

## Top 10 FAQs from a GP

**Tiffany:** Hi everyone. I'd like to welcome my guest today, Dr. Preeya Alexander, AKA, The Wholesome Doctor. She's a mum, practicing GP based in Melbourne and works as a medical educator training other GPs. She has a special interest in women's health, children's health, preconception care and preventative medicine and shows her expertise and passion on her blog called The Wholesome Doctor. In this week's episode, Dr. Preeya will be answering 10 of the most frequently asked questions a GP gets asked by parents and wishes you knew before you had your first baby. Thanks so much for coming on today, Preeya.

**Preeya:** Thank you for having me.

**Tiffany:** Oh, it's such a pleasure. I'm really looking forward to this episode. So let's jump right in. So what are some of the most common injuries and illnesses in babies and children? How can parents try to avoid them? Because I think that's something that a lot of people worry about coming into having kids as to the types of things that are often really common.

**Preeya:** Oh, this is a really tricky question to answer I think, because there are so many common illnesses and injuries that we see in babies, toddlers, into preschoolers. But I think the commonest things I talk in the clinic, Tiffany, one of them is definitely upper respiratory tract infections and ear infections. And you can imagine how many of these things we see as GPs.

The climate on this has changed slightly with the pandemic. And so I do need to say, please get your child tested, because kids can get COVID with even the mildest of symptoms and you want to know if it's COVID to protect other people in the family or the community. But that's one thing we see a lot of, particularly when kids start childcare.

And I would say to parents we know that kids, preschoolers can get six to 12 viral infections a year and that's normal. And the really simple stuff like supporting the immune system with enough sleep and a good diet high in fruit and veg and washing your hands and all those things is really, really a good way to support the immune system, but colds and things will still happen. It's just worth saying to parents, you can be the most amazing parent in the world and your kid would still get sniffles.

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**Preeya:** (cont...) Nappy rash is a really common one that I have personally lived multiple times recently with my toddler. And I think most parents go, “Oh my gosh, nappy rash.” And the first thing I say as a GP is it happens to most people and it’s not a failure of you as a parent. There’s so much guilt that comes with nappy rash.

But preventing that is all about frequent nappy changes, if you can, nappy off time to make sure you don’t have irritants like urine and feces on the skin, avoiding wipes with ideally fragrance or fruit food proteins in them to try and protect that really fragile skin in the nappy area. But even if you’re awesome and you’re using barrier creams with zinc in it and doing all this stuff, nappy rash can still happen and it’s not a failure of you as a parent, but those are the kind of prevention measures that we talk about.

And the other big one probably, Tiffaney is cradle cap, which is really common. And those greasy plaques that can occur on the scalp and often the eyebrow area as well, it’s really benign actually. It doesn’t usually bother the child. There’s no itching. Kids are quite happy with it, but parents will ask me, “What do I do?” And you can soak the crusts in something like paraffin or a lotion overnight to try and soften them, then take them off in the morning with a brush or baby shampoo, but you can leave it as well because it doesn’t normally cause any problems.

But those are the really common things that we see in kids. I could go on and on here but there are lots of common things, but those would be the things I talk about. I was in the clinic yesterday and I talked about all three of those things and it’s usually going to happen for a GP in your day if you’re seeing kids.

**Tiffaney:** Yeah. I think I’ve experienced some of those things with my kids over time, particularly nappy rash of course. I think pretty much every parent experiences that at some point from what I know as well. And I know with my first in particular, she also experienced heat rash as well. So that was quite confusing sometimes to understand the difference between heat rash and nappy rash as well.

And I think in ear infections too, I found my youngest in particular got ear infections all the time and that would often pair with a cold or something like that too. So I think that they’re things that I’ve experienced and from talking to other parents, they’re definitely things that other people have experienced too.

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**Preeya:** Yes, absolutely. And I think the thing with ear infections as well is it can be such a confusing territory and you've probably lived this going, "Is it? Isn't it? I don't know. She's had one before. This is kind of similar." And I say to patients, "Just come in, that is what your GP is there for. Even if we send you out the door with reassurance after a history and examining your child, that is better than you being at home, worried, anxious, isn't it? Just get it checked."

**Tiffany:** Yeah, that's great advice and really good tips there on how to prevent nappy rash and how to keep an eye on that too, because I think it can be tricky to know what the best solution is and it's great to have a few tips there from you. So thanks so much.

What are the biggest baby developmental milestones to look out for in the first 12 months, Preeya? Because I think again, people really like to know what are the things that GPs are going to look out for, what are the things I need to be aware of there.

**Preeya:** So this is again, I keep saying this, but it's tricky to answer. And I think what parents tend to focus on is the physical developmental milestones, the kind of, my child should be sitting unsupported around six months of age, ideally around seven months of age. Parents tend to focus on the rolling, the sitting unsupported, the head and the neck control by four months. But as a GP, what I'm looking at is actually the other stuff, which is the social stuff, the emotional stuff, the cognitive stuff.

And so developmental milestones are not just physical. And when we do a six week check on children, which we do on, you can imagine how many babies we do that on, we're looking at milestones like, is the infant fixing and following with their eyes. And I ask parents, has your child spontaneously smiled at you?

So I think what I would say is, I don't think it's up to parents to memorize the developmental milestones because it is seriously tricky, but I would say that there are people in the community like maternal child health nurses who are phenomenal, who are there with their regular checks in place to make sure that your child is meeting the physical, the emotional, the cognitive, the social developmental milestones.

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**Preeya:** (cont...) And all those weird questions that your GP, your maternal child health nurse asks you about, is your child responding to your name? Can your child pick up a small toy with a hand? Do they have a dominant hand before two years of age, which can be concerning? We're asking all these questions, trying to elicit whether your child is keeping up with all of the facets of the developmental milestones.

Now the thing I would also say here is that there is no fixed cutoff. So we say spontaneously smiling around six weeks of age, not all kids will do it at six weeks. Some may do it at five and some might do it at seven weeks or eight weeks and that's okay. And I just say to parents, "It's a spectrum and it's my job as the GP to decide whether or not from what I've seen or heard, if we need to be concerned and involve other people, or if we can watch and wait and catch up again in two weeks time to see if things are moving along."

So I would say to parents listening that it's actually far more complex than just sitting unsupported at six months and rolling this way and rolling that way. There's a lot to consider, but that's what your maternal child health nurse and your GP visits are for. And if you're ever worried, I would say, run it by someone. That's exactly what we're there for. And it might just be reassurance alone, but that's better than not raising a concern you have.

**Tiffany:** Yeah. And I think that's really great that you've mentioned about it being a spectrum because I know that even in my own experience with all of my kids, they were a bit different. There wasn't a set time that they each did something around the same time. I know that they all walked at a similar time, but it was definitely not right on their first birthday for all of them. I did have one child that walked on their first birthday, but I had one that walked, I think it was a month before, and then one that walked a few months after. It is so different, isn't it? Really is.

**Preeya:** And it's worth saying that they're both normal. It is a spectrum and I think what can happen, Tiffany, as well and I have lived this is that there can be this slight competitive element that develops in parents groups or with friends where you're like, "My baby just rolled over yesterday," and you panic. And as a GP, I was going, I know that this is a spectrum and my child is still normal, but also I'm slightly freaking out here. It does happen.

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**Preeya:** (cont...) You start to doubt a little bit, but just remember the spectrum of normal is quite varied.

**Tiffany:** Yes, I think that that's great advice and I think it's good to try to alleviate those competitive feelings or those worries or thinking, oh, my child's not doing everything like everyone else. And it may just be, and I think you need to take into consideration whether your baby was born prematurely or whether it was born a little bit after, all these different things that you might have genetically going on with your family or whether the child's been sick. There's just so many different things, aren't there, really to consider?

**Preeya:** Absolutely to consider. Agreed.

**Tiffany:** So moving on to the next question, Preeya. So what is your advice for preparing babies and children for a hospital visit? Because I think that can be quite daunting for most parents, so if you could give us some tips there that'd be great.

**Preeya:** Absolutely. Well, I think it's important to say that a hospital visit can be a planned one where you're going for an outpatient appointment or a review with a non GP specialist, it might be a planned thing or it might be an emergency setting, we've sent you off from general practice because we're concerned about your child. So I think the nature of the visit really affects how much you can actually prepare, sometimes you just can't.

But if you can, my tip to parents is always to really pack everything you think you might need and more. So if you've got a young child, make sure you've got extra nappies and wipes and things to change your child with, lots of little toys to keep them distracted, if they're of a suitable age. I always say to parents, "If your child is of the age where they are snacking on food, pack more than what you think, extra bottles, if they're having formula."

It's just about being prepared because the thing with hospitals, Tiffany, is they will tell you a certain thing, your appointment is at this time, but usually things go slightly pear-shaped and that's just the nature of medicine, sadly, where there's another child with more urgent care needs or doctors running late or the nurse or the midwife, whatever, someone's running late. So I just say to parents to go in prepared.

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**Preeya:** (cont...) And I think if your child is older to actually prepare your child, if you can. And you'd be surprised, but kids from even 18 months of age are very aware of what's going on. And I think talking to them about the doctor or the nurse or the midwife or the maternal child health nurse, whoever you're going to see, maybe having some games around it, reading books around visits with healthcare professionals, making it fun and the norm and prepping them is really, really important.

And if the child is less anxious, you're going to be less anxious, but likewise, if you're less anxious, your child is usually going to pick up on those cues as well. So those are just some little practical tips.

**Tiffany:** Yes, that's great. And I mean, I've had a few different visits to the hospital with my kids and I think the key is definitely keeping calm and explaining what's going on, if you can, and helping them understand and making it just seem like an everyday thing rather than a big deal.

**Preeya:** Yes. Agreed. And I think if you can introduce the notion in your own home, mummy's going to see the nurse today for a vaccine, or mummy's going to go and see the doctor today because that's just what we do to stay healthy, introducing it as the norm and it's not always necessarily a bad thing. I have parents that just bring their children in for reassurance and they say to me, "So that when we have to come in, when my child is sick, this isn't such a daunting experience." It's all about exposure and normalizing it. So yeah, introducing the idea in the home with books and play, having a little kit of a stethoscope or whatever can make it a bit more fun.

**Tiffany:** Yeah, absolutely. I totally agree. So what is your advice to parents who have babies who have allergies or children with allergies? Because I think again, knowing from a GPs perspective, how you might deal with that would be great to know a bit more about.

**Preeya:** I think this is tricky and I see this in the consulting room. I have several families who have children with allergies and it's quite anxiety provoking for not only the parents, but also the child as well, depending on their age and how aware of it they are or what types of reactions they've had in the past, whether they've had to go to hospital with an EpiPen and adrenaline and all the rest of it.

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**Preeya:** (cont...) But I think the key crux things here as a GP that I would say are number one, to stay up to date with all the allergy checks and appointments that you might have with your GP or allergist or pediatrician, whoever it is, and making sure that you have an up to date allergy plan for both the school, childcare, extracurricular activities. That is absolutely critical. And on that note, also having EpiPens and access to antihistamines or whatever is required for your allergy management plan, making sure you always have enough of this stuff that is available everywhere your child will be at. So does it travel in the school bag? Does it stay at childcare? Does it go and stay with the coach for Saturday netball? Making sure it is everywhere it needs to be unless it's required, even if the risk is really, really low.

And I think involving schools and teachers or childcare educators, as much as you possibly can on the allergy, what it looks like, anything that might be changing with it. But also, and I say this to my daughter who has no food allergies, but educating kids on not only their food allergy, but educating kids like my daughter and going, "Darling, if you see in the playground, a child is repeatedly coughing or having trouble breathing or can't talk properly, you need to go and get an adult urgently." So I think we all have a responsibility to make sure our kids know what allergies look like and how they can help their mates if they're in trouble as well.

**Tiffany:** Yeah, and I think the sharing food thing's a huge one as well. I think a lot of, particularly in childcare and things like that as well, little kids don't necessarily know how to hold back from that. So it's about educating them early on not to share their food and things like that as well, isn't it? Particularly if you know your child has an allergy.

**Preeya:** And there's that excellent song from The Wiggles where they say, "Don't share your food at preschool," which I always tell my own children, but also parents in the clinic, if they've got children with food allergies, just making sure that the child is aware not to accept food from other children, if it is offered. Because it's tricky for kids, right, Tiffany? We're saying to them "share toys", like I say to my two-year-old, "You need to share. Great sharing." Then he goes to share the muesli bar with someone and it's like, "No, no, no, don't share that." It is a tricky area to navigate, but again, using resources like books and songs can actually be really quite helpful.



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**Tiffany:** Yeah, I agree. And I actually had one of my daughters was a celiac and over time, it seems to have actually corrected itself and she doesn't seem to have as much of a reaction anymore, whether that was celiac or whether it was just an intolerance, but we had to be quite clear with her around certain foods that she couldn't have. So I've experienced that a bit myself with that and I know it can be really challenging, but I think finding out early on and educating yourself is so important. And then letting other people know that you might see regularly, so it's not just the school, it's other friends and things like that.

**Preeya:** And empowering people with knowledge.

**Tiffany:** Yes.

**Preeya:** So empowering, if your child is old enough, their friends with the knowledge of how to administer an EpiPen if it's needed, actually imparting this knowledge. And that's why the action plan is so important, that's what keeps your child safe. And you can also, there's the anxiety that comes of being a parent with a child who has food allergies, and that's what I deal with a lot in the clinic. And I think we need to acknowledge it and go, "We can alleviate perhaps some of the anxiety by empowering your own child, empowering the school or the childcare educators, and empowering the children that your child hangs out with to help your child if required." So it's about helping the child if they need it, but also alleviating everyone's anxiety around them that if an emergency did happen, there are lots of people that know how to help.

**Tiffany:** Yeah, absolutely. So if you were in the situation where you had to seek out a pediatrician for expert advice in specific areas of that pediatric area, how would you go about finding one that matches your values, your needs and your wants, Preeya? Because I think, again, this is an important thing to consider when you are looking into the types of care that you need for your child.

**Preeya:** Yeah, absolutely. So I think it's worth saying, because I think people use the terms pediatrician and GP interchangeably sometimes, and perhaps we need to clearly illustrate what the role of the GP is versus the pediatrician.

**Tiffany:** Yeah, absolutely.



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**Preeya:** As a GP I would see, gosh, I'm trying to think, heaps of kids. I can't even think of a number, but a significant proportion of my patient base is children and obviously the family that comes with the child. Usually I see the parents and the siblings and often the grandparents as well. That's one of the beautiful things about general practice. But we deal with the majority of kids' stuff day to day, the scheduled immunizations, the colds we spoke about here earlier, the nappy rash, the cradle cap, the social stuff, the sleep issues, the growth issues. That is us. We're really the first port of call in the community, the six week checks, it all comes to us.

A pediatrician is someone who has sub-specialized in the area of kids. And often these are doctors who've also then sub-specialized further and do pediatric dermatology, so just skin conditions or allergy conditions, or developmental and behavioral concerns in children, or gastroenterology. So these are often people who've gone and just see children or just see a particular niche of children's health as well.

Now as a GP, it's my job to manage things in the community and I would probably manage most things in my consulting room, but there are times when I go, "Ooh, is this cows milk protein allergy? Or is this something more than that? Is this asthma? And do I need to start a preventer in this two year old? And if so, which one? I need some assistance here." That's when I, as a GP, I would refer to a pediatrician.

Or obviously there are children who've got underlying health conditions like celiac disease, like you mentioned before, or developmental issues where they will have a pediatrician involved. So I think it's important to say that for most people listening, they will have a really good GP who they trust, who they go to and some might have a pediatrician for specific care needs. So it's just important to, I think, illustrate the difference.

But I think with any health professional in your life, it can be tricky to find the right person, Tiffaney, and I think it can take time and it can take a bit of trial and error, particularly as a parent to find a GP or pediatrician who you feel safe with, who you feel comfortable asking those questions of that you go, "Oh my gosh, I don't know if I should ask this or not, but is this weird thing that little Johnny does with his pinky finger on a Tuesday normal or not? Here's the video."

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**Preeya:** (cont...) And I think my patients do that all the time and I think you need to feel someone who you go, "I'm not going to be dismissed, I'm going to be heard and my concerns are going to be validated." And yes, it might just be reassurance after we hear you and examine your child, but I know the GP or the pediatrician will listen to me and hear my concerns and act on them, if there is something in this. Getting that good rapport and that good juju can take time to find, but I say to people, persist because the right therapeutic relationship is out there, you just need to find it.

**Tiffany:** Yeah. That's great advice. It can be tricky, I do agree. And there have been GPs that I've gelled really well and there's been some that I haven't so well. And I have traveled a fair bit as well, lived in different places across Australia, so I've had to create those new relationships with GPs. So it is, it can be tricky and I think your advice there with pushing forward and continuing to have persistence and find the right one that suits you is definitely great advice there.

**Preeya:** And not always easy.

**Tiffany:** No.

**Preeya:** I've found it really tricky finding a GP for me and my children that fits what I would like in a GP. And I would say it's about the juju. It's got to feel good, you've got to feel heard, but also it might not happen on the first or second visit with someone. So you've got to feel it out and it's not easy.

**Tiffany:** No, it's just not, but I mean, sometimes too, you might stumble across someone and it's just, they're perfect from day dot. It's really hit and miss, isn't it?

**Preeya:** It is. It is. But persist if you haven't found it yet is what I would say.

**Tiffany:** Yes. Yeah, absolutely. That's great advice. Thank you. So what are your top tips for providing the best nutrition for your babies and children? Because I think again, this one is great to hear some tips. We have covered a bit of nutrition information in previous episodes, but I think having that general knowledge from a GP would be great just around this topic.

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**Preeya:** So I think that when we talk about nutrition, where I as a GP am probably most involved is when it comes to starting solids. And I find that is where parents get so incredibly confused because it's such a gray area and there's no single right answer for most of it. And so people just get quite anxious and confused and I don't blame them having done it twice with even my GP hat on.

My top tips here would be for solids, it would be to really wait till your infant is ready. And I think we talked about that competitive nature that can come with parenting and my kid's just started solids. Well, I better start my child on solids too. But your infant might not be ready. So I think really being aware that the guidelines now say starting around six months of age, but not before four months. And so you can hear in that answer, Tiffaney, that there is a real grayness in the guidelines and that children are going to start at different points when they're ready.

But my top tip here would be to look for whether or not your child is ready and there are great resources on this, the Royal Children's Hospital is an excellent one. And you want to make sure your child is actually interested in food, watching you when you're eating, opening their mouth spontaneously to a food, they've got good head and neck control, so they can sit upright with their head and neck, even if they're supported. That stuff is really important and if you start solids when your child's not ready, then it tends to be a slightly more tumultuous journey. So you just want to wait and feel it out a little bit.

Number two is to introduce those allergy foods before the age of one to reduce the risk of food allergies. And that's where I spend a lot of my time in the clinic, counseling and educating patients. So there are allergy foods like sesame, wheat, dairy, cows milk, egg, peanut protein, tree nuts, all these things that people have probably heard of, but you really want to get them in your child's diet reliably before the age of one, to reduce the risk of food allergies. And that's really, really important.

And the third is probably that iron is a really big reason as to why we introduce solids around the age of six months. So around the age of six months, children, whether they're breastfed or formula fed the irons will start to deplete and you really want to start supporting the kind of nutrition with iron through the diet.

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**Preeya:** (cont...) So aiming for iron rich foods when you're doing solids, be it meat sources like chicken, fish, whatever it is, or veg sources, spinach, broccoli, lentils, all the rest of it is really, really important.

But food is a huge passion of mine. It's something I'm very passionate about as both a mother and a GP and preventative health. I could go on about this. Gosh, you'd have to cut me off, Tiffany. I would just say to parents that fruit and veggies are really good for your kids and getting enough in is really important, but your kid is not going to love broccoli the first time they eat it, nor cucumber, nor tomato, none of these things and food exposures are really important.

And we know from research that it can take 10 to 15 food exposures for your child to accept a food. So if your kid goes, "Oh, I don't want the broccoli," and throws it at eight months across the room, it doesn't mean that broccoli's out. And I hear parents say that, "No, she doesn't like broccoli, so we're not giving it." I go, "No, no, no. Please keep offering the broccoli, put it into other things, keep putting it on the plate because the food exposure is so important and your child may still accept it and likely will."

So keep reading about books with fruit and veggies in it, playing games where you're cooking, get them involved in cooking, touching food, smelling them, picking things in the garden if you've got it, but don't give up. Persistence is key.

**Tiffany:** Yeah. No, absolutely. I think that's great advice. And yeah, I know from my experience too, introducing things is important, but it does take time sometimes for them to accept the food and be happy with it and actually eat it rather than throwing it on the floor or pushing it aside. So yeah, persistence is really important there for sure.

**Preeya:** Yep.

**Tiffany:** So what types of exercise would you recommend for babies and children as well? I think this is a really common thing that people often are unsure of, particularly as they're growing.

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**Preeya:** So I think we need to be clear that exercise is really stuff that you probably don't as a parent consider exercise. And so I often say at the six week check in, "Are you doing any tummy time with your infant?" And really tummy time should start from birth, even if it's as simple as you lying on the couch reclining and having your child on your chest and they're just slightly lifting their head. All of this stuff is exercise. It's your child working slightly on the muscles in their neck to lift their head. It's really important for head and neck control to build that muscle strength.

So exercise is any movement, it all counts. So it's tummy time for newborns, which you want to start really early. They might only manage 30 seconds and you can slowly up titrate it, so it builds over time, multiple times per day. Mat time for kids who are four months, lying on their back or on their tummy or playing with things or watching music as they're on their mat. That's exercise.

And then it's important to say that as your child starts to walk, dancing with them, going for a little walk, them being on their trike is all physical activity and movement and it's all really, really important for preventative health. So preventing medical conditions and things like type two diabetes and fatty liver and high blood pressure and heart disease in later life. It's all really important.

But what I say to parents is really for children, it's about reducing sedentary time and that's where screen time comes into it. And screen time is confusing for parents, but the guidelines really recommend no screen time at all for children under two and that means no iPads or TV ideally under the age of two. And the exception is really FaceTime, particularly in the pandemic, my goodness. But the exception is FaceTime where children are connecting with family and things.

But the reason screen time is not recommended, and then it's really after two the recommendation is for no more than an hour a day, is because it's sedentary time. So it's time where your child is potentially not moving. But also despite the fact that if you put Play School on, they're awesome, singing and talking about colors, kids aren't usually getting the same stimulation and the same exposure to facial expressions as if they were talking to a person than they do from a TV screen.

But also there's a lot of research, Tiffany, that shows that if you've got a TV on in your home by nature, people just talk less because there's that background noise.

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**Preeya:** (cont...) And so with less talking, the child is then exposed to less voices, less physical facial gestures and expressions, which are all really important for their social development. And so screens can actually have a negative impact on sleep quality because of the blue light exposure, melatonin. I could go on and on here. It can negatively impact concentration and language development, but also it's that sedentary time.

So I'm a GP who is about you've got to do what works for you, that's a guideline. You still need to do what works for you, so you might use some screens, but you just need to be aware of the why of the recommendations and how you can navigate this area, so it works for you and your child without being perhaps too rigid, which I think can generate a lot of anxiety and pressure for parents. But sorry, I've really gone on a tangent here.

**Tiffany:** That's okay.

**Preeya:** I get very passionate. But physical activity, I would just say is really any movement. And the more movement you can do, putting on The Wiggles as sound and having a bit of a boogie or singing with your child and moving your fingers and your hands, it all counts and it's all good for your child.

**Tiffany:** Yeah. No, absolutely. And I think they're great tips. And it is good to know why things are recommended and I think it's great that you have covered that particularly in relation to screen time, because I think more and more, it's part of our lives and the screens are everywhere. Particularly, like you said, with the pandemic, they've got that opportunity to do FaceTime. There's also a lot of things that are done through screens. So it is a really tricky one to navigate.

So it is good to know the whys, and I think like you've explained there, just knowing that it's more about the sedentary time versus whether the screen is in front of them or not. It's all about being sedentary and also not taking in what's going on around them and the human expressions and things like that. Absolutely.

**Preeya:** Yeah.

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**Tiffany:** So how does a GP work as part of your birthing process, Preeya? Because I think again, it'd be nice to know a bit about what your place is there, because again, we're talking about babies and children and what you would recommend or what you'd want people to know before they have their first baby.

**Preeya:** Yes. So I would say GPs, as a GP, we are there for the whole portion of this journey, I would say. And so as a GP, I see people preconception, before they even try to conceive. And this is a really good place to say, Tiffany, that if you are thinking about pregnancy, please see your GP beforehand, because we know that preconception care can improve the outcomes for mum and baby. It's about optimizing health, getting you on the right supplements, making sure vaccinations are up to date to protect you and baby, checking your bloods, that there's nothing we need to potentially intervene with before you conceive. It's really, really important.

But we do the preconception stuff. I see women all through pregnancy for all sorts of things, support with mental health. If they're going through the public system, a lot of GPs do shared care where you see your GP for some visits, the hospital for others. We're there through pregnancy for all the other bits and bobs. Preeya, I've got some pelvic girdle pain of pregnancy or vaginal discharges, is this normal? All those little concerns, we are there.

And then we're there in the postpartum period too, for the six week check for mum and baby, for all the things that crop up for both mum and baby in the postpartum period and we know there's a lot. But we're there for the whole journey is what I would say. And yes, there's the hospital and the amazing midwives and the obstetricians and all these other people, but the GP is always still there for the whole journey.

**Tiffany:** Yeah. And that's great to know. And it's good if you do, as we said, find a GP that fits all your needs and you have a good rapport with, because that person really can assist you through that whole process, which is great to know.

**Preeya:** Absolutely.



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**Tiffany:** So another thing too, Preeya, I just wanted to ask, if you feel something is not right with your baby or child, what's your advice in regards to steps to take there? Because again, we've talked a bit about hospital visits and different things, but I think some advice around this one would be great.

**Preeya:** Look, I think you need to talk to someone. So if you've got something that you're genuinely concerned about, I think my child has a squint is a common one for instance, and it's bothering you, then you need to raise it with someone like your maternal child health nurse or your GP or pediatrician, whoever it is that you're seeing and actually raise it with someone.

Now, this is where it's really important that you're seeing a health professional where you feel heard. So what you really want is to be able to leave the room and either you've left with reassurance, your child has been examined, someone's explained to you why you can be reassured and no further action needs to be taken. But I say to people it's really important that you leave that room knowing that your concern's been heard so that your concern is not going to continue to ruminate in your mind.

I think if you're at home and concerned acutely about your child, I think that they're working hard to breathe, I'm concerned they've got gastro and they're dehydrated, if there's ever a worry acutely about your child, I say to parents, "Have a low threshold to get checked and to attend an ED." With children, just have a low threshold, never feel bad. That is what the healthcare system is there for. Go and get checked out.

**Tiffany:** Yeah and that's great. And it is really important to trust your gut, but it can be tricky particularly as a first time parent to know what it is that is wrong. But like you said, it's just about trusting that, okay, something doesn't feel right and listening to that and doing something about it, like you just suggested.

**Preeya:** And you shouldn't feel dismissed, I think by any health professional, be it doctor, GP, maternal child health nurse. You shouldn't feel dismissed. I mean, it's about us hearing your concern. I have patients who come in, Tiffany, and go, "Preeya, I've just booked an appointment because I've got six little questions, and they're tiny little questions. He did this when he was feeding one day. Do you think that's normal? Can I show you this little thing I've noticed on their toe?"

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**Preeya:** (cont...) Like you say, particularly as a first time parent, I think you need to have someone who you can bounce these things off, who's qualified, and who can look at the toe and go, "No, that's fine. Let's check it out again in six weeks time. And if it's still there, we might do an x-ray or whatever it is." Yeah, not being dismissed I think is critical.

**Tiffany:** Yeah, absolutely. So what would be your top tips for soon to be parents out there, Preeya?

**Preeya:** Oh my goodness. I think my biggest one and I say this to all new parents in my consulting room is to go easy on yourself. I think that there are so many things now, like social media, which set very high bars for all of us, but particularly parents. We need to look fantastic whilst we feed or do this and do that and juggle it all and still be brilliant with children who sleep really well and who look wonderful in their outfits. It's just, it's not the reality and I would say go really, really easy on yourself and be kind to yourself and know that you don't have to tick all the boxes every day and there's no right way to do this, and there's certainly no middle.

And I remember my mum saying that to me, Tiffany me with my daughter, who's my first born at about eight months of age. She said to me, "Darling, you're doing a great job, but there's no middle." And I went, "Oh my goodness." And I've lived this life where I am quite a high achiever and type A and neurotic and I quite like the feedback and you don't get that in parenthood and you bumble along and you question yourself and you have moments of self-doubt.

And I say to a lot of my patients at the six week check, "Have you had that moment where you've wondered why did I do this and mourn your old life?" And these are all very normal thoughts and feelings to have and I think perhaps we need to talk about them more openly so that we know we're not alone in the depths of that postpartum period when we're having them.

But I think if you're having those moments frequently and the days are dark, then please talk to someone, be it anxiety, or depression, or do you just need some additional support. I talk about this all the time with my patients as a GP. And there's absolutely no shame and there should be no stigma. I've given a lot of advice here, but probably my big one is go really easy on yourself and there's no single right way to do all this.

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**Tiffany:** Yeah, absolutely. And I think like you've said there going and asking for help and creating a village around you, going to people and sharing about what's going on and discussing it so that you don't feel unheard or alone in what you're going through as well and normalizing things, or even just knowing what is normal and what isn't and chatting about that.

**Preeya:** Absolutely. And I think like you've just said, actually asking for help, it's not failure. I really stuffed that up the first time around. I look back on that period and go, "Oh my goodness. If I had just accepted all the help and actually asked for more, it would've been less rocky, probably." I had a birth that I had not anticipated, an emergency cesar. It was just, it all went a bit pear-shaped and I probably should have been kinder to myself.

But yeah, asking for help isn't failure. Accepting a meal from someone is probably going to save you on that day. If someone says to you, "Can I come and watch your baby, so you can have a nap without hearing them gurgle and panic every time? Or can I come and watch your baby, so you can have a walk?" That might just save your sanity one day. So just say yes to the help. Even if the meal isn't that good, just say yes, because it will feed you and it's nourishment. Just take it.

**Tiffany:** Yeah, I totally agree and I did the same. I really pushed through too much when I had my first as well. And looking back, I so wish that I had asked for more help or just accepted the help when people offered and not thought I had to do all this myself. So yeah, it's such a common thing and I think the more that we empower people to take that support and help on, the better.

**Preeya:** Absolutely. I agree with you. Yep.

**Tiffany:** Yeah. So thank you so much for sharing your expert knowledge today, Preeya. You clearly love what you do, which has been amazing. And it's really shone through, that passion that you have. Combining your passion of medicine of course, your role as a mother and educator makes you clearly an incredible doctor that's so wholesome and clearly your wholesome doctor really stands out. So thank you so much for sharing all of your knowledge today.

**Preeya:** Thank you, Tiffany. I really enjoyed the chat.



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**Tiffaney:** Great. I hope you've enjoyed listening today and learnt something new. For more qualified expert advice, you can head to [www.thewholesomedoctor.com.au](http://www.thewholesomedoctor.com.au), or follow Dr. Preeya on her Insta, [@thewholesomedoctor](https://www.instagram.com/thewholesomedoctor).