

# 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](#).*

**July 10, 2015**

*The next bulletin will be released August 7, 2015.*

**In this month's issue:**

## **I. NEWS & VIEWS**

1. [Here's what parents, patients think researchers should study in Canada](#)
2. [Ontario to review the Child and Youth Residential Service System](#) (Available in French)
3. [Government increasing Ontario Child Benefit to help 500 000 families](#) (Available in French)  
[C-sections may increase babies' risk of chronic health issues: study](#)

## **II. RECENT REPORTS AND RESEARCH**

4. [Child and youth health data sources project: Summary of process and findings](#)
5. [Clearing the smoke on cannabis: Maternal cannabis use during pregnancy](#)
6. [Rates of prenatal screening across health care regions in Ontario, Canada: A retrospective cohort study](#)
7. [A physiological approach to the timing of umbilical cord clamping at birth](#)
8. [Approaches to supporting lactation and breastfeeding for very preterm infants in the NICU: A qualitative study in three European regions](#)
9. [Information seeking during pregnancy: Exploring the changing landscape and planning for the future](#)

## **III. CURENT INITIATIVES**

10. [Strongest Families Study](#) (Available in French)
11. [Canada's Parks Day](#) (Available in French)

## **IV. UPCOMING EVENTS**

12. [NRC Virtual Office Hour: Navigating the NRC Navigator](#)
13. [16<sup>th</sup> Annual Meeting of the Fetal Alcohol Canadian Expertise \(FACE\) Research Network](#)
14. [One Size Does Not Fit All: Customizing Care for Breastfeeding Families](#)
15. [3<sup>rd</sup> Annual Infant Mental Health: \(IMH-101\) The Basics](#)
16. [BFI Train-the-Trainer 20-Hour-Course Workshop](#)

## **V. RESOURCES**

17. [2015 Travers Fellowship Series: Is Canada's foreign aid focus working](#)
18. [Eat Less, Eat Better... is it that simple? Conference eBook](#)
19. [A Booster for Vaccine-Confidence: Effective Counselling for the Hesitant Patient](#)
20. [Shelter Safe](#) (Available in French)
21. [Recent videos](#)

## **VI. FEATURED BEST START RESOURCES**

22. [Breastfeeding in Ontario: Evaluating Breastfeeding Programs and Initiatives Fact Sheet #5](#) (Available in French)
23. [Ontario Prenatal Education Network](#)
24. [Prenatal Education Web Watch](#)

---

# **I. NEWS & VIEWS**

---

## **1. Here's what parents, patients think researchers should study in Canada**

As reported in this article (Chai, 2015), a recent study from the Hospital for Sick Children identified key issues related to child health and development that they believe researchers should study. These issues include healthy amounts of screen time, positive discipline strategies, and safe sleep. The study, conducted by lead researcher Dr. Mikael Katz-Lavigne, highlights the importance of involving the public in health research with the goal of using funding dollars wisely, and reducing duplication of efforts. Katz-Lavigne will submit the results of his study to funding organizations and research institutes in the hopes that the results "may lead to outcomes that are directly relevant to health care consumers."

<http://globalnews.ca/news/2074465/heres-what-parents-patients-think-researchers-should-study-in-canada/>

[\[Return to top\]](#)

## **2. Ontario to review the Child and Youth Residential Service System**

(Available in French)

This news brief (Ministry of Children and Youth Services, 2015) announces the government's decision to launch a review of the child and youth residential service system, which includes group homes, foster homes, provincially operated facilities and 60 youth justice open and secure custody or detention facilities. The aim of the review is to build on work currently being done to improve the child welfare, youth justice, mental health and special needs sectors. There are a number of reasons why a child may be cared for in a residential setting, including developmental or physical challenges, medical conditions, behavioural difficulties or substance abuse problems. Children in residential settings may also have been taken into care by the Children's Aid Society.

EN: <http://news.ontario.ca/mcys/en/2015/06/ontario-to-review-the-child-and-youth-residential-service-system.html>

FR: <http://news.ontario.ca/mcys/fr/2015/06/ontario-reexamine-le-systeme-de-services-en-etablissement-pour-les-enfants-et-les-jeunes.html>

[\[Return to top\]](#)

### **3. Government increasing Ontario Child Benefit to help 500 00 families**

(Available in French)

From the Ministry of Children and Youth Services, this news release announces that the maximum monthly Ontario Child Benefit will be increased to \$1336 per child, per year. The increase, as well as the decision to tie increases to the benefit to inflation, are part of the government's Ontario Poverty Reduction Strategy. Over 500 000 families in Ontario are supported by the benefit, which helps subsidize the cost of raising children. Assessment for OCB eligibility will be automatic for families who have filed their previous year's income tax return and have registered their children for the Canada Child Tax Benefit.

EN: <http://news.ontario.ca/mcys/en/2015/06/government-increasing-ontario-child-benefit-to-help-500000-families.html>

FR: <http://news.ontario.ca/mcys/fr/2015/06/le-gouvernement-augmente-la-prestation-ontarienne-pour-enfants-pour-aider-500-000-familles.html>

[\[Return to top\]](#)

### **4. C-sections may increase babies' risk of chronic health issues: study**

As reported by Rapaport (2015), a new analysis in the BMJ draws a connection between C-section births and chronic health issues including asthma, diabetes and obesity. While the results of the study, are not conclusive, lead researchers Dr. Jan Blustein and Jainmeng Liu of the Institute of Reproductive and Child Health encourage women to discuss the risk of C-section with their doctor or midwife. The study also discusses the high levels of C-section births in the United States, Mexico, Brazil, Australia and Italy due in part to the decision of some women to choose to have a C-section even if it is not necessary, and also because women who have previously had a C-section are encouraged to give birth by C-section again.

<http://www.theglobeandmail.com/life/health-and-fitness/c-sections-may-increase-babies-risk-of-chronic-health-issues-study/article24941796/>

[\[Return to top\]](#)

---

## **II. RECENT REPORTS AND RESEARCH**

---

*\* indicates journal subscription required for full text access*

## 5. Child and youth health data sources project: Summary of process and findings

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2015). *Child and youth health data sources project: Summary of processes and findings*. Toronto, ON: Queen's Printer for Ontario. Retrieved from [http://www.publichealthontario.ca/en/eRepository/Child\\_Youth\\_Data\\_Sources\\_2015.pdf](http://www.publichealthontario.ca/en/eRepository/Child_Youth_Data_Sources_2015.pdf)

EXCERPT:

### Introduction

Child and youth population health assessments are influenced by the quality and utility of the information sources. The ability to make sound assessments depends on the accuracy and representativeness of the data collected. Furthermore, the ability to conduct ongoing assessments is determined by attributes such as the continuity, timeliness and overall accessibility of the data. As stated in the report, *Measuring the health of infants, children and youth for public health in Ontario: indicators, gaps and recommendations for moving forward*, Ontario lacks a coordinated system for assessing child and youth health. Such a system would be valuable for identifying priorities related to child and youth health, monitoring the effects of programs and policies, and measuring our progress towards achieving positive health outcomes. The value of a coordinated and province-wide assessment system is also highlighted in the provincial report, *Taking action to prevent chronic disease: recommendations for a healthier Ontario*, with focus on the need for data to inform program and policy planning, implementation and evaluation in order to reduce the burden of chronic diseases and related risk factors. Despite the absence of an integrated system, Ontario has access to individual data sources that can provide information on younger populations within the province. These data sources, ranging from surveys to administrative data, can be used to gather information on the health status, behaviours, and risk factors related to children and youth.

[http://www.publichealthontario.ca/en/eRepository/Child\\_Youth\\_Data\\_Sources\\_2015.pdf](http://www.publichealthontario.ca/en/eRepository/Child_Youth_Data_Sources_2015.pdf)

[\[Return to top\]](#)

## 6. Clearing the smoke on cannabis: Maternal cannabis use during pregnancy

Porath-Waller, A. J. (2015). *Clearing the smoke on cannabis: Maternal cannabis use during pregnancy*. Ottawa, ON: Canadian Centre on Substance Abuse. Retrieved from <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Maternal-Use-Pregnancy-Report-2015-en.pdf>

EXCERPT:

### Key Points

- Cannabis is the most commonly used illicit drug during pregnancy.

- Prenatal exposure to cannabis has adverse effects on cognitive development and academic achievement.
- There are also effects on behaviour, including attention deficits, increased hyperactivity and impulsivity.
- There is also emerging evidence of an increased likelihood of smoking, substance abuse and delinquency among adolescents who were prenatally exposed to cannabis.
- Information on the effects of cannabis use during pregnancy is essential to help healthcare providers advise patients about the impact of cannabis use and improve the health and well-being of patients' children.

<http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Maternal-Use-Pregnancy-Report-2015-en.pdf>

[\[Return to top\]](#)

## 7. Rates of prenatal screening across health care regions in Ontario, Canada: A retrospective cohort study

Hayeems, R. Z., Campitelli, M., Ma, X., Huang, T., Walker, M., & Guttmann, A. (2015). Rates of prenatal screening across health care regions in Ontario, Canada: A retrospective cohort study. *CMAJ*, 3(2), E236-E243. doi:10.9778/cmajo.20140110

ABSTRACT:

**Background** It is recommended that all pregnant women be offered screening for Down syndrome and open neural tube defects, but emerging prenatal tests that are not publicly insured may compromise access. We evaluated screening rates for publicly insured screening tests across health care regions in the province of Ontario and determined whether maternal, provider or regional characteristics are associated with screening uptake.

**Methods** We conducted a population-based retrospective cohort study involving pregnant women in Ontario who were at or beyond 16 weeks' gestation in 2007–2009. We ascertained prenatal screening rates using linked health administrative and prenatal screening datasets. We examined maternal, provider and regional characteristics associated with screening uptake. Rate ratios (RRs) were estimated.

**Results** Of the 264 737 women included in the study, 62.2% received prenatal screening; uptake varied considerably by region (range 27.8%–80.3%). A greater proportion of women initiated screening in the first rather than the second trimester (50.0% v. 12.2%). Factors associated with lower screening rates included living in a rural area versus an urban area (adjusted rate ratio 0.64, 95% confidence interval [CI] 0.63–0.66), receiving first-trimester care from a family physician or midwife versus an obstetrician (adjusted rate ratio 0.91, 95% CI 0.90–0.92, and 0.40, 95% CI 0.38–0.43, respectively) and being in a lower income quintile (adjusted RR for lowest v. highest 0.95, 95% CI 0.94–0.96). Being an immigrant or a refugee was associated with higher screening rates.

**Interpretation** There were significant maternal, provider and regional differences in the uptake of prenatal screening across the province. With discrepancies expected to increase with the emergence of noninvasive prenatal tests paid for out of pocket by many women, policy efforts to reduce barriers to prenatal screening and optimize its availability are warranted.

<http://www.cmajopen.ca/content/3/2/E236.full>

[\[Return to top\]](#)

## **8. A physiological approach to the timing of umbilical cord clamping at birth**

Hooper, S. B., Polglase, G. R., & te Pas, A. B. (2014). A physiological approach to the timing of umbilical cord clamping at birth. *ADC Fetal & Neonatal*, 100: F355-F360. doi: 10.1136/archdischild-2013-305703

ABSTRACT:

Umbilical cord clamping at birth has a major impact on an infant's cardiovascular system that varies in significance depending upon whether the infant has commenced breathing. As umbilical venous return is a major source of preload for the left ventricle during fetal life, recent experimental evidence has shown that clamping the umbilical cord severely limits cardiac venous return in the absence of pulmonary ventilation. As a result, cardiac output greatly reduces and remains low until breathing commences. Once the infant begins breathing, aeration of the lung triggers a large increase in pulmonary blood flow, which replaces umbilical venous return as the source of preload for the left ventricle. As a result, cardiac output markedly increases as indicated by an increase in heart rate immediately after birth. Thus, infants born apnoeic and hypoxic and have their cords immediately clamped, are likely to have a restricted cardiac output combined with hypoxia. As increased cardiac output is a major physiological defence mechanism that counteracts the effects of hypoxaemia, limiting the increase in cardiac output exposes the infant to ischemia along with hypoxia. However, if the infant commences breathing, aerates its lungs and increases pulmonary blood flow before the umbilical cord is clamped, then pulmonary venous return can immediately take over the supply of left ventricular preload upon cord clamping. As a result, there is no intervening period of reduced preload and cardiac output and the large swings in arterial pressures and flows are reduced leading to a more stable circulatory transition.

<http://fn.bmj.com/content/100/4/F355.full.pdf+html>

[\[Return to top\]](#)

## **9. Approaches to supporting lactation and breastfeeding for very preterm infants in the NICU: A qualitative study in three European regions**

Bonet, M., Forcella, E., Blondel, B., Draper, E. S., Agostino, R., ... Zeitlin, J. (2015). Approaches to supporting lactation and breastfeeding for very preterm infants in the NICU: A qualitative study in three European regions. *BMJ Open*, 5: e006973. doi:10.1136/bmjopen-2014-006973

## ABSTRACT:

**Objectives:** To explore differences in approaches to supporting lactation and breastfeeding for very preterm infants in neonatal intensive care units (NICU) in 3 European regions.

**Design:** Qualitative cross-sectional study carried out by means of face-to-face semistructured interviews. Verbatim transcripts were coded using a theoretical framework derived from the literature and supplemented by data-driven concepts and codes.

**Setting:** 4 purposively selected NICUs in each of 3 European regions in 2010 (Ile-de-France in France, Lazio in Italy, and the former Trent region in the UK).

**Participants:** NICU staff members (n=22).

**Results:** Policies and practices for managing mother's own milk for very preterm babies differed between regions, and were much more complex in Ile-de-France than in Trent or Lazio regions. Staff approaches to mothers to initiate lactation differed by region, with an emphasis on the nutritional and immunological value of human milk in the Trent region and on the 'normalizing' effect of breastfeeding on the mother-child relationship in Lazio. French and English staff expressed conflicting opinions about the use of bottles, which was routine in Italy. Italian informants stressed the importance of early maternal milk expression and feeding, but also mentioned discharging infants home before feeding at the breast was established. In Ile-de-France and Trent, successful feeding from the breast was achieved before discharge, although this was seen as a factor that could prolong hospitalization and discourage continued breastfeeding for some women.

**Conclusions:** Targeted health promotion policies in the NICU are necessary to increase the number of infants receiving their mother's milk and to support mothers with transfer of the infant to the breast. Integrating knowledge about the different approaches to lactation and breastfeeding in European NICUs could improve the relevance of recommendations in multiple cultural settings.

<http://bmjopen.bmj.com/content/5/6/e006973.full.pdf+html>

[\[Return to top\]](#)

## 10. Information seeking during pregnancy: Exploring the changing landscape and planning for the future

McDougall, R., & Ecclestone, K. (2015). *Information seeking during pregnancy: Exploring the changing landscape and planning for the future*. Fergus, ON: Wellington-Dufferin-Guelph Public Health. Retrieved from [https://www.wdgpublichealth.ca/sites/default/files/wdgphfiles/2015\\_June\\_Information\\_%20Seeking\\_During\\_%20Pregnancy\\_Full\\_Report.pdf](https://www.wdgpublichealth.ca/sites/default/files/wdgphfiles/2015_June_Information_%20Seeking_During_%20Pregnancy_Full_Report.pdf)

### EXECUTIVE SUMMARY

#### Introduction

Public health programs are created on the foundation of evidence informed practice. The goal of the Reproductive Health Program Standard is "to enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the

healthiest newborn(s) possible, and be prepared for parenthood” (Ontario Ministry of Health and Long-Term Care, 2010). In order to achieve this goal, the Reproductive Health Program team at Wellington-Dufferin-Guelph Public Health (WDGPH) conducted a literature review to understand how pregnant women access or receive information about pregnancy. One of the recommendations from this review was to conduct a survey with pregnant women in Wellington, Dufferin and Guelph (WDG) to better understand the pregnancy information needs and interests of the local population. Promising approaches and tools identified in the literature review guided the development of the local survey, focusing on: 1) information technology (i.e., text messaging, apps, email and social media). 2) health care provider outreach, and 3) public awareness.

The objectives of the local survey for pregnant women were to:

1. Determine how pregnant women in WDG are accessing pregnancy related information.
2. Learn which sources of information are most useful.
3. Understand how pregnant women in WDG would like to receive pregnancy related information from WDGPH.
4. Gain insight into the role of healthcare providers in relation to Internet-based resources; including the distribution of resources to pregnant clients and discussing Internet-based information accessed by them.

[https://www.wdgpublichealth.ca/sites/default/files/wdgphfiles/2015\\_June\\_Information\\_Seeking\\_During\\_Pregnancy\\_Full\\_Report.pdf](https://www.wdgpublichealth.ca/sites/default/files/wdgphfiles/2015_June_Information_Seeking_During_Pregnancy_Full_Report.pdf)

[\[Return to top\]](#)

---

## III. CURRENT INITIATIVES

---

### 11. Strongest Families Study

(Available in French)

The Strongest Families Institute is currently conducting a study to test an online coached parenting program for families of children with an FASD diagnosis. The program was co-developed by Dr. Patrick McGrath of the IWK Health Centre and Dr. James Reynolds of Queen’s University. The program is being tested to measure its efficacy in helping parents manage the challenging behaviours exhibited by children with FASD. The Institute is currently looking for Canadian parents of children ages 4 through 12 who have been diagnosed with a Fetal Alcohol Spectrum Disorder to take part in the study. Learn more about the study from [this short video](#).

Encourage families to register for the study online: <https://mystudies.ca/studies/fasd>

[\[Return to top\]](#)

## 12. Canada's Parks Day

(Available in French)

Celebrated the third Saturday of July each year, Canada's Parks Day encourages Canadians to take advantage of the outdoor spaces in their communities. Family activities are taking place in parks throughout the country. Algonquin Park is hosting guided hikes, bike trips for children, an insect hunt, and a workshop on the benefits of parks to physical and mental health. For more information about park events in your community, consult the [Ontario Parks](http://www.ontarioparks.com/) website.

EN: <http://www.parks-parcs.ca/english/cpc/parksday.php>

FR: <http://www.parks-parcs.ca/french/cpc/parksday.php>

Related links:

- **Healthy Parks Healthy People Central:** This international website promotes the importance of parks and their contribution to creating a healthy society. Find links to research about parks, case studies and events.  
<http://www.hphpcentral.com/about>
- **What is the relationship between risk outdoor play and health in children? A systematic review:** This systematic review highlights the importance of risky play in natural outdoor spaces for child health and development.  
<http://www.mdpi.com/1660-4601/12/6/6423/htm>
- **New funding for Active Outdoor Play:** The Lawson Foundation recently announced a call for funding to support children's opportunities for unstructured play.  
<http://www.newswire.ca/en/story/1553729/new-funding-for-active-outdoor-play>
- **Green spaces make kids smarter:** This article reports on the cognitive benefits of green spaces for children, and the ability of plant life to absorb harmful pollutants and protect children's brains from dangerous chemicals.  
<http://www.theatlantic.com/health/archive/2015/06/green-spaces-make-kids-smarter/395924/>

[\[Return to top\]](#)

---

## IV. UPCOMING EVENTS

---

### 14. NRC Virtual Office Hour: Navigating the NRC Navigator

July 16, 2015: Webinar

Hosted by Bard Prud'homme and Devon Peart of the Nutrition Resource Centre, this webinar will provide attendees the opportunity to learn about the NRC Navigator and the benefits of using this tool for conducting effective nutrition research. The webinar will also address techniques for effective searching and how to suggest resources for inclusion in the navigator.

<http://www.eventbrite.ca/e/nrc-virtual-office-hour-navigating-the-nrc-navigator-tickets-17533495156>

[\[Return to top\]](#)

### **15. 16<sup>th</sup> Annual Meeting of the Fetal Alcohol Canadian Expertise (FACE) Research Network**

September 17, 2015: Ottawa, ON

The 16<sup>th</sup> Annual Meeting of the Fetal Alcohol Canadian Expertise (FACE) Research Network will be held this September in Ottawa. This year's meeting will be a satellite event of NeuroDevNet's 2015 Annual Brain Development Conference. Presentations at the meeting will discuss a variety of topics, including the impact of prenatal alcohol exposure on early-life adversity, physical abnormalities in the brain associated with prenatal alcohol exposure, and the development of community programs to lower rates of FASD. Dr. Albert Chudley, former Medical Director of the Genetics and Metabolism Program with the Winnipeg Regional Health Authority, Dr. James Reynolds, Project Leader for the FASD Research Program in NeuroDevNet and Dr. Lori Vitale Cox, Clinical Coordinator of the Easter Door FASD Diagnostic team, will all speak at the event.

<http://www.cvent.com/events/face-2015/event-summary-87996c6833984e8bafb3fc42a9ec694f.aspx>

[\[Return to top\]](#)

### **16. One Size Does Not Fit All: Customizing Care for Breastfeeding Families**

September 21, 2015: Halifax, NS

September 23, 2015: Ottawa, ON

September 25, 2015: Toronto, ON

La Leche League Canada has recently announced its Fall 2015 Series of Health Professional Seminars, which will be held in Halifax, Ottawa and Toronto. The seminars will be presented by Cynthia Good Mojab, Clinical Counselor and IBCLC and will feature sessions on sunlight deficiency and breastfeeding, prenatal and postnatal depression, contextualizing infant feeding issues, and the impact of ethics and culture on breastfeeding practices.

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

[\[Return to top\]](#)

### **17. 3<sup>rd</sup> Annual Infant Mental Health: (IMH-101) The Basics**

September 28, 2015: Toronto, ON & Webinar

This full-day workshop, facilitated by Director of Infant Mental Health Promotion Dr. Chaya Kulkarni and Mary Rella, Manager of Clinical Services at Yorktown Child and Family Services, is designed to provide an introduction to infant mental health to practitioners new to the field. The workshop will address the importance of good mental health to an infant's growth and development and how an understanding of mental

health can be applied in different professional settings. Other topics covered include attachment and self-regulation, how to respond to difficult behaviours, and screening for mental health concerns. If you are unable to attend the workshop in-person, the training will also be broadcast live to the web.

<http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Workshops/Workshop%20Flyer%20-%20IMH%20Basics%202015.pdf>

[\[Return to top\]](#)

### **18. BFI Train-the-Trainer 20-Hour-Course Workshop**

September 28-29, 2015: Ottawa, ON

October 1-2, 2015: Kingston, ON

This two-day training session is designed for participants from organizations who have already participated in a BFI Implementation Workshop, and who are planning to teach the BFI 20 Hour course. Through the workshop, participants will learn effective methods for teaching this course at their organization. The workshop will address the breastfeeding and BFI content of the course as well as the clinical practice component. The workshop has been approved for 6 L-CERPs and 4.75 R-CERPs.

[http://www.cmnrp.ca/site/cmnrp/Breastfeeding\\_p4109.html](http://www.cmnrp.ca/site/cmnrp/Breastfeeding_p4109.html)

[\[Return to top\]](#)

---

## **V. RESOURCES**

---

### **18. 2015 Travers Fellowship series: Is Canada's foreign aid focus working?**

This series of stories, supported by the R. James Travers Fellowship, explores the impact Canada has made on maternal, newborn and child health 5 years after the Canadian government pledged 2.85 billion in aid. The pledge to support the health of mothers and children became known as the Muskoka Initiative. Through five articles, CBC's Laura Payton examines how Canada's investment has reduced maternal deaths and improved child health across the world. She also addresses what work still needs to be done, including improving access to contraceptives for many parts of the world. The last part in the series discusses what the new focus of the Sustainable Development Goals should be to continue this work.

<http://www.cbc.ca/news/politics/2015-travers-fellowship-series-is-canada-s-foreign-aid-focus-working-1.3120289>

[\[Return to top\]](#)

### **19. Eat Less, Eat Better ...is it that simple? Conference eBook**

The Nutrition Resource Centre recently released an e-book summarizing the highlights from their recent forum on obesity prevention. The e-book includes links to audio, slides and video from a variety of presentations at the event. Key workshops addressed the importance of using people-first language to reduce the stigma surrounding obesity, the social determinants of healthy eating, and the role played by epigenetics and preconception health in obesity prevention.

<http://opha.on.ca/Events/NRC-Forum-Ebook.aspx>

[\[Return to top\]](#)

## 20. Newborn Pain Reduction Poster

(Available in French)

Produced by the Champlain Maternal Newborn Regional Program, this poster succinctly captures three key evidence-based methods for reducing newborn pain during bloodwork and immunization procedures. These methods are: breastfeeding during painful procedures, skin-to-skin placement 10-15 minutes prior to a procedure, and placing a small amount of sucrose on the newborn's tongue throughout the procedure.

EN: [http://www.cmnrp.ca/en/cmnrp/Resources\\_p3813.html](http://www.cmnrp.ca/en/cmnrp/Resources_p3813.html)

FR: [http://www.cmnrp.ca/fr/cmnrp/Ressources\\_p3813.html](http://www.cmnrp.ca/fr/cmnrp/Ressources_p3813.html)

[\[Return to top\]](#)

## 21. A Booster for Vaccine-Confidence: Effective Counselling for the Hesitant Patient

This new online course offered by the Canadian Paediatric Society teaches medical professionals how to effectively make recommendations for vaccinations to families who are vaccine hesitant. The course is CME-accredited, registration is free, and participants are able to learn at their own pace.

<http://www.cps.ca/en/ecme>

[\[Return to top\]](#)

## 22. Shelter Safe

(Available in French)

This highly visual online resource allows women and children who are victims of violence and abuse to quickly find safety. Through a clickable online map, women can navigate to a shelter near them. Women can quickly exit the site by clicking on a "Hide Page" button. While the primary goal of the resource is to help women experiencing abuse, the map also serves as a reminder of the strong network of support in Canada for women in danger.

EN: <http://www.sheltersafe.ca/>

FR: <http://hebergementfemmes.ca/>

[\[Return to top\]](#)

### 23. Recent videos:

- **The Silence of Stillbirth:** Dr. Eleni Michaildis shares the story of her experience delivering a stillborn son.  
[http://well.blogs.nytimes.com/2015/06/22/the-silence-of-stillbirth/?\\_r=1](http://well.blogs.nytimes.com/2015/06/22/the-silence-of-stillbirth/?_r=1)
- **Global Health Media Breastfeeding Videos:** Short instructional clips demonstrating how to express breastmilk, strategies for effective attachment, and different breastfeeding positions.  
<http://globalhealthmedia.org/videos/breastfeeding/>
- **InBrief: Early Childhood Mental Health:** This video illustrates current research by Harvard University's Center on the Developing Child and the impact of mental health on later issues with child development.  
[http://developingchild.harvard.edu/resources/multimedia/videos/inbrief\\_series/inbrief\\_mental\\_health/](http://developingchild.harvard.edu/resources/multimedia/videos/inbrief_series/inbrief_mental_health/)
- **Hand Expression:** This instructional video illustrates effective hand expression and discusses why instruction on hand expression is important.  
<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/>

[\[Return to top\]](#)

---

## VI. FEATURED BEST START RESOURCES

---

### 24. Breastfeeding in Ontario: Evaluating Breastfeeding Programs and Initiatives Fact Sheet #5

(Available in French)

This fact sheet highlights how program organizers can develop and implement an evaluation plan to determine their program's effectiveness and accountability. Examples from breastfeeding programs are given, but the information is readily transferable to other programs and initiatives.

EN:[http://www.beststart.org/resources/breastfeeding/B25\\_BF\\_evaluation\\_factsheet\\_fnl\\_EN.pdf](http://www.beststart.org/resources/breastfeeding/B25_BF_evaluation_factsheet_fnl_EN.pdf)

FR:[http://www.beststart.org/resources/breastfeeding/B25\\_BF\\_evaluating\\_factsheet\\_fnl\\_FR.pdf](http://www.beststart.org/resources/breastfeeding/B25_BF_evaluating_factsheet_fnl_FR.pdf)

[\[Return to top\]](#)

### 25. Ontario Prenatal Education Network (OPEN)

Supported by the Best Start Resource Centre, the Ontario Prenatal Education Network (OPEN) provides a space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education. Prenatal educators, midwives, doulas, public health nurses, health promoters & researchers, physicians & front-line workers who work with pregnant women and other professionals with a strong interest in prenatal education are welcome to subscribe.

**Subscribe today:** <http://fluidsurveys.com/surveys/ohpe/subscriptionsopen2015-2016/>

[\[Return to top\]](#)

## 26. Prenatal Education Web Watch

This new tool, available from our [Prenatal & Postpartum Resources](#) page, will help you stay current on all things related to prenatal education. You'll find updates from key prenatal education websites and blogs, the latest news pertinent to prenatal educators, feeds from top scholarly journals, and recent tweets from experts in prenatal education.

**Watch this short video to learn more about the web watch:**

<https://www.youtube.com/watch?v=gl1ILKkbipM>

**Visit the web watch:** <http://www.netvibes.com/bsrcprenatal#General>

[\[Return to top\]](#)

## 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](mailto: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](mailto: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](mailto:mnchp@healthnexus.ca)

## Contact Us

**Best Start Resource Centre:** [http://beststart.org/index\\_eng.html](http://beststart.org/index_eng.html)

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

180 Dundas W., Room 301, Toronto (Ontario) M5G 1Z8

## 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](#)