

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](#). To manage your subscription, unsubscribe from the list-serv and access the list archives, [click here](#).

August 10, 2015

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I. NEWS & VIEWS

1. Health Canada proposes guidance to protect infants from algal toxins in drinking water

(Available in French)

This information update reports on the revised recommendation from Health Canada for parents to not use tap water when preparing infant formula during an algal bloom or when microcystins are present in drinking water. Instead of tap water, Health Canada proposes the use of bottled water, or an alternate source of drinking water, to ensure that formula is safe for infants. The altered recommendation is the result of an assessment performed by Health Canada and the United States Environmental Protection Agency.

EN: <http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2015/53821a-eng.php>

FR: <http://canadiensensante.gc.ca/recall-alert-rappel-avis/hc-sc/2015/53821a-fra.php>

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2. Nosode homeopathic labels must read ‘not vaccines or alternatives to vaccines’: Health Canada

This article (CBC News, 2015) reports on Health Canada's new regulations for labels on nosode homeopathic products. Nosodes, which are "ultradiluted forms of diseased tissue, pus, blood, or excretions from a sick person or animal," are occasionally presented as alternatives to vaccines. Health Canada's new rules will ensure that all nosode product labels must read: "This product is neither a vaccine nor an alternative to vaccination." These labels will also alert nosode consumers that Health Canada does not promote the use of nosodes and recommends that children receive routine vaccinations.

<http://www.cbc.ca/news/health/nosode-homeopathic-labels-must-read-not-vaccines-or-alternatives-to-vaccines-health-canada-1.3176008>

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3. Breastfeeding boost: New toolkit made available to family doctors

As reported by Jane Adey for CBC News (2015), Newfoundland and Labrador doctors are now being provided access to a toolkit to help promote breastfeeding across the province. The toolkit will provide educational support for doctors in the province with the lowest rate of breastfeeding. Dr. Anne Dровер and Dr. Amanda Prendergast, who contributed to the creation of the toolkit, are conducting one-on-one visits with doctors to deliver the guide and to provide instructions for implementing its recommendations.

More information is available on the [Baby-Friendly Newfoundland & Labrador](#) website.
<http://www.cbc.ca/news/canada/newfoundland-labrador/breastfeeding-boost-new-toolkit-made-available-to-family-doctors-1.3136099>

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4. Universal Child Care Benefit: What you need to know about these new payments

From CTV News, this article (Zilio, 2015) outlines the major features of the new Universal Child Care Benefit which was released to homes starting July 20th. The new benefit will provide parents with children aged 5 and under \$160 per month per child, a \$60 increase. The expanded benefit will also provide parents of children ages 6-17 \$60 per month per child. Parents who are not currently receiving UCCB cheques or the Canada Child Tax Benefit will need to register for the new benefit through the Canada Revenue Agency's website. The article also highlights some of the controversy surrounding the benefit, which is being released just prior to the upcoming federal election.

<http://www.ctvnews.ca/politics/universal-child-care-benefit-what-you-need-to-know-about-these-new-payments-1.2476588>

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II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

5. The influences of sedentary behaviour versus physical activity on cardiovascular health in pregnancy

Usselman, C. W., Hooper, B. J., Steinback, C. D., & Davenport, M. H. (2015). The influences of sedentary behaviour versus physical activity on cardiovascular health in pregnancy. *WellSpring: Sharing Physical Activity Knowledge*, 26(5). Retrieved from https://www.centre4activeliving.ca/media/filer_public/3a/51/3a5194cf-0516-4a9b-a8be-9f52551a16c8/2015-aug-pregnancy.pdf

SUMMARY:

This article identifies that physical inactivity and excessive sedentary behaviour time are two independent cardiovascular risk factors for women during pregnancy. Possible mechanisms for hypertensive disorders are explained. Further exploration of the mechanism is required prior to the development of specific guidelines for women during pregnancy.

https://www.centre4activeliving.ca/media/filer_public/3a/51/3a5194cf-0516-4a9b-a8be-9f52551a16c8/2015-aug-pregnancy.pdf

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6. Maternal report of advice received for infant care

Eisenberg, S. R., Bair-Merritt, M. H., Colson, E. R., Heeren, T. C., Geller, N. L., & Corwin, M. J. (2015). Maternal report of advice received for infant care. *Pediatrics*, 136(2), e315-e322. DOI:10.1542/peds.2015-0551

ABSTRACT:

BACKGROUND: Advice has been associated with increased adherence to recommended infant care practices and may represent a modifiable factor to promote infant health.

METHODS: A stratified, 2-stage, clustered design, with oversampling of black and Hispanic mothers, was used to survey a nationally representative sample of 1031 mothers of infants aged 2 to 6 months. Survey questions assessed advice received from doctors, birth hospital nurses, family, and media regarding immunization, breastfeeding, sleep position, sleep location, and pacifier use. Weighted frequencies of no advice and advice consistent with recommendations were calculated to obtain prevalence

estimates. Multivariable logistic regression analyses were performed to assess factors associated with receipt of recommendation consistent advice.

RESULTS: Although doctors were the most prevalent source of reported advice, ~20% of mothers reported no doctor advice for breastfeeding or sleep position, and more than 50% reported no advice regarding sleep location or pacifier use. Reported advice from nurses was generally similar to doctors. The prevalence of any advice from family or media was 20% to 56% for nearly all care practices, and advice given was often inconsistent with recommendation consistent advice were race/ethnicity and parity; black and Hispanic mothers and first-time mothers were more likely to report recommendation consistent advice.

CONCLUSIONS: Mothers commonly report receiving either no advice or recommendation inconsistent advice from each of the 4 sources we studied. By identifying care practices with low prevalence of recommendation consistent advice from potentially important advisors, our findings highlight opportunities for future intervention.

<http://pediatrics.aappublications.org/content/early/2015/07/21/peds.2015-0551.full.pdf+html>

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7. The effect of antenatal education in small classes on obstetric and psycho-social outcomes: A systematic review and meta-analysis protocol

Sjoberg Brixval, C., Forberg Axelsen, S., Kroger Andersen, S., Due, P., & Koushede, V. (2014). The effect of antenatal education in small classes on obstetric and psycho-social outcomes: A systematic review and meta-analysis protocol. *Systematic Reviews*, 3(12). <http://www.systematicreviewsjournal.com/content/3/1/12>

ABSTRACT:

BACKGROUND: The aims of antenatal education contain both outcomes related to pregnancy, birth and parenthood. Both content and methods of antenatal education have changed over time without evidence of effects on relevant outcomes. The effect of antenatal education in groups, with participation of a small number of participants, may differ from the effect of other forms of antenatal education. The latest Cochrane review, assessed as up-to-date in 2007, concluded that the effect of antenatal education for childbirth or parenthood or both remains largely unknown. This systematic review and meta-analysis aims to assess the effects of antenatal education in small groups on obstetric as well as psycho-social outcomes.

METHODS/DESIGN: Eligible studies include individually randomized as well as cluster-randomized trials irrespective of language, publication year, publication type, and publication status. Only interventions carried out in the Western world will be considered in this review. We will search the databases Medline, EMBASE, CENTRAL, CINAHL, Web of Science, and PsycINFO using relevant search terms. Two independent review

authors will extract data and assess risk of bias. Results will be presented as structured summaries of the included trials. A meta-analysis will be conducted. We will assess heterogeneity by using both the Chi-squared test and the I-squared statistic, and conduct subgroup analysis separately for various intervention types.

DISCUSSION: In healthcare systems with limited resources evidence of the effectiveness of services provided is important for decision making and there is a need for policy makers to implement changes in healthcare systems based on scientific evidence. The effectiveness of antenatal education in small classes is still questions. Therefore an up-to-date systematic review is needed. This systematic review protocol was registered within the International Prospective Register of Systematic Reviews (PROSPERO) as number CRD42013004319.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3924619/pdf/2046-4053-3-12.pdf>

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8. Impact of pre-pregnancy diabetes mellitus on congenital anomalies, Canada, 2002-2012

Liu, S., Rouleau, J., Léon, J. A., Sauve, R., Joseph, K. S., & Ray, J. G. (2015). Impact of pre-pregnancy diabetes mellitus on congenital anomalies, Canada, 2002-2012. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 34(5). Retrieved from <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-5/ar-01-eng.php>

ABSTRACT:

OBJECTIVE: To examine the impact of pre-pregnancy diabetes mellitus (DM) on the population birth prevalence of congenital anomalies in Canada.

METHODS: We carried out a population-based study of all women who delivered in Canadian hospitals (except those in the province of Quebec) between April 2002 and March 2013 and their live-born infants with a birth weight of 500 grams or more and/or a gestational age of 22 weeks or more. Pre-pregnancy type 1 or type 2 DM was identified using ICD-10 diagnostic codes. The association between DM and all congenital anomalies as well as specific congenital anomaly categories was estimated using adjusted odds ratios; the impact was calculated as a population attributable risk percent (PAR%).

RESULTS: There were 118 892 infants with a congenital anomaly among 2 839 680 live births (41.9 per 1000). While the prevalence of any congenital anomaly declined from 50.7 per 1000 live births in 2002/03 to 41.5 per 1000 in 2012/13, the corresponding PAR % for a congenital anomaly related to pre-pregnancy DM rose from 0.6% (95% confidence interval [CI]: 0.4-0.8) to 1.2% (95% CI: 0.9-1.4). Specifically, the PAR% for congenital cardiovascular defects increased from 2.3% (95% CI: 1.7-2.9) to 4.2% (95%

CI: 3.5-4.9) and for gastrointestinal defects from 0.8% (95% CI: 0.2-1.9) TO 1.4% (95% CI: 0.7-2.6) over the study period.

CONCLUSION: Although there has been a relative decline in the prevalence of congenital anomalies in Canada, the proportion of congenital anomalies due to maternal pre-pregnancy DM has increased. Enhancement of preconception care initiatives for women with DM is recommended.

EN: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-5/assets/pdf/ar-01-eng.pdf>

FR: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-5/ar-01-eng.php>

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9. The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review

Bohren, M. A., Vogel, J. P., Hunter, E. C., Lutsiv, O., Makh, S. K., Souza, J. P., ... Gulmezoglu, A. M. (2015). The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review. *PLOS Medicine*, 12(6), e1001847. doi:10.1371/journal.pmed.1001847

ABSTRACT:

Background: Despite growing recognition of neglectful, abusive, and disrespectful treatment of women during childbirth in health facilities, there is no consensus at a global level on how these occurrences are defined and measured. This mixed-methods systematic review aims to synthesize qualitative and quantitative evidence on the mistreatment of women during childbirth in health facilities to inform the development of an evidence-based typology of the phenomenon.

Methods and Findings: We searched PubMed, CINAHL, and Embase databases and grey literature using a predetermined search strategy to identify qualitative, quantitative, and mixed-methods studies on the mistreatment of women during childbirth across all geographical and income-level settings. We used a thematic synthesis approach to synthesize the qualitative evidence and assessed the confidence in the qualitative review findings using the CERQual approach. In total, 65 studies were included from 34 countries. Qualitative findings were organized under seven domains: (1) physical abuse, (2) sexual abuse, (3) verbal abuse, (4) stigma and discrimination, (5) failure to meet professional standards of care, (6) poor rapport between women and providers, and (7) health system conditions and constraints. Due to high heterogeneity of the quantitative data, we were unable to conduct a meta-analysis; instead, we present descriptions of study characteristics, outcome measures, and results. Additional themes identified in the quantitative studies are integrated into the typology.

Conclusions: This systematic review presents a comprehensive, evidence-based typology of the mistreatment of women during childbirth in health facilities, and

demonstrates that mistreatment can occur at the level of interaction between the woman and provider, as well as through systemic failures at the health facility and health system levels. We propose this typology be adopted to describe the phenomenon and be used to develop measurement tools and inform future research, programs, and interventions.

<http://www.plosmedicine.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pmed.1001847&representation=PDF>

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10. Screening women for intimate partner violence in healthcare settings*

O'Doherty, L., Hegarty, K., Ramsay, J., Davidson, L. L., Feder, G., & Taft, A. (2015). Screening women for intimate partner violence in healthcare settings. *Cochrane Database of Systematic Reviews*, 2015(7). doi:10.1002/14651858.CD007007.pub3.

ABSTRACT:

BACKGROUND: Intimate partner violence (IPV) damages individuals, their children, communities, and the wider economic and social fabric of society. Some governments and professional organisations recommend screening all women for IPV rather than asking only women with symptoms (case-finding). Here, we examine the evidence for whether screening benefits women and has no deleterious effects.

OBJECTIVES: To assess the effectiveness of screening for IPV conducted within healthcare settings on identification, referral, re-exposure to violence, and health outcomes for women, and to determine if screening causes any harm.

SEARCH METHODS: On 17 February 2015, we searched CENTRAL, Ovid MEDLINE, Embase, CINAHL, six other databases, and two trial registers. We also searched the reference lists of included articles and the websites of relevant organisations.

SELECTION CRITERIA: Randomised or quasi-randomised controlled trials assessing the effectiveness of IPV screening where healthcare professionals either directly screened women face-to-face or were informed of the results of screening questionnaires, as compared with usual care (which could include screening that did not involve a healthcare professional).

DATA COLLECTION AND ANALYSIS: Two authors independently assessed the risk of bias in the trials and undertook data extraction. For binary outcomes, we calculated a standardised estimation of the odds ratio (OR). For continuous data, either a mean difference (MD) or standardised mean difference (SMD) was calculated. All are presented with a 95% confidence interval (CI).

AUTHORS' CONCLUSIONS: The evidence shows that screening increases the identification of women experiencing IPV in healthcare settings. Overall, however, rates were low relative to best estimates of prevalence of IPV in women seeking healthcare.

Pregnant women in antenatal settings may be more likely to disclose IPV when screened; however, rigorous research is needed to confirm this. There was no evidence of an effect for other outcomes (referral, re-exposure to violence, health measures, lack of harm arising from screening). Thus, while screening increases identification, there is insufficient evidence to justify screening in healthcare settings. Furthermore, there remains a need for studies comparing universal screening to case-finding (with or without advocacy or therapeutic interventions) for women's long-term wellbeing in order to inform IPV identification policies in healthcare settings.

<http://www.ncbi.nlm.nih.gov/pubmed/26200817>

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III. CURRENT INITIATIVES

11. World Breastfeeding Week

(Available in French)

The 2015 World Breastfeeding Week, held this past August 1st through 7th, aimed to promote the importance of supporting women who breastfeed while working. Coordinated by the World Alliance for Breastfeeding Action, World Breastfeeding Week aimed to accomplish five key objectives: galvanise support from diverse sectors, promote ways that employers can become more baby- and mother-friendly, inform people about global maternity protection entitlements, strengthen practices that enable all working women to breastfeed, and engage with Trade Unions and Workers Rights Organizations regarding these issues. Follow [#WBW2015](#) on Twitter to find out more about the range of initiatives coordinated throughout the week.

<http://worldbreastfeedingweek.org/>

Related links:

- **WBW 2015 - Women and Work, Let's Make it Work:** This blog post from *Breastfeeding Medicine* explains the history of the week and provides some background related to this year's theme of providing welcoming breastfeeding spaces in the workplace.
<https://bfmed.wordpress.com/2015/08/02/wbw-2015-women-and-work-lets-make-it-work/>
- **Few women meet their own goals – Readings for World Breastfeeding Week:** This blog post from *PLOS Medicine* describes some of the “booby traps” that women face that may impede them in their attempt to breastfeed.
<http://blogs.plos.org/publichealth/2015/08/04/few-women-meet-their-own-goals-readings-for-world-breastfeeding-week/>

- **Tips on breastfeeding at work for World Breastfeeding Week:** This article from Unicef UK emphasizes the importance of time, space and support to promote continuation of breastfeeding after women return to work or study.
<http://blogs.unicef.org.uk/2015/07/31/baby-friendlyworld-breastfeeding-week/>
- **Thousands of Women will Breastfeed in Public to Kick off World Breastfeeding Week:** From Time magazine, this article provides details about "The Big Latch On," the annual worldwide event where women breastfeed simultaneously to commemorate the start of World Breastfeeding Week.
<http://time.com/3981187/world-breastfeeding-week/>
- **#WBW2015: Celebrate World Breastfeeding Week with FREE JHL Access on Breastfeeding and Work:** *The Journal of Human Lactation* is making freely available several articles specifically related to breastfeeding in the workplace.
<http://lactationmatters.org/2015/08/04/wbw2015-celebrate-world-breastfeeding-week-with-free-jhl-access-on-breastfeeding-and-work/>

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12. International Fetal Alcohol Spectrum Disorder Awareness Day

International Fetal Alcohol Spectrum Disorder Awareness Day is held every year on September 9th (09/09). This day was chosen to commemorate the nine months of pregnancy, and the importance for pregnant mothers of abstaining from alcohol during these nine months. FAS World recommends several key activities people can do to promote awareness of FASD. The organization suggests partnering with other activists and organizations, contacting reporters to provide interviews about the day, arranging support groups or organizing public information booths.

<http://www.fasday.com/>

Related events:

- **Community dance for International Fetal Alcohol Spectrum Disorder Awareness Day**
September 9, 2015: Hamilton, ON
Hosted by the Hamilton Regional Indian Centre, this free event is designed to raise awareness about the dangers of drinking alcohol during pregnancy.
<http://www.fasdontario.ca/cms/event/community-dance-for-international-fetal-alcohol-spectrum-disorder-awareness-day/>
- **FREE webinar: Fetal Alcohol Spectrum Disorder & Employment – Supporting Adults with FASD on the Job:**
August 11, 2015: Webinar
This webinar will address challenges facing individuals with FASD in attaining employment, and will also highlight employment-related success stories. Webinar attendees will learn strategies for working with and supporting individuals with FASD in the workplace.
<https://attendee.gotowebinar.com/register/6821429880510347777>

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IV. UPCOMING EVENTS

13. Early Childhood Education and Care in New Zealand: What have we done right and What are we doing wrong for young children and families?

September 3, 2015: Toronto, ON

Linda Mitchell, an Associate Professor and Director of the Early Years Research Centre at the University of Waikato in New Zealand will discuss New Zealand's unique approach to early childhood education, specifically its use of the Te Whāriki curriculum framework. Mitchell is currently completing a four year project on how disadvantaged children can participate in early childhood education. Her research interests include the marketization and commercialisation of children. This workshop will also discuss advocacy initiatives from New Zealand which have influenced public policies.

http://www.oise.utoronto.ca/atkinson/Events/2015_Events/Early_Childhood_Education_Care_in_New_Zealand.html

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14. NeuroDevNet 2015 Brain Development Conference

September 19-21, 2015: Ottawa, ON

This annual three-day conference will feature presentations regarding the latest research about neurodevelopmental disorders from researchers across North America. The keynote address by Dr. Steven Scherer will address the impact of genome sequencing on autism research. The conference will also feature in-depth discussions on the impact of sleep and movement on the lives of children with neurodisabilities and their families. Prior to the conference, participants can also partake in pre-conference events such as the 16th Annual Meeting of the Fetal Alcohol Canadian Expertise (FACE) Research Network, and a range of activities held in the nation's capital for Brain Health Awareness Week.

<http://braindev2015.neurodevnet.ca/program.html>

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15. Training Enhancement in Applied Cessation Counselling and Health (TEACH)

September 21-25, 2015: Toronto, ON

The Training Enhancement in Applied Cessation Counselling and Health (TEACH) Project is hosting one 3-day core course and two two-day Specialty Courses to enhance practitioner knowledge of evidence-based tobacco cessation interventions. The core course will provide a comprehensive look at strategies for treating tobacco use disorder. Participants will then have the option of selecting one of two specialty courses: Integrated Chronic Disease Management and Prevention, which discusses a person-centred approach to addressing tobacco, or Tobacco Interventions with Youth and Young Adults.

<https://www.nicotinedependenceclinic.com/English/teach/Pages/Home.aspx>

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16. Creating a New Legacy: Aboriginal Mental Health & Wellness Conference

October 6-7, 2015: Brandon, MB

This two day event is designed to share knowledge and skills regarding the creation of culturally safe services with and for Indigenous people. Sessions will feature discussions about the gaps in child and adolescent health services, trends in substance use among Aboriginal peoples, and how to renew parenting skills using traditional teachings and values. Speakers include Dr. Brenda Restoule, Chair of the Native Mental Health Association of Canada, Dr. Chandrakant Shah, Project Director of the Aboriginal Cultural Safety Initiative, and life skills coach, Janet Fox.

<http://creatinganewlegacy2015.ca/>

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17. T4 Health – Triage, Transport, Treatment & Transition

October 6, 2015: Toronto, ON

Hosted by SickKids, The inaugural Inter-Professional Neonatology Conference will discuss neonatal brain health, neonatal nutrition and neonatal respiratory care at various points throughout the care continuum. Sessions will focus on a collaborative practice model of care that emphasizes the importance of drawing on expertise from all team members to guide best practice. Neonatologists, pediatricians, nurses and advanced practice RNs, respiratory therapists and other allied health care professionals are invited to attend.

<http://www.cvent.com/events/t4-health-triage-transport-treatment-transition/event-summary-5fd719aa281541bfa710012d9458688d.aspx>

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18. Linking for Healthy Communities: Action for Change

November 12 & 13: Toronto, ON

Registration is now open for HC Link's 2015 conference. The aim of the conference is to encourage participants to connect with people working in healthy communities, learn new skills and tools to promote change, and share experiences and ideas with others. Pendleton Translations will provide simultaneous interpretation at the conference. Keynote presentations will be given by community choreographer, Dave Meslin, and veteran community leader David Courtemanche. Concurrent sessions will discuss topics including active outdoor play, and how to communicate evaluation results. The conference will also feature sixteen 15 minute storytelling presentations to discuss innovative ideas and new evidence from the field.

<http://www.hclinkontario.ca/events/conferences1.html>

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V. RESOURCES

19. Resources from AIA National Resource Centre

- **Promoting Maternal-Fetal Attachment with Women Affected by HIV and/or Substance Use:** This presentation in Prezi format will highlight the importance of maternal-fetal attachment and discuss ways to promote attachment with women who are HIV positive or who use substances.
<http://aia.berkeley.edu/training/online/prezi/>
- **Research to Practice Brief - Supporting Mothers to Prevent Subsequent Prenatal Substance Use:** This document provides key strategies to help prevent mothers who have previously delivered substance-exposed babies from doing the same for subsequent pregnancies.
<http://aia.berkeley.edu/media/pdf/supporting%20mothers.pdf>
- **Resource for Educators Working with Substance Exposed Children:** This handout provides a concise list of key resources educators can use when providing services for substance exposed children.
<http://aia.berkeley.edu/media/roundup/Resources%20for%20Educators%20Working%20with%20SEN.pdf>

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20. Child Development Assessment Scale

(Available in French)

Offered and distributed by the Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP), the Child Development Assessment Scale (CDAS) can be used to assess children 0 to 5 years of age for cognitive, motor and social-emotional delays. The scale allows for practitioners to conduct an objective assessment of a child's skills by requiring them to perform a series of specific tasks. The CDAS comes in the form of a kit that includes a user guide, vignette booklet and all the materials required for children to perform the tasks. Included in the kit is a USB drive that contains scoring checklists, a correction tool and report templates that can be used to track and display the child's results.

EN: <http://www.ged-cdas.ca/>FR: <http://www.ged-cdas.ca/fr/>[\[Return to top\]](#)**21. Why did some animals evolve milk and breastfeeding?**

(Available in French)

This report from BBC Earth presents a comprehensive and well-researched history of the origins of breastfeeding, and explores why certain groups of animals rely on milk to feed their babies, while others, like birds do not. The report provides examples of the numerous instances of breastfeeding in the natural world and traces the first mammary glands to animals that transitioned from water to land.

<http://www.bbc.com/earth/story/20150725-breastfeeding-has-ancient-origins>[\[Return to top\]](#)**22. NOFAS Recorded Webinar: The role of the social worker in preventing, identifying and treating FASD**

This webinar recording explores how social workers can prevent, identify and treat Fetal Alcohol Spectrum Disorders, including the use of alcohol screening to prevent alcohol-exposed pregnancies, as well as strategies to identify clients who may present with symptoms of FASD. The presentation was delivered by Dr. Tenku Lepper, the Director for the National Mental and Reproductive Health FASD Practice Implementation Center (MRPIC).

<https://www.youtube.com/watch?v=xJYcCJZf63A&feature=youtu.be>[\[Return to top\]](#)

23. Foundations for RECE Practice in Full Day Kindergarten

This three-part webinar series will explore strategies for early childhood educators to apply principles and learning approaches in the Early Learning Framework to the Full Day Kindergarten program. **ECE Principles in Full Day Kindergarten** will discuss principles in the Ontario Early Years Policy Framework and how these principles should influence decision-making in the full-day kindergarten classroom. **The Learning Community in Full Day Kindergarten** will explore ways Early Childhood Educators can work together to support early learning, and **Learning Approaches in Full Day Kindergarten** will look at how the full day kindergarten program encourages inquiry-based learning. All webinars are available on demand and are free for AECEO members.

http://www.aecko.ca/foundations_in_fdk

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VI. FEATURED BEST START RESOURCES

24. My Breastfeeding Guide

(Available in French)

My Breastfeeding Guide has information and answers questions expectant or new parents may have about breastfeeding. Practitioners should invite new mothers to share this guide with the people who support them.

EN: <http://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B20-E>

FR : <http://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B20-F>

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25. When Children Speak More Than One Language

(Available in French)

This resource has recently been translated into eight new languages including Arabic, Chinese, Hindi, Punjabi, Spanish, Tagalog, Tamil and Urdu. Translations in Ojibway and Cree are forthcoming. Parents or children who will learn two or more languages may have questions regarding language acquisition. This guide will help practitioners to share evidence-based information with these parents. Language is the best tool to help a child do well later in school and in life.

EN: <http://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=K51-E>

FR : <http://www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=K51-E>

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26. Managing Depression: A Self-Help Skills Resource for Women Living with Depression during Pregnancy, After Delivery and Beyond

(Available in French)

This workbook is for women living with depression during pregnancy, after delivery and beyond, and their clinicians or service providers. It provides information about depression and health lifestyle behaviours, and skills for managing depression. Concerned partners, family members or friends may also find this resource helpful.

EN: http://www.beststart.org/resources/ppmd/DepressionWorkbookFinal_15APR30.pdf

FR:http://www.beststart.org/resources/ppmd/DepressionWorkbookFinalFR_15MAY01.pdf

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27. Prenatal Education in Ontario: Fact Sheets

(Available in French)

To support the development of prenatal education key messages and tools, Best Start Resource Centre gathered information from multiple sources in 2014. Collectively these sources provided key information on the delivery of prenatal education in Ontario. This information explored the current status of prenatal education in Ontario and identified existing gaps and needs. The following fact sheets share highlights from this review, and include recommendations for prenatal education in Ontario.

English:

- [Fact Sheet 1: The Evidence for Prenatal Education](#)
- [Fact Sheet 2: Prenatal Education Class Participation](#) (Updated in 2015 to include BORN data from 2013/14)
- [Fact Sheet 3: A Parent's and Provider's Perspective](#)
- [Fact Sheet 4: Concerns and Needs of Prenatal Educators](#)

French:

- [Fiche d'information 1 : Données relatives à l'éducation prénatale](#)
- [Fiche d'information 2 : Participation aux cours prénataux](#) (En 2015, les renseignements du BORN ont été mis à jour avec les données de 2013/14)
- [Fiche d'information 3 : Point de vue des parents et des fournisseurs de services](#)
- [Fiche d'information 4 : Préoccupations et besoins des animateurs de cours prénataux](#)

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28. Save the Date! – Best Start Resource Centre Conference 2016

Feb. 17-19: Toronto, ON

The Best Start Resource Centre team is pleased to announce our 2016 annual conference which will be held in Toronto from **Feb. 17th to Feb. 19th**. The conference addresses issues of interest to service providers working in the areas of preconception health, prenatal health and early child development. Acquire the latest information, learn innovative strategies and programs, and meet new colleagues.

We look forward to seeing you in February 2016!

Details about the program and registration will be posted on our website in the coming months.

Our 2015 conference was a huge success. View last year's [post conference coverage](#) to learn more.

<http://en.beststart.org/event/2016-annual-best-start-resource-centre-conference>

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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.

Information on the MNCHP Network: Email mnchp@healthnexus.ca or visit <http://www.beststart.org/services/information.html>

To manage your subscription, unsubscribe from the list-serv and access the MNCHP archives: <http://lists.beststart.org/listinfo.cgi/mnchp-beststart.org>

To submit items for MNCHP Bulletins: Email mnchp@healthnexus.ca

Contact Us

Best Start Resource Centre: http://beststart.org/index_eng.html

Health Nexus: <http://en.healthnexus.ca/>

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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](#)