



Steph: Hi Kirsty, and welcome back to the show.

Kirsty: Hey Steph, Thanks so much for having me.

Steph: I know. So part three today we've recorded two parts so far of setting up your microbiome all with the focus of it being preconception pregnancy and beyond. So it's turned into quite the series, which is really fun. What I will do is pop episode or part one and part two in the show notes for those that are still catching up, but for part three I really wanted to focus on testing to start. So I'd love to hear from you like what you do from a testing point of view, whether it's with mums and bubs or both and yeah, we'll go from there.

Kirsty: Oh yeah, I mean what a great topic, especially with the progression of the testing of the gut microbiome. So we always say you and I Steph, like, it's so exciting the... You know, this explosion in understanding of the gut and that we can test it. But of course we're in the infancy of doing that. But it is really nice to know that not only can we test who is in there and what's going on in our beautiful gut microbiome and the different species that we have in there, but we can now see what they're doing. So what are those metabolites that they're releasing? What part does that have to play in our overall health and wellness? The nutrients we absorb, how that supports our brain function, our neurotransmitters, you know, our brain development when we're thinking about our little ones. So it's such an exciting time to really get to that test don't guess kind of perspective of instead of just sort of stabbing around in the dark, I think this is going on, I'll just take a pill or I'll just do a cleanse or something like that.

So it's certainly an exciting time, but first of all we need to look at is it appropriate to just jump on in and start testing the six month old and when should we be testing mum versus bubs and all those sorts of things. So firstly, I think we need to sort of look at that understanding of what is deemed sort of appropriate for your child and what's going on for their stools, what's happening for you and that, you know, normal developmental sort of process. And then when do you raise those alarm bells.

So really if mum is still breastfeeding, I am a huge believer that if something's not right, so if your child is, you know, colicky, if they're having trouble settling, sleeping, if they're having issues with skin irritations or developmental delays, when you're

looking at that breastfeeding window, I'm big believer in let's test mum, let's see what's going on with mum.

So we talked last episode about that, you know, translocation of that incredible bacteria that we have, which, go back and listen to it, but it's literally that our gut bacteria as mums is, you know, it goes through and actually relocates from our breast milk into bubs. So whilst we're still breastfeeding, it's really what's going on with us and our gut microbiome and making sure that we can relocate or translocate our beautiful bacteria into bub. So if you are both having problems, let's have a look at what's going on with mum. So we have a whole series of different tests that you can do, but you know, and obviously you work with your practitioner to see which is the best one for you depending on what's going on. So if it's really overt, so there's a lot of diarrhea, there's a lot of bloating and gas is big, eczema and big conditions like that going on, you want to look at a really complex testing that can really unpack, you know, is there any infections going on, any overgrowth, what's happening.

If you're just not sure and you want to investigate, how can I optimise things or you know, am I creating those right metabolites? Then using something like the microbiome tests, which you know, you and I have talked about previously as well in podcasts that people can listen to. And so when you're testing mum, we can really start to look at, okay, we understand that for our beautiful bubs, those first really beneficial microbes that we want to see an abundance of for being able to digest the beautiful sugars in breast milk to be able to digest those first foods. We want to see a lot of those bifido strains in there. And so we want to see does mum have those bifido strains? Is she then translocating them through and supporting bubs to be able to grow that diversity and to get an abundance of those bifido strains.

So here's no... We don't want to sort of just go straight to baby when mum is still having such a huge part to play in building that new gut microbiome. And so certainly on your breastfeeding journey, however long that is, you want to be looking at mum first, so it's very important. After that if you're starting to see changes, you're starting to once again see those rashes, changing colour in stool, you know, if you're starting to see those colicky symptoms and once again, look for that developmental or an aversion to food, so starting to see that picky eater sort of behaviour. Or what went in one end came straight out looking exactly the same at the other end when you're starting to see, you know, undigested food in nappies, those sorts of things.

And you've weaned off, that's when we would start looking at actually testing the stool of your little bubs. So did that make sense that we've that sort of distinction and it's a really good one, are you still breastfeeding or are you not? So when do we test mum? When do we test bub?

Steph: Yeah, definitely. I agree. I think I've just got a couple of questions that have come up. So we know that bifido can be isolated from the breast milk and we often don't see it in an adult stool test, obviously, because it's a more transient strain. So should we be seeing bifido in a stool test of a female who's still breastfeeding?

Kirsty: That is the aim. That is the aim. And so, you know, certainly things have changed a little bit with regards to the testing. So previously we've always sort of been told,

stop having any probiotics or any fermented foods, those sorts of things before you have your tests.

But in an instance where mum is feeding bubs and we want... We want to actually see is there any of those bifido strains in there and you would want mum and the microbial test is really great for this. We don't have to stop any of those probiotics, fermented foods, any of the things that we're doing. You can continue on with those whilst you do that test.

And so we can actually see, are those foods being really beneficial for mum and are they being handed on? So in that instance with the microbial testing, you will hopefully see them there because you will still be having them in your diet because they are obviously commensal, so they do move through the body. They don't inoculate as much as say your indigenous strains like Akkermansia, your Bacteroidetes, those sorts of things. So yes, we would like to see them in there, once again, depending on the testing, and if someone does stop them or they're not having them, then yeah, you may not see them in there.

Steph: Yeah. Interesting. Because we are still most often giving the guidelines that our clients stop for about three days. So it's three days of normal eating but nothing fermented. And they were the original guidelines that came through MetaBiome, which is the practitioner version of that test.

But I do love the distinction that you've just made, in that it's not wrong to keep taking them, because other people without knowing this, they would think that they've prepared incorrectly for the test, which has happened before with patients that might've been told to stop consuming probiotics, and had forgotten. It can feel like you've done the wrong thing, but it's just that you're looking at the test through a different lens. Whether, based on that preparation and knowing how your client has prepared for that test.

Kirsty: Yeah, exactly. And then of course, working with, "Okay, what do we want to see here?" This is specific in an individual to you, as to what we want to see and what's bubs getting. So having everything in your diet, continuing on with that test, is so important. Otherwise, we don't really know what bubs is getting, if you've taken it out of your diet.

Steph: Of course. Just as a side note, are there examples where you would do this, where you wouldn't get your client to pause probiotics for three days?

Kirsty: Quite a lot of examples. So auto immune cases, we certainly leave it in, because we want to know, and often this is a follow-up test. We might withdraw for the first time to see, well, what's really happening in there? That real ground zero, and then we want to have a look with the follow-up. "Okay, the applications that we've made, what's happening at ground zero now?" So are we doing a really good job of keeping the balance there? Because sometimes it's like, well why would we withdraw that if that's going to be your lifestyle? Because obviously our aim, Steph, is to make sure that people have incorporated beautiful lifestyle choices, fermented foods, all of these wonderful things and that is just what you do as your lifestyle for the rest of your life.

So if we take them out, it's not really a real picture of what you're going to do moving forward. So, and especially when we're dealing with those sort of autoimmunity issues where there is a lot of maintenance, and there is specific things that we want to have in place consistently for a while, so the body can really find that balance and it can support itself.

Steph: Yeah. Great. I totally agree. And then my second question was around the technology and obviously with Microba and MetaBiome, everything's based on that sort of normal population data, or that putting you in this spectrum of a comparison to their sample size to date. So how do we use that data for babies, when it's essentially comparing them to adults?

Kirsty: Yeah, so that's a really, really tricky one. Very, very tricky. And so if we are looking at breastfeeding mum to have the test done, that's going to be fine. Obviously they're adults and we're going to be having a look at those real specific strengths that we want them to be handing onto bubs. So that's fine. When it comes to, if we're testing for bubs, we've got our real alarm bells on that, is there a worm? Is there a parasite? Is there an overgrowth? Are we dealing with something that is obviously not a normal case or usual case, something that's remarkable, and so we're probably not looking so much at the beneficial strains, because of course they're yet to develop and grow and to multiply.

We're looking more at what are some of the alarm bells, for example, are we seeing some *Clostridium difficile* in there, or some other *Clostridium* strains that have overgrown? Or are we seeing some parasites in there? Are we starting to see some overgrowths that we know correlate with cognitive development or eczema, those sorts of things. So we'd be more looking at, what are the problems, rather than, what are our beneficial strains and how can we grow them, which is a little bit different than what we would do with an adult. But that's because sometimes, babies at two, we need to look at, have they got an overgrowth of *Clostridium*?

Steph: Yeah, absolutely. And I know Microba definitely have that age range of two to 18, where obviously it's under parental supervision and so on. But I'm almost thinking about even younger than that. Or would you never test in a baby that's, say, one?

Kirsty: So we would, if the symptom obviously was, and they were really struggling, with chronic diarrhea, undigested food, failure to thrive, those sorts of things. And in that instance, we may look more at a CDSA. So, where we can really have a look at what's happening in the small intestine, are we seeing any *H pylori* in there? Are we seeing any sort of big, overt overgrowth? So once again, we may swap to even a different type of testing, that can hone in a little bit more, have a look at some of those metabolites and what's happening. So once again, case-by-case, but this I would say would go more to a CDSA at that point.

Steph: Yes. Yeah. I know that they're working on a test for infants, Microba, at the moment. That's obviously just going to be a natural part of the evolving technology and, I guess, demand as well. So that's interesting, because I want, I personally want a MetaBiome plus a GI map. I want a test that has all of that, and I don't want my clients have to spend \$800 to get both. But you know what I really love about Microba are those metabolites and the anti-inflammatory versus pro-inflammatory focus. I love that. But often I feel like, yeah, I want more. I want to have a look at

calprotectin, or secretory IGA to have a look if there is something deeper going on, that is it going to explain the symptoms. So my dream is to have the combo test, for anyone out there that wants to create one, please do.

Kirsty: Absolutely. So the way we've got around that, Steph, is in those big, overt cases, we do the GI mapping, that video picture, because that calprotectin, obviously, is so important, first. And then, six months later, three months later, depending on what's going on when we're seeing that improvement, then it's really nice to actually do the Microba later, because then you can still use LPS to look at that inflammatory response. Still map it, but then you can start to see, because of, as you know, when someone starts to get better, they feel great, but then we get those lags in, "Well, hang on how come I still don't feel joyful," or how come I'm still bruising easily, why am I not producing that K2? All of those sorts of things. How am I going with my digestive capabilities? So, for the cases that are a little bit trickier, we staggered them out like that. Now, that obviously helps with the finances of staggering it. But that's how we've got around it for those cases where we've felt like we really needed to do both. Because you're right, sometimes you actually just need to do both to get that complete picture.

Steph: Yeah, absolutely. And I'm just really conscious of the testing budget, as we would normally say. So that's great advice. I guess the downside is obviously there's not going to be a direct comparison, and a lot of people like to really know where they're at six months later. So, I guess that might be one disadvantage, but there's lots of pros in that. And you can then get that full picture, and obviously with Microba and Metabiome it's very food derived so then you can really set up what they need to be eating, which most people love. They really want to know what they need to eat to continue to create that robust microbiome.

Kirsty: Yeah, exactly. Because after that window you really want to have nussed out any of those overgrowths from having a look at your initial testing, and get onto building the diversity, which is obviously where we see that huge correlation with overall health and wellbeing.

Steph: Absolutely. Awesome. So that's great information. Obviously, it's quite individual. So, I have definitely had one example with a little one where I started with Metabiome, but they were coming. That child particularly was from, I'd say the word paleo, or real food, or whole food family that had a lot of the foundations in place, really incredible foundations. But there was quite a long history with some pregnancy and birth complications.

So I personally chose to start with Metabiome there. But I love the idea of being able to do GI-Map as well, obviously if the client wants to spend more money on testing, and all those sorts of conversations that I would have as the practitioner. But I think it's going to be really individual, so that's why it's always best to get some practitioner support because Microba is really accessible. So people are going online and buying that. But we've had this conversation before, it might not be the right test for you, so perhaps it's best not to get too gun ho and make sure that you're spending your money wisely in that first instance and then map out a six month plan as to what other testing you may or may not need along the way.

Kirsty: Absolutely. And I know, obviously we're talking about tests that are expensive. I mean, obviously the big dream is they're all Medicare approved, and this is something that we have. I know that this is big money, but if you've got a child, and we've talked about this in the last two episodes of these awesome series that we're doing, but the amount of money that I personally ever had to spend on my son's health, getting diagnosis, extra tutoring, flying to the States to rebalance his brain. I mean, goodness me, this boy is a million-dollar boy.

But had I known about this information, and only had to spend \$365 on getting a test, or whatever the test is, and the price, \$300, \$400, whatever, that is so cheap compared to the amount of money that I have had to spend to rein it all in. Had I known that he had Clostridium, had I known that he'd had strep overgrowths and all these sorts of things. So to me, it sets you up, it's one of those ways of ensuring that you don't have to go down this rabbit hole afterwards.

So it seems big when you're in the thick of it, and obviously often you're on a single income, because you're home with bubs and all those sorts of things is happening. But to have that knowledge and that information to drill down to looking at what is going on here can end up saving you thousands, and thousands, and thousands of dollars if there is an issue. And mums will always know if there's an issue. You feel it in your bones, you know something's not right. And what a great opportunity now that we have this information, have this knowledge, and we can just go and get it tested and go, "Okay, awesome. Here's the issue, let's work at sorting this out." So it can in the end, save you hundreds of thousands of dollars. But in the initials it can feel very overwhelming.

Steph: Absolutely. And even just supplements these days, the amount of people who have come to me, and I'm sure you guys are the same at KW, at Kultured Wellness, but just taking buckets of supplements with not really much understanding as to what they're taking and why. And even that, when they have a think about what they're spending on supplements or what they've spent on supplements, they can very quickly, quite easily justify the test. And so it's just about that perspective.

Kirsty: Absolutely. And I just don't think it's just not in the conversation enough. Because there is, the mum's group conversations, I went out and bought this and tried this for eczema. I went out and bought this special clothing, or this special wrap, or this special cream, or I bought this special soothing ap, this special soothing light. I mean, goodness me, there's something for just about everything when it comes to bubs.

But if your child's not sleeping, and we can look at why that is, instead of buying all these things that are out there on the market to look at solving the symptom, we can get back to looking at the cause, and applying the appropriate treatment, which means it's embedded and set in stone, and sets them up for the rest of their life as opposed to the Band-Aid for six months until that doesn't work anymore. And then you've got to find another thing and stick a Band-Aid on there for another six months. So, I highly recommend getting to the guts of it, getting to the real core of it.

So then it's just set up for life, and you don't have to go away somewhere and take every single piece of apparatus that you've bought just so that the baby can sleep for one night. I've been there, I've been that parent, believe me, you don't want to

be that parent. You just don't want to do it. You want to just find out, understand and just have the time of your life being a mum.

Steph: Yeah, for sure. Such beautiful advice. So I wanted to move on, unless you had anything else that you wanted to mention on testing before I do.

Kirsty: No, not at all. Just reach out.

Steph: Awesome.

Kirsty: And I suppose probably one last thing is, we do have a tendency, even though we know something's wrong, as mums, we do have a tendency to downplay it. Australians are awesome at it. Anyway, we're really good at that, but we do have a tendency to downplay it, "It should be all right," or "Don't stress about it," or "Don't get worked out - they'll grow out of it," this kind of thing. So I just really want people to know that you will know if something's going on and just get on with it, sort it out. Don't put it off, think that it will get better. Kids don't grow out of things, it morphs into something else. So, eczema ends up morphing into mental health issues or digestive systems end up that are out of whack end up morphing into eating disorders. These things don't go away, they just become bigger and more overt and display themselves differently as our kids go through puberty or as they're faced with more stresses.

So yeah, don't fall into that trap of, they'll grow out of it by the age of two. We want to get the balance right from the get go.

Steph: Yeah. Beautiful. I love it. So let's talk about first foods, because I've been on this journey myself for the last seven months with Grace and I really wanted to get your insights. Like, I know your journey would have been really different back with your children. But also because I've obviously been really in this space and what I've noticed the most is that mums are one, confused and two, quite fearful because of some of the advice that we're given and perhaps that we've got or maybe we've lost our intuition because of all the messages that we're bombarded with.

So, that to me has been fascinating to be seeing online and certainly in some of my clients. So, let's start there because obviously - well tell us what were you giving your children as their first food, because that was a decade ago now.

Kirsty: Oh, that makes me feel very old.

Steph: No, it's a good, important story to share.

Kirsty: Oh, it's so important. First foods in my world, so that would be what my mum told me what was appropriate, what was in my mum's group circles, the access to information that I had, first foods was Farex, which is a rice cereal. And I didn't question it. It was super easy to make, for goodness sakes, you just added either a little bit of breast milk or you added some water to it. I mean, can it get easier than that? And I just didn't question it. That was just what we did.

The nurses or the midwives or the support, this is what you do. The paediatricians, this is what you do. So it was certainly first foods and then moving on to, at that

time for me, it was all about these squeegees where you have those little... How do you describe them without visually showing it?

But it's almost like one of the gels that you would use if you're out training and you basically just stick that in the child's mouth and just squeeze the middle and in goes the food. And in our case, the quicker, the better, the more distracted the child was, the better. So, almost distract them from the fact that they're even eating. So, stick them in front of the TV, keep them busy, get the food in, get the job over and done with and get on with your day. So very, very different to my beliefs now and certainly what we know to be a wonderful way of introducing food.

So when we look at that Farex, which is basically just fortified rice. So there was there might've been some folate in there or some added vitamin D. There was suddenly added nutrients put into the rice cereal. But there was certainly no beautiful omegas, essential fatty acids in there. There certainly wasn't any omegas in there, no choline. There certainly wasn't any B vitamins cycle. These things we know now.

So, when we look at why we introduce first foods and what they do for the children, it just baffles me how far it's even got a leg up, how it even got there, I don't quite understand. But let's, before I get on to that, I really want to go back to this understanding of why do children... Why are they fussy? Why are they so scared of food? Why are they so distanced from food, what's going on with that?

Really it's about if you look in nature, most of our food, when we're foraging, when we're picking, when we're out in nature, so back in sort of you know more of those times where we really lived off the land, most food has a covering on it. That means that it's not going to be eaten by any predators, so birds, for example. So if you look at a nut or if you look at a berry or those sorts of things, they have an acid, like phytic acid around it for example, and that's put there to protect the plant and so it's going to almost poison the bird or poison the predator. It will also do the same thing for us.

So we have this inbuilt system in us to be curious about food and cautious about food. It is in our primal setup. That's how we're supposed to be. So when we're crawling around on the ground as a bub, picking things off the plants, we're curious about it and cautious so we don't eat something that may have a poisoned coating on it that can impact us and hurt us.

So, that's how we're supposed to be. And so when you think about now we plunk our kids in their high chair, if we don't let them play with it and sit there and model to our children that this is a safe food, we can play with it, we can touch it, we can throw it straight at mum's face, we can do all these things. If we don't create that environment of it being a safe food, then children have a bit of a disconnect with food and a disconnect with that safety that the food is going to nurture us, look after us, and we don't kind of override that primal fight or flight response.

So, once again when we're on this incredible adventure of food introduction, if a child just pushes that food away, you haven't failed, you haven't done anything. It doesn't mean that they don't like it. It's just we've got to get down at their level and

show them this is safe, this is okay. We've prepared this for you, for it to nurture your body and override that system.

So, once we get that laid down and we override that system of food is safe, once we get that down pat, then slowly we can start to introduce foods that are the building blocks of our bodies. So yes, it can be super confusing. What do I feed my child? It can be super confusing, are they going to have a life of eczema and rashes if I give them egg yolk? I mean, goodness me, stuff like it's crazy what we sort of what's out there of what are we supposed to feed our kids and what's going to happen? But the simplest way of approaching it, I feel, is if we look at the mechanics of these beautiful, beautiful little bodies and we understand what these bodies need. So what do our little babies need as the building blocks for them to grow and develop?

And when we start to look at those building blocks, it becomes really simple to know what to feed our beautiful little bubs as their first foods. So we know that their brains are going at a million miles an hour. There's so much cognitive development going on and we know the brain is made up of what is it? 60, 70% of fat. So of course, we know that those first foods, that needs to be a big, major component of what we're feeding them because that's the building blocks.

We know those B vitamins are so important. We know choline is very important. So none of those foods are going to be in your Farexes, fruits and constant just feeding mashed up bananas, those sorts of things. So we've got to get that balance right. We also know to develop that gut microbiome, we want to really feed those beautiful Bifido strains. We want to feed those Akkermansia strains. We want to feed those Bacteroidetes. We want to feed all those ancestral strains.

And so we want to make sure we've got fibre in there. And we've got beautiful different types of sugars that we know develop and grow those beautiful microbes. But also that are balanced out with, once again, those building blocks that we know develop that brain, develop that immune system, develop all of that, the muscle control, all those things. It's just so exciting. So once we get that understanding of what does the body need as those foundational building blocks, it's super easy to know what to feed your children. Otherwise, it's just too confusing. We can't understand what to do next. Does that make sense?

Steph: Yeah, I agree with you. I love applying that approach because it can really simplify things. And that another, like you said before, that you feel it in your bones. I think that it's really important to almost crowd out the noise and come back to the basics of whole food. Because anyone, you don't need to be a nutritionist or have any kind of degree, can appreciate that pumpkin from the garden or avocado is going to be more whole food in nature, more nutrient dense than something in a packet like infant rice cereal. And the thing is what I think they're doing with the infant rice cereal is like you mentioned, they're fortifying it. So they're putting iron in it, which is then that trap. But everyone's told, yeah, babies need heaps of iron at six months.

And so the mums are being convinced that this fortified food is going to like solve or prevent any deficiency. And that's obviously marketing and that's a whole other conversation of brainwashing. But yes, of course your babies are going to need iron. To me, it's mind blowing that their iron requirements at about six months are more than that of an adult male. That's fascinating to me. But if they're being breastfed

then that's obviously going to be really important that the mum's looking after her dietary intake.

But yeah, once you've started with some of the foundational veggies and we personally did avocado and egg yolk quite early on, then we were pretty much ready to add in grass-fed pasture raised meat. Slow cooked, as purees and really well digested of course. But you can quite quickly move on to getting bubs to be consuming proper iron, not synthetic iron and not grains. And unfortunately, infant cereals often have vegetable oils as well. So they're wrong for many reasons. So whole foods, absolutely.

Kirsty: Yeah. And setting up an environment that is anti-inflammatory. So that the body has every possible opportunity to develop and grow as opposed to fighting off all of this inflammation all the time. So you raised it right there. The vegetable oils, some of the first foods have got preservatives in them. They've got all of these additives in them that the little bodies have to filter out. The liver has to know what to do with it. They have to excrete it. Their pathways have to be able to metabolise it.

And that's a lot of work when wow, your brain is just developing at such a rate. Your body doesn't have time to be processing out those sorts of things. A little bub's body doesn't have time. They just want to be developing and growing. So, we think about that zinc for example, when we think about vitamin D, vitamin C. Setting up that environment with beautiful immune response, that anti-inflammatory response, making sure that all those pathways are just working so beautifully. All of that comes from a whole food approach.

And when it's in a whole food, the body knows what to do with it. We don't need a cofactor added to the cereal. So if we're going to put iron in, we better put another thing in there just to make sure that's absorbed. And then we've got to put something else in just to make sure that's absorbed. Whereas a food, a real food, the body already knows what to do with that. It's already been placed that way. So yes, I agree. A big believer of let's get those egg yolks in. You've got the choline in there, you've got your B vitamins in there. And adding in beautiful cauliflower. I mean, cauliflower has 70% of your recommended intake of vitamin C. I mean, we can debate on what the recommended intake is but...

Steph: To not get scurvy.

Kirsty: Exactly, like Captain Cook on the ship. But when you think about beautiful cauliflower and how much vitamin C that can add into your diet. And obviously all the benefits of the fibre and feeding those new beneficial strains that you're inoculating into that gut. And so easy to make.

But once again, it can get really overwhelming. How am I supposed to make it? What am I supposed to do? What's the ratios? Is it right? All those sorts of things. But I think you can't make a mistake when it's whole foods, but when you're playing around with fortifying this and adding this supplement in. And when you're messing around with synthetic things, you've got much more of a chance of not getting the balance correct as opposed to just a beautiful whole food that was developed for it's synergy of working together as a whole food.

Steph: Yeah. So beautiful. And for anyone that wants more specifics around what I did personally. I will link up an article that I've shared. But like I agree with you. I think that, well you don't have to go out and buy different food necessarily. It makes sense to me that your child is eating the foods that you guys eat because you're going to eat together. There's not adult food and baby food. There's just food, right? So yes, you might cook it a little differently, initially, but if you're wondering what vegetable to start with, I mean within reason, start with a vegetable that you guys eat all the time, like pumpkin.

And then pick zucchini if you eat that all the time next, and then do pumpkin and zucchini puree. So like for us, we didn't buy anything special, we just worked our way through the veggies that we always eat, certainly avocado and egg yolks. And then we moved on to adding in grass-fed ghee and bone broths, and Kultured Wellness coconut yogurt came in pretty quickly as well, which G loved, although she pulled some cute little sour faces, which I'll never forget.

Kirsty: It melts my heart when I see this, it's the cutest thing ever.

Steph: Isn't it?

Kirsty: Yeah, but absolutely, so and once again, let's bring it back to understanding that whole concept of food being a safe part of your family life. So once again, sitting down at that dinner table and, oh, mummy's eating your food, same as you. I'm just having it in big meal as you've got it in a pureed form. And it's just all about that modelling baby sees everything that's going into your mouth and you've got a bone broth on the go anyway hopefully. Like you said, you've got some pumpkin on the go anyway, you just take it out, and with the bone broth and puree it, and then you guys just serve yours up either as a stew or you have it as a roast and then you have your broth on the side. It should just be that sort of working in the kitchen that it's prepared a little bit differently as those months go on.

So I completely agree, there should never be any distinction and certainly if a child does have eczema or does have overgrowth or changes, we don't want to have a situation set up where our little Jimmy's on a special diet, so I have to make special food for him and we all eat different foods. So it's a family approach. So if one person needs to rebalance, their gut, why not the whole family and all do it together and just make it part of the family process of sitting down and eating together and communing together and nurturing each other together.

Steph: Yeah. Well I love that process because while we did a lot of purees early, Grace was just so into baby led weaning, so we just organically ended up doing quite an even split of purees plus the baby led weaning because she just wanted to eat whatever was on our plate and she still does. She still wants to have daddy's smoothie or my pumpkin or whatever it might be. And certainly, now she's over 13 months, we're having a lot less purees, although I still try and sneak it in because I want her to get that bulk of veggies in.

I think we're coming to an end there because she's too much of a big girl to be spoon-fed most times. But yeah, like it was quite organic and I know that everyone's situation is really different, so I do want to be respectful of that. But I guess I just want to encourage as you are Kirsty, to kind of be quite organic and intuitive with it.

And yeah, do it together because it can be really fun. And I don't think it should be a huge stress on the mums. So, that's where we're trying to create this sort of softness around the journey, but of course get some personalised support because you don't have to do it alone.

Yeah, so, I mean, I think we've covered so much today. And I just hope that it really does provide the right information to new mums and dads and make it, yeah, like I said, a much more enjoyable experience for everyone.

Kirsty: Yeah, absolutely. And trust your instinct and have fun with it, and know that nature has these tools, those whole foods. You have the tools that you need. As long as we understand those building blocks of life, those simple, simple things, you can't get it wrong. Enjoy and have fun with it.

Steph: Amazing. I've so enjoyed this little mini-series of ours, Kirsty. I'm always so grateful for your knowledge, but you have such a beautiful kind way of delivering your knowledge to all of us. So, thank you again for your time, and I look forward to talking to you again next time.

Kirsty: Aw, thanks Steph. That was beautiful words. And oh, I can't wait, let's jump into our next seven-part series. I'm looking forward to! Aw, thank you.