



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.*

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I. News & Views

Ontario Improving Access to Aboriginal Midwifery Care

The Ontario Government announced (February 9, 2017) that they will be increasing access to Aboriginal Midwifery Care and providing more resources to support maternal health and well-being in Indigenous communities. This initiative will include hiring two new Aboriginal Midwives to provide culturally appropriate care to more Indigenous women and their infants. In addition, the government is establishing Aboriginal Midwifery programs in a number of communities across the province in collaboration with existing health care teams that include family doctors, nurse practitioners, social workers and traditional healers.

Read the news release in [English](#) or [French](#)

II. Recent Reports & Research

Insights on Canadian Society Hidden Homelessness in Canada

(Statistics Canada 2016)

This Statistics Canada report provides information about Canadians who have experienced hidden homelessness. It shows that 1 in 10 Canadians have experienced hidden homelessness, which is described as those individuals who had to stay somewhere temporarily because they had no place to live, with 1 in 5 experiencing it for over a year. Children with a history of maltreatment, people with a lack of social support, and Canadians with disability were more likely than others to experience hidden homelessness.

Read the report in [English](#) or [French](#)

The 2016 National Index Report: How Are Canadians Really Doing?

(Canadian Index of Wellbeing 2016)

This report examines the gap between the country's GDP and the well-being of Canadians. Areas where Canadians are experiencing particular difficulty are with their standard of living, in particular the affordability of food and housing. Areas of well-being that are doing well are education and a sense of belonging and community.

[Read the report](#)

Interpregnancy Interval Following Miscarriage and Adverse Pregnancy Outcomes: Systematic Review and Meta-analysis.*

(Kangatharan, Labram, & Bhattacharya 2016)

ABSTRACT:

Background:

A short interpregnancy interval (IPI) following a delivery is believed to be associated with adverse outcomes in the next pregnancy. The optimum IPI following miscarriage is controversial. Based on a single large-scale study in Latin and South America, the World Health Organization recommends delaying pregnancy for 6 months after a miscarriage to achieve optimal outcomes in the next pregnancy.

Objective and Rationale:

Our aim was to determine if a short IPI (<6 months) following miscarriage is associated with adverse outcomes in the next pregnancy.

Search Methods:

Studies were retrieved from MEDLINE, Embase and Pubmed, with no time and language restrictions. The search strategy used a combination of Medical Subject Headings terms for miscarriage, IPI and adverse outcomes. Bibliographies of the retrieved articles were also searched by hand. All studies including women with at least one miscarriage, comparing subsequent adverse pregnancy outcomes for IPIs of less than and more than 6 months were included. Two independent reviewers screened titles and abstracts for inclusion. Characteristics of the studies were extracted and quality assessed using Critical Appraisal Skills Programme criteria. A systematic review and meta-analysis were conducted to compare short (<6 months) versus long (>6 months) IPI following miscarriage in terms of risk of further miscarriage, preterm birth, stillbirth, pre-eclampsia and low birthweight babies in the subsequent pregnancy. Review Manager 5.3 was used for conducting meta-analyses.

Outcomes:

Sixteen studies including 1 043 840 women were included in the systematic review and data from 10 of these were included in one or more meta-analyses (977 972 women). With an IPI of less than 6 months, the overall risk of further miscarriage (Risk ratio (RR) 0.82 95% CI 0.78, 0.86) and preterm delivery (RR 0.79 95% CI 0.75, 0.83) were significantly reduced. The pooled risks of stillbirth (RR 0.88 95% CI 0.76, 1.02); low birthweight (RR 1.05 95% CI 0.48, 2.29) and pre-eclampsia (RR 0.95 95% CI 0.88, 1.02) were not affected by IPI. Similar findings were obtained in subgroup analyses when IPI of <6 months was compared with IPI of 6-12 months and >12 months.

Wider Implications:

This is the first systematic review and meta-analysis providing clear evidence that an IPI of less than 6 months following miscarriage is not associated with adverse outcomes in the next pregnancy. This information may be used to revise current guidance.

[Read the abstract](#)

Eating Disorders in the Context of Preconception Care: Fertility Specialists' Knowledge, Attitudes, and Clinical Practices.*

(Rodino, Byrne, & Sanders 2016)

ABSTRACT:

Objectives:

To gauge fertility specialists' knowledge, clinical practices, and training needs in regard to eating disorders.

Design:

Cross-sectional study.

Setting:

Fertility clinics.

Participants:

Eighty Australian and New Zealand fertility specialists who were members of the Fertility Society of Australia.

Interventions:

None.

Main Outcome Measure(s):

Responses to an anonymously completed online questionnaire.

Results:

Approximately 54% of doctors correctly identified the body mass index relevant to anorexia nervosa, and 30% identified menstrual disturbances for anorexia, while 63.8% of doctors incorrectly nominated maladaptive weight control behaviors as a characteristic of binge eating disorder. While clinicians (83.7%) agreed it was important to screen for eating disorders during preconception assessments, 35% routinely screened for eating disorders and 8.8% indicated that their clinics had clinical practice guidelines for management of eating disorders. A minority of participants (13.8%) felt satisfied with their level of university training in eating disorders, 37.5% of doctors felt confident in their ability to recognize symptoms of an eating disorder, and 96.2% indicated a need for further education and clinical guidelines. On most items examined, knowledge and clinical practices regarding eating disorders did not differ according to doctor gender or years of clinical experience working as a fertility specialist.

Conclusions:

Knowledge about eating disorders in the context of fertility treatment is important. This study highlights the uncertainty among fertility specialists in detecting features of eating disorders. The findings point to the importance of further education and training, including the development of clinical guidelines specific to fertility health care providers.

[Read the abstract](#)

Living in Violent Neighbourhoods is Associated with Gestational Weight Gain Outside the Recommended Range.*

(Galín et al. 2016)

ABSTRACT:**Background:**

During pregnancy, most women do not meet gestational weight gain (GWG) guidelines, potentially resulting in adverse maternal and infant health consequences. Social environment determinants of GWG have been identified, but evidence on the relationship between neighbourhood violence and GWG is scant. Our study aims to examine the relationship between neighbourhood violence and GWG outside the recommended range.

Methods:

We used statewide vital statistics and health care utilization data from California for 2006-12 (n = 2 364 793) to examine the relationship of neighbourhood violence (quarters of zip-code rates of homicide and assault) in the first 37 weeks of pregnancy with GWG (categorized using the Institute of Medicine's pregnancy weight gain guidelines). We estimated risk ratios (RR) and marginal risk differences, and analyses were stratified by maternal race/ethnicity and prepregnancy body mass index.

Results:

Residence in neighbourhoods with the highest quartile of violence was associated with more excessive GWG (adjusted RR 1.04, 95% confidence interval CI 1.03, 1.05), compared to the lowest quartile of violence; violence was not associated with inadequate GWG. On the difference scale, this association translates to 2.3% more women gaining weight excessively rather than adequately if all women were exposed to high violence compared to if all women were exposed to low violence. Additionally, associations between neighbourhood violence and excessive GWG were larger in non-white women than in white women.

Conclusions:

These findings support the hypothesis that violence can affect weight gain during pregnancy, emphasizing the importance of neighbourhood violence as a public health issue.

[Read the abstract](#)

III. Current Initiatives

Call for Submissions to the Canadian Poverty Hub

The Canadian Poverty Institute and the Canadian Observatory on Homelessness are launching the Canadian Poverty Hub. This new online resource will make accessible research, policies, and best practices related to the causes and impacts of poverty. This Poverty Hub will be integrated with the Homeless Hub as a searchable database. The Poverty Hub is seeking submissions to populate the database.

[Learn more](#)

IV. Upcoming Events

The ABC's of Developmental Coordination Disorder (DCD)

March 1, 2017: Online

This webinar will be presented by Dr. Zwicker (Assistant Professor in the Department of Occupational Science and Occupational Therapy at the University of British Columbia) and will discuss Developmental Coordination Disorder. This webinar will explain the disorder

and how it affects children and families as well as how to assess and diagnose this condition. It will also explain the impact of DCD on the brain and innovative strategies to address the condition.

[Register](#)

Celebrating Breastfeeding Conference

March 1 - May 1, 2017: Online

iLactation is holding an online conference that will cover a range of topics including: the impact of fentanyl epidurals during the first hour after birth, facilitating skin-to-skin after caesarean birth, breastfeeding strategies for tongue-tied babies, breastfeeding and medication, cultural challenges of breastfeeding and sleep, hands-on examination and assessment of the lactating breast, using the evidence to support breastfeeding in the face of HIV, among others. The conference fee includes unlimited access to the online presentations and materials for two months.

[Learn more](#)

Policy Approaches to Reducing Health Inequalities

FR: March 7, 2017: Online

EN: March 14, 2017: Online

This webinar hosted by National Collaborating Centre for Healthy Public Policy aims to assist public health professionals to better understand the leading policy approaches to reduce health inequalities. These approaches include: political economy, macro social policies, intersectionality, life course, settings approach, approaches that aim at living conditions, those that target communities and approaches aimed at individuals.

Register in [English](#) or [French](#)

How to Talk About Pregnancy and Infant Loss in Prenatal Classes: Using the Pregnancy and Infant Loss Key Messages

March 9, 2017: Webinar

March 14, 2017: Webinar

The Prenatal Education Key Messages resource is a central source of evidence-based information that can be used for routine universal prenatal education by a range of prenatal education providers. This webinar will focus on using the Mental Health Key Messages in a prenatal class setting to promote the use of consistent, evidence-based messages.

Objectives for this webinar include:

- To review current knowledge about Pregnancy and Infant Loss.
- To review the Pregnancy and Infant Loss Prenatal Education Key Messages.
- To provide insight into how to introduce and teach about the various Pregnancy and Infant Loss key messages in a prenatal class setting, and how to best reach those who may need help the most.

Register for [March 9](#) or [March 14](#)

Beyond Boxes - Black, Mystery and Magic - Understand and Use the Theory of Change for your Programs

March 9-10, 2017: Toronto

This two-day workshop will describe and apply concepts related to theory of change. The course objectives include learning what a program theory is, and how this relates to theory of change and theory of action, learning how theories of change go beyond logic models, learning how theories of change can contribute to a contribution analysis, and applying theoretical concepts shared to develop a program theory for a relevant program including a theory of change and theory of action.

[Learn more](#)

Essential Skills Series

March 20-23, 2017: Toronto

The Canadian Evaluation Society is hosting a four day course that covers the basics of program evaluation. This course will explore the main models and practices related to program evaluation to help develop professional skills in this area. Some of the practical skills that will be developed include: creating logic models, developing indicators, question construction, creating an evaluation matrix, writing findings statements and creating a reporting plan.

[Register](#)

15th Annual Education Program for Immunization Competencies, Canadian Paediatric Society

April 1, 2017: Toronto, ON

This is a one-day course for health professionals to increase knowledge regarding immunization guidelines developed by the Public Health Agency of Canada. The course objectives include preparing health professionals to better counsel patients on vaccine issues, to increase public confidence in vaccine efficacy and safety and ensure safe immunization practices.

[Learn more about the course](#)

Online Workshop - Positive Guidance

April 20 - May 3, 2017: Online

The Association of Early Childhood Educators of Ontario and Red River College are offering a flexible online positive guidance workshop. This workshop will cover strategies for applying positive guidance principles when working with children and evidence that supports this approach.

[Learn more about the workshop](#)

BORN Ontario 2017 Conference

April 24-25, 2017: Toronto, ON

Early Bird rates end March 24, 2017.

[Learn more about the conference](#)

V. Resources

ZERO TO THREE Infant and Early Childhood Mental Health Policy Convening Report - Aligning Policy and Practice: Mental Health Assessment and Treatment of Infants, Young Children, and Families

This resource provides a summary of proceedings based on the meeting of experts from across the United States on the topic of infant and early childhood mental health (IECMH). These experts came together to discuss and share strategies to improve assessment, diagnosis and treatment. Included in this resource is a summary of four expert presentations and 20 tabletop discussions on a variety of related topics, along with highlights from the convention and next steps identified by the participants.

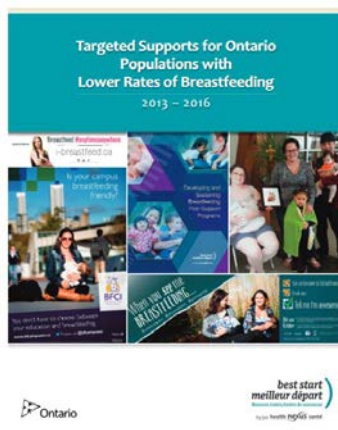
[Go to the resource](#)

Where are the Children? Healing the Legacy of the Residential Schools

The Legacy of Hope Foundation has created this online resource to share the stories and history of residential schools that were operated in Canada between 1831 and 1996. It describes the assimilation of Aboriginal children and demonstrates the impact these schools have had on generations of Aboriginal families. This exhibition includes photos, a timeline of events, survivor stories, and additional resources.

[Learn more](#)

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



Targeted Supports for Ontario Populations with Lower Rates of Breastfeeding

As part of a comprehensive strategy to address childhood obesity in Ontario, Health Nexus was funded by the Government of Ontario to offer targeted breastfeeding supports to populations with lower rates of breastfeeding and carried out by the Best Start Resource Centre, a key program of Health Nexus. This project was initiated in December 2013 and wrapped up in March 2016. This online report summarizes the project strategies and results as well as recommendations to build on this investment and further support breastfeeding services in Ontario.

Available in PDF in [English](#) and [French](#).



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- The free weekly **Ontario Health Promotion E-mail bulletin (OHPE)** offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.
- **Click4HP** is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.
- **The Maternal Newborn and Child Health Promotion (MNCHP) Network** - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.
- **Ontario Prenatal Education Network** - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.
- **Health Promotion Today** - Our blog keeps you informed of news and topics related to health promotion.
- **The Best Start Indigenous 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.