

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](#).

September 30, 2016

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I. NEWS & VIEWS

1. New Legislation: Ontario Parents who Conceive Children Using Assisted Reproduction

(available in French)

The Government of Ontario (2016, September 30) is introducing the “All Families Are Equal Act, 2016”. If passed, it would ensure the legal status of parents is recognized clearly and equitably, whether they are LGBTQ2+ or straight, and whether their children were conceived with or without assistance. The current parentage law has not been updated since 1978 and parents who are not biologically related to their children often need to go to court to be legally recognized as their parents.

EN: https://news.ontario.ca/mag/en/2016/09/ontario-to-introduce-legislation-ensuring-equal-treatment-for-all-families.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

FR: <https://news.ontario.ca/mag/fr/2016/09/ontario-presentera-une-loi-qui-assurera-un-traitement-egal-pour-toutes-les-familles.html>

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2. Change in Social Assistance Rates

(available in French)

The Government of Ontario (2016, September 29) is increasing social assistance rates for people receiving support from Ontario Works and Ontario Disability Support Program (ODSP). This fall the new rate increases come into effect in September 2016 for ODSP and in October 2016 for Ontario Works. The increase includes an additional:

- \$25 per month for single adults receiving Ontario Works
- 1.5% for families receiving Ontario Works
- 1.5% for individuals with disabilities who receive ODSP

Support is also increasing by 1.5% for parents who receive income through the Assistance for Children with Severe Disabilities program.

EN: [https://news.ontario.ca/mcss/en/2016/09/ontario-increasing-social-assistance-](https://news.ontario.ca/mcss/en/2016/09/ontario-increasing-social-assistance-rates.html?utm_source=ondemand&utm_medium=email&utm_campaign=p)

[rates.html?utm_source=ondemand&utm_medium=email&utm_campaign=p](https://news.ontario.ca/mcss/en/2016/09/ontario-increasing-social-assistance-rates.html?utm_source=ondemand&utm_medium=email&utm_campaign=p)

FR: <https://news.ontario.ca/mcss/fr/2016/09/ontario-augmente-les-taux-de-laide-sociale.html>

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3. Safety Concerns as Pregnant Women try Marijuana for Morning Sickness

CTV News (2016, June 23) conducted an interview with an anonymous pregnant woman who often stirred a tiny spoonful of marijuana oil into her morning coffee during her first trimester to stop her morning sickness. Andrea Smith, an associate professor at the University of Ottawa's School of Psychology shares the results of her MRI research that shows that brain function is changed in young adults whose mothers smoked marijuana during pregnancy. The article highlights that "with many women looking for options to treat nausea in pregnancy, and with marijuana about to become even more widely available in Canada, it's possible that the drug's use during pregnancy will grow" (CTV News, 2016, June 23).

[www.ctvnews.ca/health/health-headlines/safety-concerns-as-pregnant-women-try-marijuana-for-morning-sickness-](http://www.ctvnews.ca/health/health-headlines/safety-concerns-as-pregnant-women-try-marijuana-for-morning-sickness-1.2959687?hootPostID=04a77d81bd2d0fbf7cac4d1f9e2df354)

[1.2959687?hootPostID=04a77d81bd2d0fbf7cac4d1f9e2df354](http://www.ctvnews.ca/health/health-headlines/safety-concerns-as-pregnant-women-try-marijuana-for-morning-sickness-1.2959687?hootPostID=04a77d81bd2d0fbf7cac4d1f9e2df354)

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II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

4. The Health and Social Effects of Nonmedical Cannabis Use

World Health Organization. (2016). *The health and social effects of nonmedical cannabis use*. Retrieved from www.who.int/substance_abuse/publications/msb_cannabis_report.pdf

This report provides detailed information on the health and social effects of nonmedical cannabis use. The following topics are covered:

- Cannabis substance profile and health impact
- Epidemiology of cannabis use, disorders and treatment
- Neurobiology of cannabis use
- Short-term effects of cannabis
- Mental health and psychosocial outcomes of long-term cannabis use
- Long-term cannabis use and noncommunicable diseases
- Prevention and treatment

www.who.int/substance_abuse/publications/msb_cannabis_report.pdf

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5. *What childhood obesity prevention programmes work? A systematic review and meta-analysis

Wang, Y., Cai, L., Wu, Y., Wilson, R., Weston, C., Fawole, . . . Segal, J. (2015). What childhood obesity prevention programmes work? A systematic review and meta-analysis. *Obesity Reviews*, 16(7), 547-565. doi: 10.1111/obr.12277

ABSTRACT:

Previous reviews of childhood obesity prevention have focused largely on schools and findings have been inconsistent. Funded by the US Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health, we systematically evaluated the effectiveness of childhood obesity prevention programmes conducted in high-income countries and implemented in various settings. We searched MEDLINE, Embase, PsycINFO, CINAHL, ClinicalTrials.gov and the Cochrane Library from inception through 22 April 2013 for relevant studies, including randomized controlled trials, quasi-experimental studies and natural experiments, targeting diet, physical activity or both, and

conducted in children aged 2-18 in high-income countries. Two reviewers independently abstracted the data. The strength of evidence (SOE) supporting interventions was graded for each study setting (e.g. home, school). Meta-analyses were performed on studies judged sufficiently similar and appropriate to pool using random effect models. This paper reported our findings on various adiposity-related outcomes. We identified 147 articles (139 intervention studies) of which 115 studies were primarily school based, although other settings could have been involved. Most were conducted in the United States and within the past decade. SOE was high for physical activity-only interventions delivered in schools with home involvement or combined diet-physical activity interventions delivered in schools with both home and community components. SOE was moderate for school-based interventions targeting either diet or physical activity, combined interventions delivered in schools with home or community components or combined interventions delivered in the community with a school component. SOE was low for combined interventions in childcare or home settings. Evidence was insufficient for other interventions. In conclusion, at least moderately strong evidence supports the effectiveness of school-based interventions for preventing childhood obesity. More research is needed to evaluate programmes in other settings or of other design types, especially environmental, policy and consumer health informatics-oriented interventions.

http://www.healthevidence.org/view-article.aspx?a=childhood-obesity-prevention-programmes-work-systematic-review-meta-analysis-29590&utm_source=Health+Evidence+News+July%2716&utm_campaign=b12b9903d2-

[New at Health Evidence July 2016&utm_medium=email&utm_term=0_1c5bb87325-b12b9903d2-](http://www.healthevidence.org/view-article.aspx?a=childhood-obesity-prevention-programmes-work-systematic-review-meta-analysis-29590&utm_source=Health+Evidence+News+July%2716&utm_campaign=b12b9903d2-)

[100384525%20http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1467-789X/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1467-789X/issues)

<http://onlinelibrary.wiley.com/doi/10.1111/obr.2015.16.issue-7/issuetoc>

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6. Commentary: Towards a Physical Literacy Framework to Guide the Design, Implementation and Evaluation of Early Childhood Movement-Based Interventions Targeting Cognitive Development

Ciarney, J., Bedard, C., Dudley, D., & Kriellaars, D. (2016). Towards a Physical Literacy Framework to Guide the Design, Implementation and Evaluation of Early Childhood Movement-Based Interventions Targeting Cognitive Development. *Annals of Sports Medicine and Research*, 3(4), 1073.

ABSTRACT:

In this commentary, an argument for using physical literacy as a guiding framework for the design, implementation and evaluation of physical activity interventions targeting cognitive development in early childhood is offered. While physical activity and exercise have been shown to be positively linked to cognitive development, selecting the right kinds of activities for children, particularly in the first six years of life, is critical to ensuring children stay engaged and benefit from participation. The concept of “thinking movement” has been described before, where emphasis is placed not only on the importance of physical activity, but the combination of cognitive (e.g., problem solving) and movement based skills together as necessary for stimulating positive change in cognitive ability. Physical literacy offers great potential as a framework beyond thinking movement because it focuses not only on movement (motor skill) and physical activity, but also affective (fun) and motivational domains such as competence and confidence. The intersections of motor skill, positive affect and motivation are the core elements required to ensure children want to be active and are critical for maintenance of physical activity across the life-course.

www.jsmedcentral.com/SportsMedicine/sportsmedicine-3-1073.pdf

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7. Managing the Screen-viewing Behaviours of Children Aged 5–6 years: A Qualitative Analysis of Parental Strategies

Jago, R., Zahra, J., Edwards, M. J., Kesten, J. M., Solomon-Moore, E., Thompson, J. L., & Sebire, S. J. (2016). Managing the screen-viewing behaviours of children aged 5–6 years: a qualitative analysis of parental strategies. *BMJ Open*, 6(3). [doi:10.1136/bmjopen-2015-010355](https://doi.org/10.1136/bmjopen-2015-010355)

ABSTRACT:**Objectives:**

The present study used qualitative methods to: (1) examine the strategies that were used by parents of children aged 5–6 years to manage screen viewing; (2) identify key factors that affect the implementation of the strategies and (3) develop suggestions for future intervention content.

Design:

Telephone interviews were conducted with parents of children aged 5–6 years participating in a larger study. Interviews were transcribed verbatim and analysed

using an inductive and deductive content analysis. Coding and theme generation was iterative and refined throughout.

Setting:

Parents were recruited through 57 primary schools located in the greater Bristol area (UK).

Participants:

53 parents of children aged 5–6 years.

Results:

Parents reported that for many children, screen viewing was a highly desirable behaviour that was difficult to manage, and that parents used the provision of screen viewing as a tool for reward and/or punishment. Parents managed screen viewing by setting limits in relation to daily events such as meals, before and after school, and bedtime. Screen-viewing rules were often altered depending on parental preferences and tasks. Inconsistent messaging within and between parents represented a source of conflict at times. Potential strategies to facilitate reducing screen viewing were identified, including setting screen-viewing limits in relation to specific events, collaborative rule setting, monitoring that involves mothers, fathers and the child, developing a family-specific set of alternative activities to screen viewing and developing a child's ability to self-monitor their own screen viewing.

Conclusions:

Managing screen viewing is a challenge for many parents and can often cause tension in the home. The data presented in this paper provide key suggestions of new approaches that could be incorporated into behaviour change programmes to reduce child screen viewing.

<http://bmjopen.bmj.com/content/6/3/e010355.full>

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III. CURRENT INITIATIVES

8. Recruitment: Better Nights, Better Days Study

Better Nights, Better Days is an online program offering support and assistance for parents who have children with sleep problems. People are eligible to take part if their child: resists bedtime, has trouble falling asleep, frequently wakes up in the middle of the night or wakes up too early in the morning.

<http://betternightsbetterdays.ca/>

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IV. UPCOMING EVENTS

9. Perinatal Anxiety and Support Parental Mental Health

November 15, 2016: North Bay, ON

November 22, 2016: Belleville, ON

Mental health issues are common concerns for service providers working with prenatal clients and parents of young children. This workshop will help service providers better understand perinatal anxiety and provide information to support parents with mental health issues of all kinds. Perinatal anxiety will be described in detail and participants will have the opportunity to consider how, where and when to refer parents/caregivers living with anxiety in their local community. Strategies to support parents with mental health issues will be briefly discussed and participants will consider how to use Best Start Resource Centre strategies/resources in their own programs.

North Bay: <http://en.beststart.org/event/workshop-perinatal-anxiety-and-supporting-parental-mental-health-north-bay>

Belleville: <http://en.beststart.org/event/workshop-perinatal-anxiety-and-supporting-parental-mental-health-belleville>

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10. Substance Use in the Perinatal Period

November 21, 2016: Ottawa, ON

This one-day workshop provides a solid foundation of theoretical and clinical knowledge to facilitate effective care of mothers and newborns who are impacted by substance use in the perinatal period. It is intended for interprofessional health

care providers and social service providers who care for childbearing families during pregnancy and postnatal periods.

<https://cmnnp.simplesignup.ca/en/1801/index.php?m=eventSummary>

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11. The 7th International Conference on Fetal Alcohol Spectrum Disorder Research: Results and Relevance

March 1-4, 2017: Vancouver, BC

This advanced level conference continues to bring together experts from multiple disciplines to share international research. From the pure science, to prevention, diagnosis and intervention across the lifespan, the conference will address the implications of this research and promote scientific/community collaboration. It provides an opportunity to enhance understanding of the relationships between knowledge and research and critical actions related to FASD.

<http://interprofessional.ubc.ca/FASD2017/default.asp>

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V. RESOURCES

12. Preventing Anxiety for Children

The *Children's Mental Health Research Quarterly* provides summaries of the best available research evidence on a variety of children's mental health topics, prepared using systematic review and synthesis methods adapted from the [Cochrane Collaboration](#) and [Evidence-Based Mental Health](#). The goal is to improve outcomes for children by informing policy and practice. This issue focuses on preventing anxiety for children.

<http://childhealthpolicy.ca/wp-content/uploads/2016/04/RQ-10-16-Spring.pdf>

Executive summary: <http://childhealthpolicy.ca/wp-content/uploads/2016/04/ES-16-01-Spring-2016.pdf>

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13. Video: Tackling Child Obesity by Making the Healthy Choice the Default Option

Alex Munter, President and CEO of the Children's Hospital of Eastern Ontario (CHEO), discusses child obesity. He notes that childhood obesity is a moral issue because it deprives millions of children of a healthy future. He said in 20 years we will look back on today and ask: Why did a multi-billion-dollar industry market junk food to 3-year-olds? How did a culture of obesity become the norm? Obesity is the defining health issue of this generation, like smoking was of the last. How can we change that? (Munter, 2016).

https://www.youtube.com/watch?list=PLOX2gVgWfFaCWSqKECLMqMMvx6jBxEHugm&time_continue=2&v=r1voXlcYfNs

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14. Responding to Trauma-related Behavioral Challenges in Children

This handy document summarizes resources and publications relevant to professionals interested in learning more on trauma-related behavioral challenges in children.

<http://aia.berkeley.edu/media/roundup/Responding%20to%20Trauma-related%20Behavioral%20Challenges%20in%20Children.pdf>

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15. A Guide to Early Learning and Child Care in Ontario – 2016 Edition

This new 2016 edition of A Guide to Early Learning and Child Care in Ontario is a project of the Ontario Coalition for Better Child Care. Since the 2012 edition of this publication there have been many changes to the governance, financing and pedagogy of early learning and child care in Ontario. This new edition provides a comprehensive update to the previous versions of this guide.

<https://childcareon.nationbuilder.com/guide2ccon>

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16. Online Training on Reproductive Health in Emergency Preparedness and Response

CDC's Division of Reproductive Health has launched a new online course for federal, state, and local public health and other health professionals. The course highlights preparedness and response resources and tools specific to the field of

reproductive health in emergencies. The training provides learners the opportunity of obtaining Continuing Education Units (CEU), Continuing Medical Education (CME) or Continuing Nurses Education (CNE).

www.cdc.gov/reproductivehealth/emergency/training-course/index.html

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VI. FEATURED BEST START RESOURCES

17. My Reproductive Life Plan - Booklet (available in French)

This booklet is for adults who want to have children someday, but not right now. It helps individuals understand how to protect their ability to have children, think about when to have children and how to have the healthiest baby possible when they are ready. Topics include writing a reproductive life plan, physical health, sexual health, mental health, family health history, and next steps. Also included are websites and organizations to support next steps.

www.beststart.org/resources/preconception/index.html

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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 www.beststart.org/services/information.html

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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](#) - 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](#)