

LIFE AND PARENTING IN SOUTH WEST FRANCE

the tots times

WINTER 2016



PHOTO: LISA ALLEN PHOTOGRAPHY



President's Letter

*H*ere is our final edition of 2016, we are SO lucky to have had this Newsletter for so long at Tots & Co. The time has come to wish it farewell as we move into 2017. Did you know that this Newsletter has been the result of dedication, incredible talent and hard slog of Charley Sheffield and Katy Fendall?

Well, now it's the end of 2016 and it's been a busy one. I rarely get time to reflect on the positive aspects of life these days, I find that having two children wipes out my emotional and physical energy and I don't get a lot of time to myself. I miss having one baby where I could indulge myself by taking long walks with the pushchair, having a long rest when he was sleeping and having time to talk to my husband. These times though, they go so fast - I thought I would have my baby forever but now he is 5 and my new baby is 2 and both will be at school this time next year. It's time for some serious reflection and to realise that I have achieved great things this year, not least by managing to keep two small people alive and by getting dinner on the table every night!

So, to keep myself focused on the good times I thought I'd share some of my personal highlights with you from 2016;

Skiing blue runs through the trees in glorious Pyreneen sunshine with my 4 year old son, mountain biking in the beautiful summertime Alpine mountains with my husband, making Pina Colodas and swimming in our pool at midnight with great friends at our summer pool party. Finally, buying a lovely house in Plaisance du Touch is the best bit of all. Life here in Toulouse is good and long may it continue.

Next September I will be stepping down as President, I hope 2017 brings fresh ideas and leadership for Tots & Co.

With best wishes to you all for a Happy New Year.

Celia x

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....PLUS MUCH MORE

NEWS

An update from your vice president on what your committee has been doing since the AGM.

Those of you who were at our AGM on October 6th will recall the lively debate around the interconnected themes of: the new membership fee (raised from €45 to €48 this year), the employment of a cleaner for the hall twice a week and the decision not to hold a second-hand toy stall at the TWIG Christmas Fair in November.

The increase in the membership fee (the first in three years) was considered financially necessary both to cover the cost of the cleaner and to liberate Tots & Co from having to hold the toy sale, which the committee considered so costly in terms of organisation, administration and sheer man-hours as to negate any financial benefit deriving from it. The disappointment at this latter decision from certain of our members was noted, although the TWIG event was a success notwithstanding our absence and, speaking personally, all the more enjoyable for not having involved a stressful and exhausting build-up.

With respect to the cleaner, I took it as an action point to investigate ways of reducing the cost. We have benchmarked the fee we are paying against the marketplace and we still consider that it is highly competitive (bearing in mind that no cleaner will turn out to Seilh for less than an hour's work at a time). We have also approached the Mairie to ask if the hall could be cleaned by their own personnel (with our without a contribution from Tots), but were told this would not be possible.

I did, however, meet the Mayor and discussed our situation at some length. He offered me two potential solutions. Firstly, following major refurbishment of some other rooms in Seilh later this year, as of next September we should be sharing the Salle Sévillane with just one other association (Mundo 31), rather than the half dozen or so we are currently. Secondly, we have been invited to apply for a small grant to help pay our cleaning costs. I was given the impression that we'd be likely to receive €300-500, which will certainly help ease our 2016-17 budget. This would be awarded in the Mayor's next budget in March.

We will continue to keep you informed of any developments, but please do drop me a line with any questions meanwhile: vicepresident.tots@gmail.com



Bumps to Babies

Bumps to Babies (Tots & Co's pregnancy and new mums' support group) is delighted to welcome six new mini tots.

We wish all of the new mums big congratulations from everyone at Tots & Co.

Congratulations to...

Kelly Bosiocic gave birth to baby **Jakob** on 29th July weighing 3,85kg.

Sarah Lemee gave birth to baby **Clémence Iris** on 3rd October (her due date) weighing 3,7kg.

Laura Sissons gave birth to **Joseph George** on 23rd September weighing 4,12kg.



*We wish all our 2016
arrivals a very happy
first Christmas.*



IN THE SPOTLIGHT: NEW MEMBERS

Kirsten Miller

What brings you to Toulouse?

My partner has started a 2 year contract on the Airbus 350 project. It was a great opportunity for our family to be together and experience living in a different country.

How long have you been here and for how long will you stay?

We've been here since 7 May, and moved into our home on 1 July (after two long months in a hotel!). We plan to stay for 2 years and then take it from there.

Tell us about your family

I am 37 years old, and from the Orkney Islands in Scotland. My partner David is 42, and from Newtownabbey in Northern Ireland. We have a daughter Yasmin who is 4, and a son Kailan, 2.

What did you do before motherhood/ what do you do now?

I worked in various settings in a secretarial role, the one job I said I didn't want to do when I was at school! I still feel like I don't really know what I want to 'do'. I have been a full-time mummy since Yasmin was born, which is something else I probably couldn't have imagined myself doing, but now I wouldn't change it.

What do you do in your free time?

As a family we love to travel and see new places - we've just been to Thailand for 3 weeks. I love food, so I'm always keen to try out a new restaurant and equally a new recipe. I try my best to keep in touch with friends, and I enjoy getting stuck into a good TV series or watching a film.

What are your favourite things about France?

Definitely the weather - saying that our first month here was an eye opener as there were storms and gales and wind, but the summer was fantastic. I was worried about the language barrier as I don't speak French, and so many people told me that the French people expect you to know a bit - but it's been a pleasant surprise that most are more than happy to speak English and even go out of their way to be helpful. There seems to be plenty for families to do too.



What do you miss about “home” and what noticeable differences do you find between France and your home country?

To be honest I have only really missed people so far. The most noticeable difference for me has been the time I spend driving most days. Where I lived before, everywhere was 5 minutes drive, while here I am behind the wheel a lot more. The school run itself is around 50 minutes, twice a day, whilst at home we could walk there in 10 minutes. The driving of others has been an eye opener too - I'm not saying I am a perfect driver but for example several times now I have been met by a car halfway on my side of the road coming round a corner. I was overtaken last week by a car as I sat waiting at a red traffic light, on a corner. And don't get me started on the lack of indicating!

Samantha Mee

What brings you to Toulouse?

I'd love to say it had always been our dream to leave the UK and live here, but like a lot of people who have made Toulouse their home it was because of work.

My husband, Rick, works for British Airways and his new job came with a relocation to this beautiful country. To be honest, we didn't need much convincing!



How long have you been here and for how long will you stay?

We arrived in January 2016 and will be here for another 4 years when we will return to London.

Tell us about your family

I moved to the UK, from Spain, 18 years ago with my parents and my brother and although my mum and dad have since returned to Spain, my brother and his family are still in the UK.

Rick is originally from Leeds but moved to London (next door to my parents) to work for BA 16 years ago. We got married in my home town in Spain in 2009 and have two boys, Freddie who is 5 and Noah who is nearly two.

What did you do before motherhood/ what do you do now?

I was the International Marketing Manager for a print finishing manufacturer. My team and I were responsible for launching products to our subsidiaries and global network of distributors. I was also in charge of all the exhibitions, which meant I got to travel quite a bit.

Now you can mainly find me ferrying Freddie to and from school and entertaining Noah or for those of you who go to Tuesday Tunes, I'm usually the crazy lady trying to tell her toddler to sit down and leave the cupboard/cd player/door/biscuits/tap alone.

What do you do in your free time?

Sadly I don't have too much of that at the minute but hope once Noah starts at nursery in September I'll be able to get stuck into some French lessons and maybe finish a book or two whilst lounging in the sun by the pool Well a girl can dream!

What are your favourite things about France?

Loving the cheese and the local wine as well as not having to work, which means I'm able to spend more time with my children in the lovely parks and countryside we have nearby.

I'm also loving the people, everyone is so friendly, passers-by stop to greet you, which having spent my adult life in London seems so unusual!

What do you miss about "home" and what noticeable differences do you find between France and your home country?

I miss my friends in the UK, they are like family really especially as our nearest relatives were about a 3 hour drive away. Having said that though we are so lucky to have a big house here so everyone is visiting.

Differences I would have to say is opening times. So used to having 24 hour supermarkets and places being open on Sundays and lunch times but as with everything I'm sure we'll soon get used to it.

FROM THE HEART

MISCARRIAGE

ANONYMOUS

My baby would have been here by now. He or she was due on November 22nd and should, right now, be snuggled in my arms. But that's not what happened as, back in April, I had an early miscarriage and became a statistic.

My story goes like this. I had some bleeding at the very beginning of the pregnancy, but blood tests confirmed the pregnancy hormone (beta-HCG) was increasing at the correct rate, so I felt reassured. Then I had an early dating scan and was told I had a blighted ovum (oeuf clair in French); that is to say an egg had been fertilised and a gestational sac implanted in the womb, but the embryo had failed to develop at a very early stage, so there was no baby.

Since it was still early days, when ultrasounds can be inaccurate, I then had an agonising 12-day wait for a follow-up scan to confirm the diagnosis, during which time I swung from high hopes (false hopes, as it turns out) to complete despair. It was also a very cruel time from a hormonal perspective, as my body clearly thought it was pregnant, with the light-headedness, waves of nausea and crushing tiredness I was familiar with from my previous pregnancies.

Once the diagnosis was confirmed everything happened very quickly. I got an emergency appointment to see my gynaecologist the same afternoon as the scan and, seeing as my body was still failing to realise that the pregnancy was not viable, she gave me some tablets to take the very next day to induce a miscarriage (the same tablets that are prescribed for chemical terminations in many countries).

I was terrified about taking the tablets, literally crying and shaking with fear. As it was a Wednesday, I also had a long day at home alone with my two small children to get through and I really didn't want to have to explain to my eldest why mummy kept running to the toilet.

But I got through it and, by the Friday, I was feeling much better and more positive about the whole situation. But I had a severe blow on Saturday morning when I found out at yet another scan that the tablets hadn't worked and I was still carrying the empty sac around. Pregnant and yet not pregnant at the same time.

The next step was a minor surgical procedure called an evacuation of retained products of conception (ERPC), which you might also have heard referred to as a D&C (dilation and curettage). It's a quick procedure done in day surgery, under general anaesthetic, when the left over tissues of the pregnancy are scraped and/or sucked out of you. Not a nice thing to think about, but I was told many times that it was a straightforward and common operation.

The quickest they could fit me in for this was the Tuesday, a whole week after the blighted ovum was confirmed and by which point I would have been nearly ten weeks pregnant.

I was so sad and gutted to be arriving at the clinic where I'd had my two healthy babies and which had always been a place of such joyful memories, for something so sad and bleak. Thankfully, the surgery went well. I went in at 11.15am; had the procedure around 1pm, was awake by 2pm and on my way home at 4.30pm feeling absolutely fine, from a physical perspective. I bled on and off for about four days and after that felt my body pretty much returned to normal.

Emotionally speaking, it's another story. Eight months on and I still think about it everyday. Part of me feels I don't have the right to feel sad. In my case, it wasn't that I had a baby who died; there was never any baby. I even find myself thinking that it wasn't even a real miscarriage in this case (and I have been told this more than once). But I did have real excitement and real hopes and I suppose I feel sad that they were crushed like this. I was excited about being part of the little group of Tots mums expecting their third babies in 2016. I had imagined a newborn in my arms for Christmas and my three children relatively close in age, but that's not going to happen now. I'm even starting to question whether I'm destined to have three children at all, or whether I should just count my blessings and stop now.

I do, of course, realise how incredibly lucky I am. I had two uneventful pregnancies and I have two lovely children to focus my energies on. I have always known the oft-quoted statistic that one in four pregnancies ends in miscarriage, but, naively, I just never thought this would happen to me. It has been a wake-up call. I was so so lucky the first two times! If we do decide to try and I am lucky enough to get pregnant again, I know that I will be so racked with fear and anxiety that I won't be able to enjoy it at all, or at least not the early weeks.

If, reading this, you have completed your family without going through anything like this, then you are also very much one of the lucky ones. I also feel that, when it comes to speculating about other people's possible pregnancies, I have often been one of the worst offenders. But having gone through this, I vow never to do so again. There's a reason women often choose not to share news of their pregnancies until after the 12 week scan: one in four of them won't make it. Please remember that your friend who you suspect is pregnant might, in fact, be hiding much less happy news and being

the subject of 'ooooh-I-bet-she's-pregnant' gossip will only rub salt into her wounds.

Finally, you may be wondering why I've chosen to submit this anonymously. There are a few reasons for this. The nature of the internet being as it is, I wouldn't want this story being linked to my name for all and sundry to read in cyberspace for evermore. I don't want to take any joy away from the lucky ladies with newborns, or who are expecting at the moment, nor for them to feel any awkwardness around me. I don't want my friends to feel pity or embarrassment. Most importantly, I want to protect my children from overhearing any conversations on the topic. Perhaps if I am very lucky, I will have happy news to share instead, somewhere down the line.

But there won't be a baby for me in 2016.

RESTAURANT REVIEW

BY KRISTEN MILLER

Rajpoot

1 Avenue Latecoere, 31700 Cornebarrieu,
05 61 06 16 14.

Also at

37 Avenue Du Parc, 31700 Blagnac
05 34 39 21 15.

With an impromptu date night on our hands, we decided to head somewhere relatively close to home for a meal. We drove to Cornebarrieu and remembered the Indian restaurant 'Rajpoot' we had passed several times, but hadn't dared take the kids into. After a disappointing Indian restaurant experience in Italy last year, we were unsure whether it would live up to our hopes, but decided there was only one way to find out.

As soon as we entered, I had a good feeling about it. The decor featured ornate, plush chairs, and modern, colourful Indian paintings. Music played quietly in the background, and we were offered the choice of several tables. It was 8pm when we arrived and there were a few other tables occupied, but the place filled quickly and it was busier than I would have expected for a Tuesday night.

The menu consisted of the usual starters, main courses, side dishes and naan breads, plus several set meal options - but most importantly, it was in English. There was plenty to choose from, but not so much that we couldn't decide. The young, trendy waiters were efficient and attentive, but not intrusive, and also spoke English.

The waiter brought a poppadom (singular!) while we looked at the menu, plus a tray of 3 dips. I chose the seekh kebab to start, followed by beef balti. David went for a set meal and he had chicken tikka, followed by beef vindaloo. We shared a rice and a peshwari naan. The food was amazing. The starter portions were generous, and were served with a simple side salad and lemon wedge. The curries were tasty and flavourful, and just the perfect amount. David's vindaloo was hot as he had requested. The peshwari naan was nice too.



I finished off with the Indian dessert gulab jamun, and David had a trio of sorbets. My only gripe was that they didn't stock lemonade, so I couldn't have a panache (shandy) with my curry.

We were happy to find out that the restaurant does takeaways too, and picked up a menu on the way out which resembled a luxury wedding invite. I always think it says a lot when a restaurant spends that little bit more on their takeaway menus. We both said that we had thoroughly enjoyed the meal and agreed we would definitely be back as soon as the other grandparents come to stay.

focus on.....

VACCINATIONS



In this series we look at a different health issue each edition with the help of Tots & Co's medical expert, Dr Danielle Davidson.

There are countless decisions we have to make as new parents; how our children are fed, how they sleep and even what we use to clean bottoms. We often face these issues blindly, stumbling from one new experience to the next just hoping by chance we get it right.

It is therefore no surprise that when the more serious and fundamentally important decisions arise, such as whether or not we vaccinate our children, uncertainty and stress is the inevitable result.

Vaccinations continue to be a contentious issue, with pro and against camps both citing terrifying consequences and alarming statistics. Essentially we want to do the best for our children and to protect them from harm. Childhood illnesses can have devastating effects, especially once prevalent diseases like polio and diphtheria. Therefore, ensuring that we have access to knowledge on why there is a vaccination schedule and why certain diseases are chosen to be part of it, should enable a more informed decision and reduce anxiety.

Any medicine we choose to administer our children will come with the risk of side-effects but as parents we weigh up the benefits versus the chance of harm. A child with a high fever can be treated with a dose of paracetamol. Asthma can be controlled with inhalers. These conditions can have serious consequences so, we decide if treatment is less of a risk. Vaccines are the same, but we can only decide to immunise if we fully understand the diseases on the vaccination schedule and their potential consequences.

The recommended childhood vaccination schedule

The current recommended vaccination schedule in France until the age of 6 years, correct as of 2016, is as follows:

AT 2 MONTHS	AT 4 MONTHS	AT 11 MONTHS	AT 12 MONTHS	AT 16-18 MONTHS	AT 6 YEARS
Diphtheria, Tetanus, Polio, Whooping cough	Diphtheria, Tetanus, Polio, Whooping cough	Diphtheria, Tetanus, Polio, Whooping cough	Measles, Mumps and Rubella (MMR)	Measles, Mumps and Rubella (MMR)	Diphtheria, Tetanus, Polio, Whooping cough
Haemophilus Influenzae b (HiB)	Haemophilus Influenzae b (HiB)	Haemophilus Influenzae b (HiB)	Meningitis C		
Hepatitis B	Hepatitis B	Hepatitis B			
Pneumococcus	Pneumococcus	Pneumococcus			

Note: Diphtheria, Tetanus, Polio, Whooping cough, HiB and Hepatitis B can be given as a combined vaccine in one injection. The 12 month vaccines can be co-administered.

In France your child must be vaccinated (except in the case of a known medical contraindication) against diphtheria, tetanus and polio (DTP) in order to be admitted to a crèche, school or any other group in which children attend. Non-mandatory vaccinations are against whooping cough, rubella, measles, mumps, chicken pox, haemophilus influenzae type B, pneumococcal, meningococcal C, and hepatitis A and B.

Below, is a description of a number of childhood diseases and why they appear on the vaccination schedule.

Diphtheria, Tetanus, Polio, Whooping cough (pertussis)

Diphtheria is a bacterial infection that mainly affects the nose and throat but also sometimes the skin. It is highly contagious and potentially fatal. Up to 10 % of people who get diphtheria will die from complications caused by the bacteria. Spread occurs through coughing and sneezing or through contact with items such as bedding or clothing belonging to someone with the disease. Before 1940 diphtheria was a leading cause of infant mortality but fortunately now rare in western Europe due to the vaccination uptake. It does however remain a concern in Africa and South Asia.

Tetanus is caused by the bacteria *Clostridium tetani* commonly found in soil and manure. Tetanus is the disease caused by when the bacteria enters the body through a wound. It can be fatal if not treated. Stiffness and spasms in muscles are the main symptoms leading to suffocation and cardiac arrest.

Polio results from a viral infection which causes temporary or permanent paralysis in 1 in 100 that contract the disease. There is no cure which is why it is part of the vaccination schedule. The UK last saw polio in the mid-80s but because it is still found in other parts of the world it is vital to continue to immunise against it.

Whooping cough or pertussis is a bacterial infection that affects the lungs and airways. It is highly contagious, spread by coughing or sneezing and resulting in bouts of severe coughing that can last for as long as three months. Children gasp for breath during bouts causing the 'whoop' that gives the disease its name. Little babies can stop breathing and develop kidney and brain damage as a result of the disease.

Measles, mumps and rubella

Three highly infectious diseases - measles, mumps and rubella (also known as german measles) - can have potentially fatal complications.

Measles is caused by an easily spread virus and results in a fever and rash. Potential complications include pneumonia and encephalitis (inflammation of the brain).



Mumps is also a viral infection spread in a similar way to measles through infected saliva droplets. The recognisable swollen face is caused by parotid gland swelling. Mumps often passes with no serious complications however there is an important reason to vaccinate against. If a child who has been through puberty, and who hasn't been immunised, catches mumps, possible swelling of the testicles and ovaries can occur. In men this can lead to a reduction in sperm count.

Rubella is a mild condition resulting in a rash and fever that passes within 10 days. So why vaccinate against it? Mainly because of the consequences during pregnancy. If a non-immunised woman is infected with the rubella virus before she has reached 20 weeks gestation, the baby is at risk of cataracts, deafness, heart abnormalities and brain damage.

The loss of 'passive immunity' and why we vaccinate

Our babies benefit from our immunity when they are first born. Passed to them via the placenta, this 'passive immunity' can last some time, often until they receive their first set of vaccinations. Unfortunately, once this passive immunity disappears, our offspring are once again at risk of contracting a number of childhood diseases.

Often a major concern for parents is the seemingly full nature of the vaccination schedule. Here you have a baby, barely born, and the advice is to bombard its immune system with a host of pathogens. Isn't it all too much for something so small? The truth is, a two month old baby, even one kept inside for much of the time, will have come into contact with a vast number of different bacteria and viruses. Their immune system is working constantly, battling infections that are far more potent than those created in the lab for vaccination purposes.

This is because of how immunisations are developed. Vaccines are designed to make the body produce antibodies to fight a particular disease. This is done without actually infecting us. A pathogen (the virus or bacteria which causes disease) is produced under laboratory conditions, altered and then combined with other components to make a vaccine. Once administered, the intended result is that if we come into contact with the disease in the future, our immune system recognises it and sends out the antibodies required to fight it.

Vaccines fall into two categories: killed or live. Killed or inactivated vaccines contain a dead pathogen meaning the viruses' ability to cause illness has been destroyed. It remains intact enough to cause an immune system response so that antibodies against it are created. Within the childhood immunisation schedule, polio and whooping cough (pertussis) are both killed vaccines. Understandably, because inactivated vaccines contain a dead virus, they produce a weaker response by the immune system. Therefore multiple doses or even boosters are required to maintain our immunity. Live or attenuated vaccines contain weakened viruses, not strong enough to cause disease in those who are already healthy, but strong enough to initiate an immune response. The BCG (against TB) and the MMR are examples of live vaccines. Due to the live pathogen, these vaccines often impart lifelong protection. The downside to live vaccines is that they cannot be given to anyone who already has a more seriously weakened immune system (immunocompromised).



Herd immunity is an important aim for any vaccination. This is when a certain number of people within a community are vaccinated that it protects those who haven't been or can't be. The ultimate aim is to eliminate the disease completely. Unfortunately, this is not always easy. Certain diseases against which we immunise are highly infectious and require a greater number of people to be vaccinated, sometimes up to 95%. When the rates of children immunised falls, as happens when the threat of the disease falls, the disease can return.

As a result of successful vaccination programs smallpox, an incurable and deadly disease, has been eradicated and polio is on the way out. Cases of diphtheria, meningitis C and whooping cough in children have fallen significantly too, following the introduction of childhood vaccinations. 3,200 deaths were recorded as a result of diphtheria in the year 1940. In the 16 years prior to 2002, this number had fallen to just 2.

New vaccinations are always in development and improvements are being made on existing ones. Now children can also be vaccinated against rotavirus and meningitis B with the hope that the devastating consequences of diseases such as these can be significantly reduced.

As with all medicines, no vaccine is 100% risk-free and as parents, the duty to ensure our children's well-being is a constant heavy responsibility. Yet, ultimately, being armed with knowledge can help us balance the benefits of vaccinating our children against the risks of not.



DISCLAIMER

All information in this Newsletter is entirely the view or opinion of the author. It is advisable that you verify any information from this Newsletter before relying on it.

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NEW CORE COMMITTEE MEMBERS FOR 2016/17

Diane Rafla, treasurer. Diane joined Tots in 2016 and is a mummy to two beautiful little girls (Grace and Emma). She has a background in international social enterprise development and is very happy to be using her skills to help Tots out as the treasurer.



Isabelle Male, secretary. Isabelle was born in the UK but has lived most of her life in France in the Toulouse area. At the moment she is enjoying being a stay-at-home-mum and making the most of her two young children before going back to work and has taken on the role of secretary of Tots and Co.



Kariann Pickford, members coordinator: Kariann moved to Toulouse in February 2015 with her husband and two young daughters who were three years and four months old at the time. They fancied a change from their usual routines and a change of scenery and are enjoying their lives in the south of France. She says Tots definitely helped her to settle in to a new place so much more quickly and she has made lots of new friends.



Staying on for a second year are Celia Green as president and Sally Onn as vice president.

BABY DAYS IN FRANGLAIS

BY SALLY ONN

if your loulou needs a dodo
but you cannot find his doudou
then perhaps it's at the creche
or did he leave it with the nounou?
when he wakes it's time to play
so get out all the joujoux
he can brush his dolly's hair
then dress it up with chouchous
if he's hungry then perhaps
he would like a little coco
or maybe just his bibi
full of lovely fresh warm lolo
perhaps by now your chouchou
has become a little fougou
so go out for a nice long walk
and don't forget his toutou
if he falls down in the park
and gets a nasty bobo
then it's time to head back home
and have another dodo!