

MNCHP Network Bulletin



*best start
meilleur départ*

by/par health **nexus** santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

May 9, 2014

The next bulletin will be released June 6, 2014.

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I. NEWS & VIEWS

1. Maternal death rates rose in Canada, U.S. over 20 years

This article summarizes the World Health Organization's (WHO) data on maternal deaths. Deaths rose from 6 to 11 per 100,000 births between 1990 and 2013 in Canada. WHO experts explain that the increase in mortality rate may be a statistical blip or due to the increased risks from obesity, diabetes and older women giving birth.

<http://www.cbc.ca/news/health/maternal-death-rates-rose-in-canada-u-s-over-20-years-1.2633940>

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

2. Living arrangements of children in Canada: A century of change (available in French)

Bohnert, N., Milan, A., & Lathe, H. (2014). *Statistics Canada*. Retrieved from <http://www5.statcan.gc.ca/olc-cel/olc.action?objId=75-006-X201400111919&objType=47&lang=en&limit=0>

EXCERPT:

Over the last 100 years, Canada has experienced many social, economic, legislative, and cultural changes. As a result, the family circumstances and living arrangements of Canadians have evolved substantially. What can the census of population reveal about the changing diversity of children's living arrangements over time?

- In 1931, 12% of children were in lone-parent families, close to the proportion experienced in 1981 (13%). Most of these children lived with a widowed lone parent, meaning that a relatively large share of children at this time had experienced the death of a parent.
- The baby-boom years (1946 to 1965) were characterized by a relatively large share of married-couple families and high fertility rates. In 1961, 94% of children in census families were living with married parents, the highest proportion observed over the past century.
- In subsequent decades, the share of lone-parent families rose, from a low of 6% in 1961 to 15% in 1991 and to 22% in 2011. In contrast to the lone-parent families of the early 20th century, a larger proportion of these families were headed by women.

- In the early 21st century, nearly 1 million children, or 11% of all children aged 24 and under, lived in couple families in which at least one child was the biological or adopted child of only one spouse or partner. These families are referred to as stepfamilies.

EN: <http://www5.statcan.gc.ca/olc-cel/olc.action?objId=75-006-X201400111919&objType=47&lang=en&limit=0>

FR: <http://www5.statcan.gc.ca/olc-cel/olc.action?ObjId=75-006-X201400111919&ObjType=47&lang=fr&limit=0>

3. Gastrointestinal symptoms in Autism Spectrum Disorder: A Meta-analysis

McElhanon, B. O., McCracken, C., Karpen, S., & Sharp, W. G. (2014). Gastrointestinal symptoms in Autism Spectrum Disorder: A meta-analysis. *Pediatrics*. doi: 10.1542/peds.2013-3995

ABSTRACT:

BACKGROUND: In pediatric settings, parents often raise concerns about possible gastrointestinal (GI) symptoms in autism spectrum disorder (ASD), yet the specificity of these concerns are not well studied.

OBJECTIVE: To conduct a meta-analysis of research investigating GI symptoms among children with ASD.

METHODS: We searched Medline, PsycINFO, and PubMed databases (1980–2012) in peer-reviewed journals. Analysis involved studies with a comparison group presenting quantitative data on GI symptoms using combinations of terms for ASD and GI indicators. The systematic search yielded 15 studies. We calculated effect sizes and 95% confidence intervals (CIs) using a random-effects model.

RESULTS: Children with ASD experience significantly more general GI symptoms than comparison groups, with a standardized mean difference of 0.82 (0.24) and a corresponding odds ratio (OR) of 4.42 (95% CI, 1.90–10.28). Analysis also indicated higher rates of diarrhea (OR, 3.63; 95% CI, 1.82–7.23), constipation (OR, 3.86; 95% CI, 2.23–6.71), and abdominal pain (OR, 2.45; 95% CI, 1.19–5.07).

CONCLUSIONS: Results indicate greater prevalence of GI symptoms among children with ASD compared with control children. Identified studies involved high methodological variability and lack of comprehensive data prohibited analysis of GI pathophysiologies (e.g., gastroesophageal reflux) typically associated with organic etiologies, limiting conclusions about the underpinnings of the observed association. Future research must address critical questions about the causes and long-term impact of GI symptoms in ASD. Such analyses will require more systematic research and clinical activities, including improved diagnostic screening, standardized assessment and exploration of potential moderators (e.g., dietary restrictions).

<http://pediatrics.aappublications.org/content/early/2014/04/22/peds.2013-3995.full.pdf+html>

4. Infant self-regulation and early childhood media exposure

Radesky, J. S., Silverstein, M., Zuckerman, B., & Christakis, D. A. (2014). Infant self-regulation and early childhood media exposure. *Pediatrics*, 133(5), 1172-1178. doi: 10.1542/peds.2013-2367

ABSTRACT:

OBJECTIVES: Examine prospective associations between parent-reported early childhood self-regulation problems and media exposure (television and video viewing) at 2 years. We hypothesized that children with poor self-regulation would consume more media, possibly as a parent coping strategy.

METHODS: We used data from 7450 children in the Early Childhood Longitudinal Study–Birth Cohort. When children were 9 months and 2 years old, parents completed the Infant Toddler Symptom Checklist (ITSC), a validated scale of self-regulation. With daily media use at 2 years as our outcome, we conducted weighted multivariable regression analyses, controlling for child, maternal, and household characteristics.

RESULTS: Children watched an average of 2.3 hours per day (SD 1.9) of media at age 2 years. Infants with poor self-regulation (9-month ITSC score ≥ 3) viewed 0.23 hour per day (95% confidence interval [CI] 0.12–0.35) more media at 2 years compared with those with 9-month ITSC score of 0 to 2; this remained significant in adjusted models (0.15 hour per day [95% CI 0.02–0.28]). Children rated as having persistent self-regulation problems (ITSC ≥ 3 at both 9 months and 2 years) were even more likely to consume media at age 2 (adjusted β 0.21 hour per day [95% CI 0.03–0.39]; adjusted odds ratio for >2 hours per day 1.40 [95% CI 1.14–1.71]). These associations were slightly stronger in low socioeconomic status and English-speaking households.

CONCLUSIONS: Early childhood self-regulation problems are associated with mildly increased media exposure, even after controlling for important confounding variables. Understanding this relationship may provide insight into helping parents reduce their children's screen time.

<http://pediatrics.aappublications.org/content/133/5/e1172.full.pdf+html>

5. Social policy report: Multilingual children – Beyond myths' and towards best practices

ABSTRACT:

Multilingualism is an international fact of life and increasing in the United States. Multilingual families are exceedingly diverse, and policies relevant to them should take this into account. The quantity and quality of a child's exposure to responsive conversation spoken by fluent adults predicts both monolingual and multilingual language and literacy achievement. Contexts supporting optimal multilingualism involve early exposure to high quality conversation in each language, along with continued support for speaking both languages. Parents who are not fluent in English should not be told to speak English instead of their native language to their children; children require fluent input, and fluent input in another language will transfer to learning a second or third language. Messages regarding optimal multilingual practices should be

made available to families using any and all available methods for delivering such information, including home visitation programs, healthcare settings, center-based early childhood programs and mass media.

http://www.srkd.org/sites/default/files/documents/E-News/spr_27_4.pdf

6. * Maternal obesity and infant mortality: A meta-analysis

Meehan, S., Beck, C. R., Mair-Jenkins, J., Leonardi-Bee, J., & Puleston, R. (2014). Maternal obesity and infant mortality: A meta-analysis. *Pediatrics*, 133(5), 863-871. doi: 10.1542/peds.2013-1480

ABSTRACT:

BACKGROUND AND OBJECTIVES: Despite numerous studies reporting an elevated risk of infant mortality among women who are obese, the magnitude of the association is unclear. A systematic review and meta-analysis was undertaken to assess the association between maternal overweight or obesity and infant mortality.

METHODS: Four health care databases and gray literature sources were searched and screened against the protocol eligibility criteria. Observational studies reporting on the relationship between maternal overweight and obesity and infant mortality were included. Data extraction and risk of bias assessments were performed.

RESULTS: Twenty-four records were included from 783 screened. Obese mothers (BMI ≥ 30) had greater odds of having an infant death (odds ratio 1.42; 95% confidence interval, 1.24–1.63; $P < .001$; 11 studies); these odds were greatest for the most obese (BMI > 35) (odds ratio 2.03; 95% confidence interval, 1.61–2.56; $P < .001$; 3 studies).

CONCLUSIONS: Our results suggest that the odds of having an infant death are greater for obese mothers and that this risk may increase with greater maternal BMI or weight; however, residual confounding may explain these findings. Given the rising prevalence of maternal obesity, additional high-quality epidemiologic studies to elucidate the actual influence of elevated maternal mass or weight on infant mortality are needed. If a causal link is determined and the biological basis explained, public health strategies to address the issue of maternal obesity will be needed.

<http://pediatrics.aappublications.org/content/133/5/863.abstract?rss=1>

III. CURRENT INITIATIVES

7. Say “no” to antibacterial soaps in schools (available in French)

The Canadian Partnership for Children’s Health & Environment (CPCHE) is encouraging schools and child care centres to discontinue the use of antibacterial hand soaps, including those containing triclosan. As reviewed in CPCHE (2014), triclosan was

declared toxic by the Government of Canada because it harms aquatic plants and animals. It is known to interfere with normal hormone function in animals, and is suspected of similar effects in humans. Hormones control the way young bodies and brains develop. Protecting kids from exposure to hormone-disrupting chemicals is of paramount importance. The other important reason to stop using antibacterial chemicals is because of concerns that they may be creating antibiotic resistant germs.

EN: <http://www.healthyenvironmentforkids.ca/news-info/back-basics-hand-washing-say-%E2%80%9Cno%E2%80%9D-antibacterial-soaps-schools>

FR: <http://www.healthyenvironmentforkids.ca/fr/nouvelles/retour-aux-notions-de-base-en-mati%C3%A8re-de-lavage-des-mains-dites-%C2%AB-non-%C2%BB-aux-savons-anti>

IV. UPCOMING EVENTS

8. Addressing breastfeeding barriers to improve lactation outcomes

May 23, 2014: Moncton, NB

May 26, 2014: St. Catharines, ON

May 28, 2014: Calgary, AB

May 30, 2014: Saskatoon, SK

June 2, 2014: Brandon, MB

June 4, 2014: Halifax, NS

June 6: Kingston, ON

The seminar topics include:

- Breastfeeding after cosmetic surgery
- Nipple knowledge
- Making more milk
- Overcoming breastfeeding ambivalence

<http://www.lllc.ca/health-professional-seminars>

9. Substance use and alcohol: Women, pregnancy and after birth webinar

June 10, 2014: Webinar

Speaker Mary Muller, R.N., B.Sc.N., will present this webinar with the following learning objectives:

- To examine how alcohol and substance use is changing for women in Ontario and what that means to health and social service providers
- To discuss the impact on pregnancy
- To examine the effects of substance use on newborns
- To examine evidence based strategies for prevention and harm reduction
- Look at the roles each of us can play to help in prevention and harm reduction

<http://rnao.ca/events/substance-use-and-alcohol-women-pregnancy-and-after-birth-webinar>

10. Investing in the early childhood workforce

June 12, 2014: Toronto, ON

Dr. Jan Peeters, Coordinator of the Centre for Innovation in the Early Years of the Department of Social Welfare Studies, Ghent University (Belgium) will share the latest international trends and evidence on the early childhood workforce. Panelists will include ECE advocates and researchers Jane Bertrand and Jamie Kass on developments in the early childhood workforce across Canada and suggested strategies for a professionally recognized workforce. Associate Deputy Minister Jim Grieve will provide updates on the latest developments in Ontario. The workshop series will feature the latest research and tools for educator training and leadership and program quality and delivery. The afternoon will be devoted to making change. Facilitated roundtables will discuss strategies to meet the workforce demands for improved training, infrastructure supports and professional remuneration.

http://www.oise.utoronto.ca/atkinson/Events/2014_Events/Summer_Institute_2014.html

V. RESOURCES

11. Sleeping behaviour: Good sleep, for good growth

This information sheet for parents answers the following questions:

- Does your child wake up at night?
- Is it normal?

Sleep problems are very common in early childhood. Many children are considered poor sleepers, which means they wake up often, cry or have trouble getting back to sleep. Fortunately, some of these behaviours are temporary and should resolve with time and good sleeping habits.

<http://www.child-encyclopedia.com/pages/PDF/eyes-on-sleeping-behaviour.pdf>

12. Video: Portrait of official-language minorities in Canada

(available in French)

This video by Statistics Canada (2014) presents a range of information on a variety of topics and issues of interest to official-language minorities and to anyone interested in the past, present and future of official-language minority populations in Canada. It also provides a glimpse at the current situation of francophone and anglophone minorities in Canada. The video summarizes and updates the analyses that Statistics Canada released in the *Portraits of Official-Language Minorities in Canada* ([Catalogue number 89-642-X](#)) series. These portraits are based on a wide range of statistics drawn from the censuses of population and the Survey on the Vitality of Official-Language Minorities.

EN: <http://www.statcan.gc.ca/about-apercu/video/polmc-spmloc-eng.html>

FR: <http://www.statcan.gc.ca/about-apercu/video/polmc-spmloc-fra.html>

13. Providing quality family planning services

This guide is designed to help individuals achieve their desired number and spacing of children, and to increase the chances that children will be born healthy.

<http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

14. Breastfeeding blogs

[Breastfeeding Medicine](#)

[Indiana Mothers' Milk Bank](#)

[Breastfeeding in Combat Boots](#)

[Best for Babes](#)

[The Leaky Boob](#)

[Human Milk 4 Human Babies](#)

[Mammals Suck](#)

[Motherwear](#)

[Normal, like Breathing](#)

15. The Ontario health profile: Infographics

(available in French)

Public Health Ontario released Ontario Health Profile infographics on 10 topics:

- Extreme weather
- The first five years
- Foodborne illness
- Measles
- Mental health
- Obesity
- Population health
- Radon
- Respiratory viruses
- Road safety

EN: <http://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Ontario-Health-Profile.aspx#.U2vhrqKvjSg>

FR : <http://www.publichealthontario.ca/fr/DataAndAnalytics/Pages/Ontario-Health-Profile.aspx#.U2viCKKvjSg>

VI. FEATURED BEST START RESOURCES

16. My Life Plan - Booklet

(available in French)

This booklet for teens (Best Start Resource Centre, 2014) will guide them through six topic areas, providing them with facts and referrals, and the opportunity to respond to a series of questions that will help them to make healthy decisions, set goals and plan for

their future. Topics include: physical health, mental health, reproductive health, relationships, family health history and their future.

EN: http://www.beststart.org/resources/preconception/MLMP_14MY01_Final.pdf

FR:

http://www.meilleurdepart.org/resources/preconception/pdf/MLMP_FR_14MY01_Final.pdf

17. Use of Social Media in Prenatal and Early Childhood Services - Report

This report for service providers used literature searches and key informant interviews to identify and discuss the current best practices for social media use in prenatal and early childhood services. It highlights considerations for organizations wishing to implement social media use in their reproductive health and early childhood services.

http://www.beststart.org/resources/howto/pdf/SM_14MY05_Final.pdf

About This Bulletin

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (mnchp@healthnexus.ca). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

Stay connected!

The free weekly [Ontario Health Promotion E-mail bulletin \(OHPE\)](#) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

[Click4HP](#) is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

[The Maternal Newborn and Child Health Promotion \(MNCHP\) Network](#) - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[Health Promotion Today](#) - Our blog keeps you informed of news and topics related to health promotion.

Follow us on [Twitter](#) to stay up to date on all things related to health promotion.

View our video resources on [YouTube](#) and [Vimeo](#)

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network](#) is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new [3M Health Leadership Award](#) to find out how you can support community health leadership and honour your own community leader by nominating them for this national award.

En français:

Restez branché!

Le bulletin francophone [Le Bloc-Notes](#) est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le [Bulletin de santé maternelle et infantile](#) est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

[Promotion de la santé aujourd'hui](#) – Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur [Twitter](#) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur [YouTube](#) et [Vimeo](#)

Nous vous encourageons à visiter le site Web de notre nouveau [Prix 3M de leadership en santé](#) pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national.