December 2016

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.

**Please note that the Best Start Resource Centre does not endorse or recommend any events, training, resources, services, research or publications of other organizations.*

Happy Holidays!

The Best Start Resource Centre wishes you a wonderful holiday season and a healthy new year! We would like to thank all of our partners for their excellent work and dedication.

In this issue:

I. News & Views

A Multivitamin May Dramatically Lower the Risk of Miscarriage

This article (Nutrition Action 2016) describes a study that examines the possible risk factors for miscarriage. Researchers found that advanced maternal age and higher caffeine consumption seemed to increase the risk of miscarriage. Women who took a multivitamin or prenatal vitamin daily before becoming pregnant cut their risk of miscarriage in half. Researchers warn that this is based on observational data and there could be other factors at play.

Read the article

II. Recent Reports & Research

The Management of Nausea and Vomiting of Pregnancy
(Society of Obstetricians and Gynaecologists of Canada 2016)

ABSTRACT

Objectives

To review the evidence-based management of nausea and vomiting of pregnancy and hyperemesis gravidarum.

Evidence

MEDLINE and Cochrane database searches were performed using the medical subject headings of treatment, nausea, vomiting, pregnancy, and hyperemesis gravidarum. The quality of evidence reported in these guidelines has been described using the Evaluation of Evidence criteria outlined in the Report of the Canadian Task Force on Preventative Health Care.

Benefits

Nausea and vomiting of pregnancy has a profound effect on women's health and quality of life during pregnancy as well as a financial impact on the health care system, and its early recognition and management is recommended.

Cost

Costs, including hospitalizations, additional office visits, and time lost from work, may be reduced if nausea and vomiting in pregnancy is treated early.

Recommendations

1. Women experiencing nausea and vomiting of pregnancy may discontinue iron-containing prenatal vitamins during the first trimester and substitute them with folic acid or adult or children's vitamins low in iron. (II-2A)
2. Women should be counselled to eat whatever pregnancy-safe food appeals to them and lifestyle changes should be liberally encouraged. (III-C)
3. Ginger may be beneficial in ameliorating the symptoms of nausea and vomiting of pregnancy. (I-A)

4. Acupressure may help some women in the management of nausea and vomiting of pregnancy. (I-B)
5. Mindfulness-based cognitive therapy as an adjunct to pyridoxine therapy may be beneficial. (I-B)
6. Pyridoxine monotherapy or doxylamine/pyridoxine combination therapy is recommended as first line in treating nausea and vomiting of pregnancy due to their efficacy and safety. (I-A)
7. Women with high risk for nausea and vomiting of pregnancy may benefit from preemptive doxylamine/pyridoxine treatment at the onset of pregnancy. (I-A)
8. H_1 receptor antagonists should be considered in the management of acute or chronic episodes of nausea and vomiting of pregnancy. (I-A)
9. Metoclopramide can be safely used as an adjuvant therapy for the management of nausea and vomiting of pregnancy. (II-2B)
10. Phenothiazines are safe and effective as an adjunctive therapy for severe nausea and vomiting of pregnancy. (I-A)
11. Despite potential safety concerns of ondansetron use in pregnancy, ondansetron can be used as an adjunctive therapy for the management of severe nausea and vomiting of pregnancy when other antiemetic combinations have failed. (II-1C)
12. Corticosteroids should be avoided during the first trimester because of possible increased risk of oral clefting and should be restricted to refractory cases. (I-B)
13. When nausea and vomiting of pregnancy is refractory to initial pharmacotherapy, investigation of other potential causes should be undertaken. (III-A)

Read the Clinical Practice Guideline by the Society of Obstetricians and Gynaecologists of Canada

***Does Poverty Shape the Brain?**
(Scientific American Mind Jan/Feb 2017)

ABSTRACT

The article offers information on the implications for educators and society to prevent psychological thinking of belonging to poor family. Topics discussed include examining how socioeconomic status (SES) influence the normal course of brain development; a study by neuroscientist Marian Diamond that showed that rearing rats in an impoverished environment lack toys and opportunities to socialize; and boosting of cognitive functions through classroom activities.

Read more about how to access the Scientific American article

Postpartum Health and Wellness: A Call for Quality Woman-Centered Care*

(Verbiest et al. 2016)

ABSTRACT

Introduction

The first 3 months after giving birth can be a challenging time for many women. The Postpartum Health and Wellness special issue explores this period, one that is often overlooked and under-researched.

Methods
This issue is designed to bring greater focus to the need for woman-centered care during

the postpartum period. Articles in this issue focus on four key areas: (1) the postpartum visit and access to care, (2) the content of postpartum care and postpartum health concerns, (3) interconception care including contraception, and (4) policy, systems, and measurement.

Results
The submissions highlight deficits in the provision of comprehensive care and services during a critical period in women's lives. The research highlighted in this issue supports the recommendation that Maternal and Child Health leaders collaborate to create woman-centered postpartum services that are part of a coordinated system of care.

Conclusion
In order to achieve optimal health care in the postpartum period it is becoming more apparent that increased flexibility of services, cross-training of providers, a "no wrong door" approach, new insurance and work-place policy strategies, improved communication, and effective coordinated support within a system that values all women and families is required.

Read the abstract

Kangaroo Mother Care to Reduce Morbidity and Mortality in Low Birthweight Infants (Conde-Agudelo, and Diaz-Rosello2016).

ABSTRACT

Background

Kangaroo mother care (KMC), originally defined as skin-to-skin contact between a mother and her newborn, frequent and exclusive or nearly exclusive breastfeeding, and early discharge from hospital, has been proposed as an alternative to conventional neonatal care for low birthweight (LBW) infants.

Objectives

To determine whether evidence is available to support the use of KMC in LBW infants as an alternative to conventional neonatal care before or after the initial period of stabilization with conventional care, and to assess beneficial and adverse effects.

Search Methods

We used the standard search strategy of the Cochrane Neonatal Review Group. This included searches in CENTRAL (Cochrane Central Register of Controlled Trials; 2016, Issue 6), MEDLINE, Embase, CINAHL (Cumulative Index to Nursing and Allied Health Literature), LILACS (Latin American and Caribbean Health Science Information database), and POPLINE (Population Information Online) databases (all from inception to June 30, 2016), as well as the WHO (World Health Organization) Trial Registration Data Set (up to June 30, 2016). In addition, we searched the web page of the Kangaroo Foundation, conference and symposia proceedings on KMC, and Google Scholar.

Selection Criteria

Randomized controlled trials comparing KMC versus conventional neonatal care, or early-onset KMC versus late-onset KMC, in LBW infants.

Data Collection and Analysis

Data collection and analysis were performed according to the methods of the Cochrane Neonatal Review Group.

Main Results

Twenty-one studies, including 3042 infants, fulfilled inclusion criteria. Nineteen studies evaluated KMC in LBW infants after stabilization, one evaluated KMC in LBW infants before stabilization, and one compared early-onset KMC with late-onset KMC in relatively stable LBW infants. Sixteen studies evaluated intermittent KMC, and five evaluated continuous KMC.
KMC versus conventional neonatal care: At discharge or 40 to 41 weeks' postmenstrual age, KMC was associated with a statistically significant reduction in the risk of mortality (risk ratio [RR] 0.60, 95% confidence interval [CI] 0.39 to 0.92; eight trials, 1736 infants), nosocomial infection/sepsis (RR 0.35, 95% CI 0.22 to 0.54; five trials, 1239 infants), and hypothermia (RR 0.28, 95% CI 0.16 to 0.49; nine trials, 989 infants; moderate-quality evidence). At latest follow-up, KMC was associated with a significantly decreased risk of mortality (RR 0.67, 95% CI 0.48 to 0.95; 12 trials, 2293 infants; moderate-quality evidence) and severe infection/sepsis (RR 0.50, 95% CI 0.36 to 0.69; eight trials, 1463 infants; moderate-quality evidence). Moreover, KMC was found to increase weight gain (mean difference [MD] 4.1 g/d, 95% CI 2.3 to 5.9; 11 trials, 1198 infants; moderate-quality evidence), length gain (MD 0.21 cm/week, 95% CI 0.03 to 0.38; three trials, 377 infants) and head circumference gain (MD 0.14 cm/week, 95% CI 0.06 to 0.22; four trials, 495 infants) at latest follow-up, exclusive breastfeeding at discharge or 40 to 41 weeks' postmenstrual age (RR 1.16, 95% CI 1.07 to 1.25; six studies, 1453 mothers) and at one to three months' follow-up (RR 1.20, 95% CI 1.01 to 1.43; five studies, 600 mothers), any (exclusive or partial) breastfeeding at discharge or at 40 to 41 weeks' postmenstrual age (RR 1.20, 95% CI 1.07 to 1.34; 10 studies, 1696 mothers; moderate-quality evidence) and at one to three months' follow-up (RR 1.17, 95% CI 1.05 to 1.31; nine studies, 1394 mothers; low-quality evidence), and some measures of mother-infant attachment and home environment. No statistically significant differences were found between KMC infants and controls in Griffith quotients for psychomotor development at 12 months’ corrected age (low-quality evidence). Sensitivity analysis suggested that inclusion of studies with high risk of bias did not affect the general direction of findings nor the size of the treatment effect for main outcomes.
Early-onset KMC versus late-onset KMC in relatively stable infants: One trial compared early-onset continuous KMC (within 24 hours post birth) versus late-onset continuous KMC (after 24 hours post birth) in 73 relatively stable LBW infants. Investigators reported no significant differences between the two study groups in mortality, morbidity, severe infection, hypothermia, breastfeeding, and nutritional indicators. Early-onset KMC was associated with a statistically significant reduction in length of hospital stay (MD 0.9 days, 95% CI 0.6 to 1.2).

Authors’ Conclusions

Evidence from this updated review supports the use of KMC in LBW infants as an alternative to conventional neonatal care, mainly in resource-limited settings. Further information is required concerning the effectiveness and safety of early-onset continuous KMC in unstabilized or relatively stabilized LBW infants, as well as long-term neurodevelopmental outcomes and costs of care.

Read the report

Avoidance of Bottles During the Establishment of Breast Feeds in Preterm Infants
(Collins et al 2016)

ABSTRACT

Background

Preterm infants start milk feeds by gavage tube. As they mature, sucking feeds are gradually introduced. Women who choose to breast feed their preterm infant are not always able to be in hospital with their baby and need an alternative approach to feeding. Most commonly, milk (expressed breast milk or formula) is given by bottle. Whether using bottles during establishment of breast feeds is detrimental to breast feeding success is a topic of ongoing debate.

Objectives

To identify the effects of avoidance of bottle feeds during establishment of breast feeding on the likelihood of successful breast feeding, and to assess the safety of alternatives to bottle feeds.

Search methods

We used the standard search strategy of the Cochrane Neonatal Review Group to search the Cochrane Central Register of Controlled Trials (CENTRAL; 2016, Issue 2), MEDLINE via PubMed (1966 to July 2016), Embase (1980 to July 2016) and CINAHL (1982 to July 2016). We also searched databases of clinical trials and the reference lists of retrieved articles for randomised controlled trials and quasi-randomised trials.

Selection criteria

Randomised and quasi-randomised controlled trials comparing avoidance of bottles with use of bottles in women who have chosen to breast feed their preterm infant.

Data collection and analysis

Two review authors independently assessed trial quality and extracted data. When appropriate, we contacted study authors for additional information. Review authors used standard methods of The Cochrane Collaboration and the Cochrane Neonatal Review Group.

Main results

We included seven trials with 1152 preterm infants. Five studies used a cup feeding strategy, one used a tube feeding strategy and one used a novel teat when supplements to breast feeds were needed. We included the novel teat study in this review, as the teat was designed to more closely mimic the sucking action of breast feeding. The trials were of small to moderate size, and two had high risk of attrition bias. Adherence with cup feeding was poor in one of the studies, indicating dissatisfaction with this method by staff and/or parents; the remaining four cup feeding studies provided no such reports of dissatisfaction or low adherence. Meta-analyses provided evidence of low to moderate quality indicating that avoiding bottles increases the extent of breast feeding on discharge home (full breast feeding typical risk ratio (RR) 1.47, 95% confidence interval (CI) 1.19 to 1.80; any breast feeding RR 1.11, 95% CI 1.06 to 1.16). Limited available evidence for three months and six months post discharge shows that avoiding bottles increases the occurrence of full breast feeding and any breast feeding at discharge and at six months post discharge, and of full (but not any) breast feeding at three months post discharge. This effect was evident at all time points for the tube alone strategy and for all except any breast feeding at three

months post discharge for cup feeding. Investigators reported no clear benefit when the novel teat was used. No other benefits or harms were evident, including, in contrast to the previous (2008) review, length of hospital stay.

Authors' conclusions

Evidence of low to moderate quality suggests that supplementing breast feeds by cup increases the extent and duration of breast feeding. Current insufficient evidence provides no basis for recommendations for a tube alone approach to supplementing breast feeds.

Read the full article

III. Current Initiatives

Include Health in Environmental Assessments: Sign by noon (EST) Dec. 23, 2016

Why health needs to be included in environmental assessments

The Minister of Environment and Climate Change Canada has established an Expert Panel Review of Environmental Assessment (EA) Processes that will consider key issues such as what a federal EA should achieve and how it can function better. Key factors identified for consideration include the environment, social factors and the economy; health is not mentioned.

It is proposed that a Health Impact Assessment integrated within the mandate of EA processes could provide a crucial framework to better reflect the well-being of people and communities.

A small working group of researchers, physicians and public health practitioners have developed a submission to the Expert Panel and we are encouraging other health professionals and health organizations who support this approach to sign on to the document. Given time constraints, we are no longer accepting edits to the document.

Download the document

Please review the document and, if you wish to support this initiative, please provide your feedback

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IV. Upcoming Events

Postpartum Doula Training

January 16-17, 2017: Edmonton, AB
Learn more about the training

Certificate Program in Children's Grief and Bereavement: When Grief Gets More Complicated: Module 4
January 17, 2017: Toronto, ON

Hincks-Dellcrest Institute is hosting a workshop to support grieving children and youth, particularly those with complicated histories (e.g. trauma, learning disabilities, autism spectrum disorder, etc.). In addition, this workshop will show participants how to identify characteristics of complicated grief in children and youth.
Learn more about the program

Online Workshop - Focusing on Play
January 19 - February 1, 2017: Online

The Association of Early Childhood Educators of Ontario and Red River College are offering a flexible online workshop focusing on the importance of play in early childhood education. This workshop will cover strategies for providing play opportunities for children and will discuss the important role that play has in learning and development in the early years.
Register for the online workshop

2017 Best Start Resource Centre Conference - Earn CAPPA Contact Hours and CERPs. Application has been made for ICEA Contact Hours!
Early Bird Rates End Jan. 9, 2017!
February 8-10, 2017: Toronto, ON
Don't miss out on early bird rates! Register now!

The 7th International Meeting on Indigenous Child Health
March 31 - April 2, 2017: Denver, Colorado
See the conference program

V. Resources

Focus On: Alcohol Warning Labels and FASD

Can alcohol warning labels influence pregnant women to be more aware of Fetal Alcohol Spectrum Disorder and even change behaviours? This Focus On provides insight on current research and implications for practice.

Read Focus On

What Are Hypertensive Disorders of Pregnancy?

This document is based on information from the Association of Ontario Midwives (AOM) Clinical Practice Guideline No. 15 - Hypertensive Disorders of Pregnancy (2012)

Download the handout from the AOM in English, French, Arabic, Farsi, Spanish and Simplified Chinese

VI. Featured Resources by the *Best Start Resource Centre*

Mixing Alcohol and Breastfeeding – Handout

This handout is a resource for mothers and their partners to help them make an informed choice when it comes to drinking alcohol while breastfeeding.

Available in English, French, Arabic, Chinese (Simplified), Cree, Hindi, Ojibway, Punjabi, Spanish, Tagalog, Tamil and Urdu

Planning for Change, Facilitator Guide: Workshop for First Nations Women about FASD Prevention and Skills for Change – Booklet

This resource was developed to guide facilitators in planning and presenting a workshop about Fetal Alcohol Spectrum Disorder (FASD) prevention and skills for change for First Nations women.

Available in PDF

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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.
- **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** - 0ur blog keeps you informed of news and topics related to health promotion.
- **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.

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.