourself. Lucky. That's wonderful in the fact that you have a baby who's sleeping so well, assuming that they're, doing fine when they're not sleeping as this baby was, that's a great thing.

[00:56:08] Really embrace that.

[00:56:10] **sharon-sarah-sarah-2:** [00:56:10] Yes. Yes. Yes. On that note, sleep training, I'm interested cause like, you mean, this is like one of the most polarizing things in parenting that you'll have people that are anti cried out that think that you're damaging the attachment and that, I can, there's just everything.

[00:56:28] So I'm interested in the science,

[00:56:31] **sharon-sarah-sharon-2:** [00:56:31] Yes, there is. First I like to call it sleep teaching instead of sleep training because I just think that's really more accurate. That's what we're doing when we are doing any. Method of sleep training. It's really trying to teach a baby healthy sleep habits. The problem with the term sleep training is that most people associated with crying it out and crying it out, meaning leaving the baby to cry for hours on end.

[00:56:54] And while that was recommended decades ago it is just no longer recommended even Dr. Ferber, who was the one who. Who made the, this ferberizing technique? He has softened his over the years. He has softened his stance on it and he even the ferberizing method is no longer as as I guess, strong as it was before.

[00:57:17] But. Most sleep teaching methods are much more mild. And and it's more than just letting a baby, the sleep or cry himself to sleep. Sleep teaching involves, teaching a newborn, the difference between night and day or implementing a bedtime routine to help transition the baby from day to night.

[00:57:36] Things like putting your baby into the crib drowsy, but not fully asleep. Those are all things that can help. Lead to healthier sleep habits. So that's ways of teaching the baby to sleep. And then you get into, as you said, all these different methods of should I let my baby cry at all? Or for how long or what technique should I use?

[00:57:55] And I always say that the most important thing as a parent is that you are doing what feels right for you, because if you are following some rule or some recommendation, and it doesn't feel right in your heart, then it's the wrong thing for you. If you feel that you want to sleep, train and follow this method or that method go for it.

[00:58:14] And if you feel like there is no way that I can handle even a moment of 30 seconds of my baby crying, then don't do it. There's no nothing that you have to. Do one way or the other, and please, let's not judge moms or dads who decide to sleep train or not to sleep train. Yeah, so you asked about the research.

[00:58:32] So the research does show that sleep training or sleep teaching does improve sleep for baby and also for their parents, obviously. And. The techniques or the methods that these studies were looking at were when you put the baby to sleep in the crib drowsy, but not fully asleep, waiting a little period of time before responding to the baby's cries.

[00:58:52] Again, not hours on end, but two minutes, five minutes, whatever you feel works for you soothing the baby when she wakes up leaving after a short interval, and then repeating that again and again, and if parents follow whatever sleep method that they try. Consistently, right? It's all about consistency that it does.

[00:59:11] It does work and babies will learn how to sleep and parents will sleep better. And so it's, win-win, that's what the research does show and. But though I will say that even babies who very successfully sleep learn it's not like a one-time thing, cause there's going to be sleep regressions and rape babies are not robots.

[00:59:29] A regular life will intrude in their life. And so there's good. It's like a one step forward, two step back kind of thing. But you asked about, the other side, right? Where Pete parents worry that leaving a baby to cry is going to raise their cortisol levels and and they'll have attachment issues or feelings of abandonment.

[00:59:46] So studies that have looked at the long-term differences between parents or children who are asleep, taught or sleep train versus kids who are not the long-term. Studies have shown no adverse effects on a child's mental health or behavior or stress levels or relationship with their parents, even if they were sleep trained.

[01:00:08] So I hope that. Puts parents at ease that if you want to sleep train, you should, and you can feel good about it, that you're not harming your child. And if you don't want to sleep train, that's fine too. And you're not harming your child. Like you have to do what works best for you and your family and your child.

[01:00:26] And, just both ways are perfectly valid.

[01:00:31] **sharon-sarah-sarah-2:** [01:00:31] perfect. Perfectly said we'll leave it at that. That's perfect. My last question here is about like walkers swings, like all the different things that you can put in, place your baby in to entertain them, like entertainment centers, extra saucers, like all the, like the pack and plays, like all those things.

[01:00:50] What is what's appropriate?

[01:00:52] **sharon-sarah-sharon-2:** [01:00:52] So we'll, I'll start with walkers. Cause you mentioned that first and walkers, we're talking about the wheeled, walkers, the ones where your baby sits in it and then could. Paddle along, and get around the house. So those are actually banned in Canada for sale. You can't buy it in Canada.

[01:01:05] And the American Academy of pediatrics has called for a ban on them in the U S and they are definitely not recommended for use because it's dangerous. It's really unsafe. Thousands of babies and toddlers had ended up in the ER. Because of they've gotten injured using a Walker, head injuries, neck injuries, soft tissue injuries, tumbling downstairs.

[01:01:25] It's very dangerous. And not only that, but experts say that. First the reason why it's recommended that it's not that walkers not be used is that really babies just don't have the skills or the reflexes to safely use them. Let's put an end to walkers. No walkers, please.

[01:01:43] So the next part of your question, the seats, right? So yes, a stationary a stationary Walker or stationary entertainment center is better than a Walker because the baby can't get anywhere. Can't go far. But the problem with seats in general, right? If you're putting your baby in the stationary entertainment center and the swing and the stroller and the bouncy seats and, and end the problem is that.

[01:02:08] You're not giving your baby enough time on the floor to really move his body in all different ways to learn those crucial skills of rolling over and sitting up and crawling and pulling up and cruising and walking. And so being in these containers are fine. If they are used in moderation. Like with everything in life, it's about moderation.

[01:02:29] So stick to 15 minutes at a time, more, no more than two or three times a day with your baby. Let's say 15 to 30 minutes at a time. A few times a day, one or two times a day, three times a day, depending on your day. But really keep your baby as much as you can on the floor. In different positions, on her tummy, on his back on the side.

[01:02:52] And as they get older propped up and then, when they're learning how to sit, et cetera, it's really so much better. They develop all these upper body muscles and lower body muscles and core strength. Very important.

[01:03:05] **sharon-sarah-sarah-2:** [01:03:05] Yeah. And it's, it is so hard to mean like ours. I think about myself and my, our setup downstairs is just like terrible because we're in the kitchen and there's like really nowhere for our baby to be on the floor. So we got one of these like gigantic and plays for him too. So that's and it's basically it's less for keeping him in and more for keeping our other kids out.

[01:03:27] And that's been helpful. Just cause I, like I, I. I hate keeping them like in a seated position when he just wants to explore, especially at six and seven

[01:03:36] **sharon-sarah-sharon-2:** [01:03:36] I can play is fine because they have freedom of movement. And so yes, they're confined and they can't, explore if they don't have freedom of movement through the entire house, but they're not confined and strapped in. And it's great. It's a great way, as you described, to be able to either keep him away from, you or the kids away from him and and still allow him to develop those really crucial skills that all babies need to be developing.

[01:04:00] **sharon-sarah-sarah-2:** [01:04:00] Yes. Thank you Sharon, for coming on this podcast, I feel like this was just the, an hour of just information packed stuff. So really appreciate your time.

[01:04:12] **sharon-sarah-sharon-2:** [01:04:12] you so much for having me. I know. I feel like we just went through the entire spectrum of pregnancy and first year, second year of baby's life. So we really packed in a lot. Yeah, this was fun.

[01:04:24] **sharon-sarah-sarah-2:** [01:04:24] Yeah. I'm like, and now you're ready people. You've got it all

[01:04:28] **sharon-sarah-sharon-2:** [01:04:28] Parents.

[01:04:29] **sharon-sarah-sarah-2:** [01:04:29] Exactly. All right.