

MNCHP Network Bulletin



best start
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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.

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I. NEWS & VIEWS

1. Increased Alcohol Availability in Places like Starbucks Should Concern Canadians: Experts

At some Toronto locations Starbucks is now selling beer and wine after 2 p.m., instead of just coffee (Miller, 2016, April 5). Health experts are warning that more availability could lead to more consumption. Dr. Gregory Taylor, Canada's Chief Public Health Officer explains the concerns: "You can't go to the grocery store these days without seeing alcohol of some sort. In Canada, we treat alcohol more like a beverage than we do a drug. It's a drug. I think that by having it visible in a number of different places, it normalizes — it's normal. Everybody drinks, what's the problem? It normalizes it. It downplays the risk and we look at it just like a beverage. Have a soda, have a beer, have this or that — and it's not. It's a drug". Dr. Robert Mann, a senior scientist at the Centre for Addiction and Mental Health, also noted that coffee shops were traditionally seen as "alcohol-free zones" for people dealing with alcohol abuse issues and now they have to deal with these cues that might elicit urges for drinking (Miller, 2016, April 5). <http://globalnews.ca/news/2620260/increased-alcohol-availability-in-places-like-starbucks-should-concern-canadians-experts/>

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2. Acetaminophen Use and Pregnancy

A new study published in JAMA Pediatrics found an association between acetaminophen use during pregnancy and behavioral problems in childhood (Stergiakouli, Thapar, & Smith, 2016). The lead author notes that "...as with any medication used by mothers-to-be, it should be used only when necessary. A woman and her doctor need to carefully weigh the risks of not treating fever or pain against potential harm to the baby" (CNN, 2016, August 15). Dr. Hal C.

Lawrence, CEO of the [American College of Obstetricians and Gynecologists](#) notes that the current study did not examine significant details, such as the exact dose taken or the reasons why a mother needed to take medication. He also explained that “behavioral disorders are multifactorial and very difficult to associate with a singular cause” (CNN, 2016, August 15). The U.S. Food and Drug Administration (FDA) released a safety announcement in 2015 in response to concerns at that time. Key points included:

- The FDA evaluated research studies published in the medical literature and determined they are too limited to make any recommendations based on these studies at this time.
- The FDA’s recommendations on how pain medicines are used during pregnancy will remain the same at this time.
- Because of this uncertainty, the use of pain medicines during pregnancy should be carefully considered. The FDA urges pregnant women to always discuss all medicines with their health care professionals before using them.

CNN article and video: <http://cnn.it/2aRq2Uj>

FDA Drug Safety Communication:

<http://www.fda.gov/Drugs/DrugSafety/ucm429117.htm>

Abstract: <http://archpedi.jamanetwork.com/article.aspx?articleid=2543281>

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II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

3. Effectiveness of Intervention Strategies Exclusively Targeting Reductions in Children’s Sedentary Time: A Systematic Review of the Literature

Altenbur, T. M., Holthe, J. K., & Chinapaw, M. J. M. (2016). Effectiveness of intervention strategies exclusively targeting reductions in children’s sedentary time: a systematic review of the literature. *International Journal of Behavioral Nutrition and Physical Activity*, 13, 65. [doi: 10.1186/s12966-016-0387-5](https://doi.org/10.1186/s12966-016-0387-5)

ABSTRACT:

An increasing number of interventions targeting sedentary behaviour in children have emerged in recent years. Recently published reviews included sedentary behaviour and physical activity interventions. This review critically summarizes evidence on the effectiveness of intervention strategies that exclusively targeted reducing sedentary time in children and adolescents. We performed a systematic literature search in Pubmed, Embase and the Cochrane Library through November 2015. Two independent reviewers selected eligible studies, extracted relevant data and rated the methodological quality using the assessment tool for quantitative studies. We included 21 intervention studies, of which 8 studies scored moderate on methodological quality and 13 studies scored weak. Four out of eight moderate quality studies reported significant beneficial intervention effects.

Although descriptions of intervention strategies were not always clearly reported, we identified encouragement of a TV turnoff week and implementing standing desks in classrooms as promising strategies. Due to a lack of high quality studies and inconsistent findings, we found no convincing evidence for the effectiveness of existing interventions targeting solely sedentary behaviour. We recommend that future studies apply mediation analyses to explore which strategies are most effective. Furthermore, to increase the effectiveness of interventions, knowledge of children's motives to engage in sedentary behavior is required, as well as their opinion on potentially effective intervention strategies.

<http://ijbnpa.biomedcentral.com/articles/10.1186/s12966-016-0387-5>

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4. Effectiveness of Home Visiting Programs on Child Outcomes: A Systematic Review

Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health*, 13, 17-31. Retrieved from <http://bit.ly/29RBE5>

ABSTRACT:**Background:**

The effectiveness of paraprofessional home-visitations on improving the circumstances of disadvantaged families is unclear. The purpose of this paper is to systematically review the effectiveness of paraprofessional home-visiting programs on developmental and health outcomes of young children from disadvantaged families.

Methods:

A comprehensive search of electronic databases (e.g., CINAHL PLUS, Cochrane, EMBASE, MEDLINE) from 1990 through May 2012 was supplemented by reference lists to search for relevant studies. Through the use of reliable tools, studies were assessed in duplicate. English language studies of paraprofessional home-visiting programs assessing specific outcomes for children (0-6 years) from disadvantaged families were eligible for inclusion in the review. Data extraction included the characteristics of the participants, intervention, outcomes and quality of the studies.

Results:

Studies that scored 13 or greater out of a total of 15 on the validity tool ($n = 21$) are the focus of this review. All studies are randomized controlled trials and most were conducted in the United States. Significant improvements to the development and health of young children as a result of a home-visiting program are noted for particular groups. These include: (a) prevention of child abuse in some cases, particularly when the intervention is initiated prenatally; (b) developmental benefits in relation to cognition and problem behaviours, and less consistently with language skills; and (c) reduced incidence of low birth weights and health problems in older children, and increased incidence of appropriate weight gain in early childhood. However, overall home-visiting programs are limited in improving the lives of socially high-risk children who live in disadvantaged families.

Conclusions:

Home visitation by paraprofessionals is an intervention that holds promise for socially high-risk families with young children. Initiating the intervention prenatally and increasing the number of visits improves development and health outcomes for particular groups of children. Future studies should consider what dose of the intervention is most beneficial and address retention issues.

Full article: <http://bit.ly/29RBE5>

Health Evidence: <http://www.healthevidence.org/view-article.aspx?a=effectiveness-home-visiting-programs-child-outcomes-systematic-review-24163>

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5. Ontario's Working Poor

Canadian Centre for Policy Alternatives. (2016). *OnPolicy: Ontario's Working Poor*. Retrieved from <https://www.policyalternatives.ca/publications/reports/onpolicy-ontarios-working-poor>

This issue of *OnPolicy* gives you a road map to working poverty in nine Ontario cities: Ottawa, London, Toronto, Thunder Bay, Kingston, Waterloo Region, Sudbury, Windsor and Hamilton. The Summer 2016 issue of *OnPolicy* also offers some solutions to the problems of working poverty, such as:

- improving food security and providing dental benefits for the working poor
- raising the minimum wage to \$15 an hour
- tackling precarity in the workplace
- improving working conditions for low-wage work

<https://www.policyalternatives.ca/publications/reports/onpolicy-ontarios-working-poor>

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6. *Unconditional Prenatal Income Supplement and Birth Outcomes

Brownlell, M. D., Chartier, M. J., Nickel, N. C., Chateau, D. Martens, P. J., Sarkar, J., . . . Katz, A. (2016). Unconditional Prenatal Income Supplement and Birth Outcomes. *Pediatrics*. Retrieved from <http://pediatrics.aappublications.org/content/early/2016/05/10/peds.2015-2992>

Background and objectives:

Perinatal outcomes have improved in developed countries but remain poor for disadvantaged populations. We examined whether an unconditional income supplement to low-income pregnant women was associated with improved birth outcomes.

Methods:

This study included all mother–newborn pairs (2003–2010) in Manitoba, Canada, where the mother received prenatal social assistance, the infant was born in the hospital, and the pair had a risk screen ($N = 14\,591$). Low-income women who received the income supplement (Healthy Baby Prenatal Benefit [HBPB], $n = 10\,738$) were compared with low-income women who did not receive HBPB ($n = 3853$) on the following factors: low birth weight, preterm, small and large for gestational age, Apgar score, breastfeeding initiation, neonatal readmission, and newborn hospital length of stay (LOS). Covariates from risk screens were used to develop propensity scores and to balance differences between groups in regression models; γ sensitivity analyses were conducted to assess sensitivity to unmeasured confounding. Population-attributable and preventable fractions were calculated.

Results:

HBPB was associated with reductions in low birth weight (aRR, 0.71 [95% CI, 0.63–0.81]), preterm births (aRR, 0.76 [95% CI, 0.69–0.84]) and small for gestational age births (aRR, 0.90 [95% CI, 0.81–0.99]) and increases in breastfeeding (aRR, 1.06 [95% CI, 1.03–1.09]) and large for gestational age births (aRR, 1.13 [95% CI, 1.05–1.23]). For vaginal births, HBPB was associated with shortened LOS (weighted mean, 2.86; $P < .0001$). Results for breastfeeding, low birth weight, preterm birth, and LOS were robust to unmeasured confounding. Reductions of 21% (95% CI, 13.6–28.3) for low birth weight births and 17.5% (95% CI, 11.2–23.8) for preterm births were associated with HBPB.

Conclusions:

Receipt of an unconditional prenatal income supplement was associated with positive outcomes. Placing conditions on income supplements may not be necessary to promote prenatal and perinatal health.

<http://pediatrics.aappublications.org/content/early/2016/05/10/peds.2015-2992>

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7. Families Affected by Parental Substance Use

Smith, V. C., & Wilson, C. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2), e2016157. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/early/2016/07/14/peds.2016-1575.full.pdf>

ABSTRACT:

Children whose parents or caregivers use drugs or alcohol are at increased risk of short- and long-term sequelae ranging from medical problems to psychosocial and behavioral challenges. In the course of providing health care services to children, pediatricians are likely to encounter families affected by parental substance use and are in a unique position to intervene. Therefore, pediatricians need to know how to assess a child's risk in the context of a parent's substance use. The purposes of this clinical report are to review some of the short-term effects of maternal substance use during pregnancy and long-term implications of fetal exposure; describe typical medical, psychiatric, and behavioral symptoms of children and adolescents in families affected by substance use; and suggest proficiencies for pediatricians involved in the care of children and adolescents of families affected by substance use, including screening families, mandated reporting requirements, and directing families to community, regional, and state resources that can address needs and problems.

<http://pediatrics.aappublications.org/content/pediatrics/early/2016/07/14/peds.2016-1575.full.pdf>

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III. CURRENT INITIATIVES

8. Professional Play and Decent Work for All

With support from the Atkinson Foundation's Decent Work Fund, the Association of Early Childhood Educators Ontario (AECEO) worked in partnership with the Atkinson Centre for Society and Child Development and the Ontario Coalition for Better Child Care (OCBCC) to develop and implement the *Professional Pay and Decent Work for All* Project. This project sought to develop a shared understanding of decent work and disseminate information to the early childhood education and care sector to foster a collective and empowered voice for progressive change through eight community mobilization forums across Ontario. These forums provided resources and professional learning in a respectful and positive space to encourage attendees to adopt leadership roles within the movement. The forums were designed to be stimulating, engaging and inclusive

of all professionals in the early childhood sector to foster participation and shared dialogue. The eight mobilization forums included four forums within the Greater Toronto Area (GTA) and four outside of the GTA. They were conducted in: Sault Ste. Marie, Scarborough, Brantford, Kingston, Durham Region, Peel Region, Waterloo Region, and Sudbury.

During each of the forums, participants were asked a series of questions, with the responses documented. The summary report will be formally presented at the AECEO's provincial conference this September in Ottawa. Information will also be posted online.

http://www.oise.utoronto.ca/atkinson/About_Us/What_We_Do/Professional_Pay_and_Decent_Work_for_All/index.html

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IV. UPCOMING EVENTS

9. Perinatal Loss

October 1, 2016: Ottawa, ON

This one-day workshop provides a solid foundation of theoretical and clinical knowledge to facilitate effective care of families experiencing a perinatal loss. This workshop also addresses the potential effects of perinatal loss on practitioners as a result of caring for bereaved families. This program is intended for providers who care for families who have experienced a perinatal loss (e.g. nurses, social workers, chaplains, midwives, genetic counselors, physicians, child life specialists, ultrasonographers, public health nurses, and funeral directors).

<https://cmnrrp.simplesignup.ca/en/1768/index.php?m=eventSummary>

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10. Demystifying FASD and other Neurobehavioural Conditions

October 17-19, 2016: Vaughan, ON

Participants will learn what FASD is and how it impacts the brain, how to reduce or eliminate the likelihood of challenging behaviours, information about overlapping diagnoses and how this informs systems, and how to develop individualized, person-centred accommodations that lead to success.

<http://www.fascetscanada.com/events/>

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V. RESOURCES

11. Communications Tactics Matrix

The Peel Children and Youth Initiative is pleased to be able to offer the following Communications Tactics Matrix to the community as a tool to assist smaller organizations – those that may or may not have access to their own marketing and communications staff - to easily access an extensive list of marketing and communications tactics and to provide a way for them to determine what tactics will be most cost-effective and useful. The matrix also provides suggestions for best methods of measurement, and helps to ensure the most effective use of limited resources.

<http://pcyi.org/resources/communications-tactics/>

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12. Video: Everyone has what it takes to be a Brain Builder

Did you know that parents and caregivers already have what it takes to become brain builders with their children? This inspiring video illustrates this concept and introduces an early learning initiative called Vroom.

<http://www.acesconnection.com/clip/everyone-has-what-it-takes-to-be-a-brain-builder-2-min-vroom>

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13. Self-Regulation versus Self-Control

This infographic was developed by Dr. Stuart Shanker and The MEHRIT Centre (2016) as part of a series of printable resources. The purpose of the resource is to draw a fundamental distinction between self-regulation and self-control.

- Self-regulation seeks to identify and reduce the causes of problems in mood, thought, and behaviour. Self-regulation is always searching for hidden stressors.
- Self-control seeks to inhibit or manage such problems only when they arise. Self-control looks only at surface behaviours.

The MERHRIT Centre offers many other resources on the topic of self-regulation such as a science backgrounder, a parent's guide, seven myths of self-regulation.

Self-regulation versus self-control: <http://self-reg.ca/wp-content/uploads/2016/07/Infographic-April-2016-Vs-self-control.pdf>
<http://self-reg.ca/self-reg/self-regknowledge-series/>

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14. Family Diversity in Canada 2016

(available in French)

The Vanier Institute of the Family released an infographic that provides a snapshot of modern families in Canada that highlights some of the many ways families are diverse:

- **67%** of families in Canada are married-couple families, **17%** are living common-law, and **16%** are lone-parent families – diverse family structures that continuously evolve
- **464,000** stepfamilies live across the country, accounting for **13%** of couples with children
- **363,000** households contain three or more generations, and there are also approximately **53,000** “skip-generation” homes (children and grandparents with no middle generation present)
- **1.4 million** people in Canada report having an Aboriginal identity (**61%** First Nations, **32%** Métis, **4.2%** Inuit, **1.9%** other Aboriginal identity, **0.8%** more than one Aboriginal identity)
- **360,000** couples in Canada are mixed unions,* accounting for **4.6%** of all married and common-law couples
- **65,000** same-sex couples were counted in the 2011 Census, **9.4%** of whom are raising children

- **68,000** people in Canada are in the CAF Regular Forces, half of whom have children under 18

EN: <http://vanierinstitute.ca/family-diversity-2016/>

FR: <http://institutvanier.ca/diversite-familiale-2016/>

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15. Let's Talk! Tips for Building Your Child's Speech and Language Skills (available in French)

This new video series is designed to help parents support and strengthen their children's developing communication skills. The series, available in English and French, demonstrates some of the communication milestones children should be reaching from infancy through age 5. It also offers tips and strategies on how parents can help develop their child's speech and language skills during this important period. The series is designed to play-back on desktops, laptops and mobile devices including tablets.

EN: <http://www.eohu.ca/talk/>

FR: http://www.eohu.ca/talk/index_f.html

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VI. FEATURED BEST START RESOURCES

16. Taking Care of Our Children, Facilitator Guide: Parent Workshop on Childrearing in First Nations Families and Communities

This online guide will help facilitators provide a parent workshop about childrearing in First Nations families, including information about the roles and responsibilities within First Nations families and communities related to childrearing. The guide includes contemporary and traditional parenting styles and approaches. It also shares information about ceremonies, guiding children, responding to the needs and behaviours of our children, ensuring safety and security, managing stress, etc.

<http://www.beststart.org/resources/aboriginal/TCoOC.pdf>

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17. Prenatal and Postpartum Health Resources

(available in French)

The Best Start Resource Centre offers a wide range of resources for service providers and parents on prenatal and postpartum health. Here are a few examples:

- [Prenatal Education - Key Messages for Ontario](#)
- [The Best Start Resource Centre Prenatal Web Watch](#)
- [What to Expect in the First Three Months - Information for New Parents](#)
- [The Delivery of Prenatal Education in Ontario: A Summary of Research Findings](#)
- [Healthy and safe sleep tips for infants 0-12 months - Did You Know?](#)
- [Giving Birth in a New Land - A guide for women new to Canada and their families - Booklet](#)
- [Obesity in Preconception and Pregnancy - Report](#)
- [How to Survive Morning Sickness Successfully - Booklet](#)

Go to our website to see the [full list of resources in English](#) and [French](#).

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About This Bulletin

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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.

[Ontario Prenatal Education Network](#) - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

[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](#)