



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 fields. 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

To help children sleep, go dark

An article in the New York Times (March 5, 2018) discusses a study published in the journal *Physiological Reports* that examines the effects of light at night for young children. The eyes of young children let in more light than adults and this research shows that exposure to bright lights before bedtime can throw their natural sleep cycle off schedule. The researchers suggest not exposing children to bright lights near bed time to promote better sleep.

Read the [article](#).

1 in 66 Canadian children diagnosed with autism, report reveals (Available in French)

This CBC article (March 29, 2018) discusses a Public Health Agency of Canada Report looking at the prevalence of autism among Canadian children. This report is based on data from a number of provinces and territories (but not all) and found that an estimated 1 in 66 children in Canada are diagnosed with autism spectrum disorder (ASD) and males were identified with ASD four times more frequently than females. This article also discusses the federal funding allocated to strengthen health, social and educational programs related to ASD.

Read the [article](#).

Read the Public Health Agency of Canada report in [English](#) and in [French](#).

UNICEF ranks Canada 146th for newborn mortality rate

UNICEF issued a [report](#) this week ranking newborn mortality rates for 2016 by country, with Pakistan having the highest rate at about 1 in 22 infant deaths before age 1 month and Japan having the lowest, with 1 death for every 1,111 births. Canada tied with Denmark for 146th place, with 1 infant death for every 313 births.

Read the [article](#).

II. Recent Reports & Research

Reaffirmed by SOGC: Guidelines for Vaginal Birth After Previous Caesarean Birth (Available in French)
(Martel & McKinnon, reaffirmed 2018)

ABSTRACT

Objective

To provide evidence-based guidelines for the provision of a trial of labour (TOL) after Caesarean section.

Outcome

Fetal and maternal morbidity and mortality associated with vaginal birth after Caesarean (VBAC) and repeat Caesarean section.

Evidence

MEDLINE database was searched for articles published from January 1, 1995, to February 28, 2004, using the key words "vaginal birth after Caesarean (Cesarean) section." The quality of evidence is described using the Evaluation of Evidence criteria outlined in the Report of the Canadian Task Force on the Periodic Health Exam.

Read English guidelines [here](#) and French guidelines [here](#).

Association of Timing of Weight Gain in Pregnancy With Infant Birth Weight

(Retnakaran, et al., 2018)

ABSTRACT

Importance

Gestational weight gain is a determinant of infant birth weight, but it is unclear whether its timing in pregnancy may hold implications in this regard. Previous studies have yielded conflicting findings on the association of maternal weight gain in early pregnancy with birth weight. However, as these studies have typically recruited women during the first trimester, they are inherently limited by a reliance on self-reported pregravid weight.

Objective

To evaluate the associations of directly measured maternal pregravid weight and the timing of subsequent weight gain across pregnancy with infant birth weight.

Design, Setting, and Participants

In this prospective, preconception, observational cohort study, 1164 newly married women in Liuyang, China, underwent pregravid evaluation at a median of 19.9 weeks before a singleton pregnancy during which they underwent serial weight measurements. The study was conducted from February 1, 2009, to November 4, 2015. Data analysis was performed between September 1, 2016, and May 6, 2017.

Exposure

Maternal weight gain was calculated for the following 10 gestational intervals: from pregravid to less than 14, 14 to 18, 19 to 23, 24 to 28, 29 to 30, 31 to 32, 33 to 34, 35 to 36, 37 to 38, and 39 to 40 weeks.

Main Outcomes and Measures

Associations of pregravid weight and weight gain within each of the 10 gestational intervals with the outcome of infant birth weight.

Results

The mean (SD) age of the 1164 women included in the study was 25.3 (3.1) years. Pregravid weight was consistently associated with infant birth weight. However, among the 10 gestational intervals, only weight gain from pregravid to 14 weeks and from 14 to 18 weeks was associated with birth weight. Birth weight increased by 13.6 g/kg (95% CI, 3.2-24.1 g/kg) of maternal weight gain from pregravid to 14 weeks and by 26.1 g/kg (95% CI, 3.8-48.4 g/kg) of maternal weight gain from 14 to 18 weeks.

Conclusion and Relevance

Maternal weight only in the first half of gestation is a determinant of infant birth weight. Before pregnancy and early gestation may be a critical window for intervention to affect subsequent birth weight.

Read the [article](#).

Family-Centred Maternity and Newborn Care: National Guidelines (Available in French)
(Health Canada, 2018)

The Public Health Agency of Canada has released the first chapters of the updated Family-Centred Maternity and Newborn Care: National Guidelines, including the Preconception Care Chapter. The guidelines are dedicated to improving and creating consistency in maternal and newborn health and informing evidence based practice across Canada.

The guidelines cover the following topics:

- Folic Acid
- Mental Health
- Immunizations
- Nutrition
- Healthy Body Weight
- Physical Activity
- Smoking
- Environmental Hazards

Read the guidelines in English [here](#) and French [here](#).

Every Child Alive: The urgent need to end newborn deaths
(UNICEF, 2018)

Every year, 2.6 million babies die before turning one month old. One million of them take their first and last breaths on the day they are born. However, millions of these young lives could be saved every year if every mother and every baby had access to affordable, quality health care, good nutrition and clean water. This report addresses the challenges of keeping every child alive, and calls for strong cooperation among governments, businesses, health-care providers, communities and families to give every newborn a fair chance to survive, and to collectively work towards the achievement of universal health coverage, and a world where no newborn dies of a preventable cause.

UNICEF ranks Canada 146th for newborn mortality rate. UNICEF issued a report this week ranking newborn mortality rates for 2016 by country, with Pakistan having the highest rate at about 1 in 22 infant deaths before age 1 month and Japan having the lowest, with 1 death for every 1,111 births. Canada tied with Denmark for 146th place, with 1 infant death for every 313 births.

Physiologic Basis of Pain in Labour and Delivery: An Evidence-Based Approach to its Management
(Bonapace et al., 2018)

ABSTRACT

Objective

To review the evidence relating to nonpharmacological approaches in the management of pain during labour and delivery. To formulate recommendations for the usage of nonpharmacological approaches to pain management.

Options

Nonpharmacological methods available for pain management during labour and delivery exist. These should be included in the counselling and care of women.

Evidence

PubMed and Medline were searched for articles in French and English from 1990 to December 2015 on subjects related to a series of relevant keywords. Additional studies were identified by screening reference lists from selected studies and from expert suggestions. No language restrictions were applied.

Validation methods

The quality of the evidence is rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care. Recommendations for practice are ranked according to the method described in this report.

Benefits, risks, and cost

The nonpharmacological method encourages an incremental approach to pain management that contributes to reduced interventions through optimal use of the woman's neurophysiologic and endocrine resources and a better understanding of the physiology of stress and pain during labour.

Read the [recommendations](#).

Egg Freezing for Age-Related Fertility Decline

(Saumet et al., 2018)

ABSTRACT

Objective

To provide a comprehensive review and evidence based recommendations for Canadian fertility centres that offer social egg freezing.

Outcomes

In social egg freezing cycles we evaluated thawed oocyte survival rates, fertilization rates, embryo quality, pregnancy rates, and live birth rates. We also review how these outcomes are impacted by age, ovarian reserve, and the number of eggs cryopreserved. Finally, we discuss the risks of social egg freezing, the alternatives, the critical elements for counselling and informed consent, and future reporting of egg freezing outcome data.

Evidence

Published literature was reviewed through searches of MEDLINE and CINAHL using appropriate vocabulary and using key words ("oocyte cryopreservation," "egg freezing," "egg vitrification," "social egg freezing," and "elective egg freezing"). Results included systematic reviews, randomized controlled trials, controlled clinical trials, and observational studies. Expert opinion based on clinical experience, descriptive studies, or reports of expert committees was also included to discuss aspects of egg freezing not currently rigorously studied.

Values

The evidence obtained was reviewed and evaluated by the Clinical Practice Guideline (CPG) Committees of the Canadian Fertility and Andrology Society (CFAS) under the leadership of the principal authors.

Benefits, Harms, and Costs

Implementation of this guideline should assist the clinician to develop an optimal approach in providing counselling for egg freezing while minimizing harm and improving patient outcomes during treatment.

Read the guidelines [here](#).

Effectiveness of behavioral interventions to reduce the intake of sugar-sweetened beverages in children and adolescents: A systematic review and meta-analysis

(Rahman et al., 2018)

ABSTRACT

Context

Consumption of sugar-sweetened beverages (SSBs) among children has been associated with adverse health outcomes. Numerous behavioral interventions aimed at reducing the intake of SSBs among children have been reported, yet evidence of their effectiveness is lacking.

Objective

This systematic review explored the effectiveness of educational and behavioral interventions to reduce SSB intake and to influence health outcomes among children aged 4 to 16 years.

Data Sources

Seven databases were searched for randomized controlled trials published prior to September 2016. Studies identified were screened for eligibility.

Study Selection

Trials were included in the review if they met the PICOS (Population, Intervention, Comparison, Outcome, and Study design) criteria for inclusion of studies.

Data Extraction

Data were extracted by 2 reviewers following Cochrane guidelines and using Review Manager software.

Results

Of the 16 trials included, 12 were school based and 4 were community or home based. Only 3 trials provided data that could be pooled into a meta-analysis for evaluating change in SSB intake. Subgroup analyses showed a trend toward a significant reduction in SSB intake in participants in school-based interventions compared with control groups. Change in body mass index z scores was not statistically significant between groups.

Conclusions

The quality of evidence from included trials was considered moderate, and the effectiveness of educational and behavioral interventions in reducing SSB intake was modest.

Read review [here](#).

III. Current Initiatives

LDCP Beyond BMI Team Releases Phase 3 Final Report

The Locally Driven Collaborative Program Beyond BMI team has released a report summarizing the results of a pilot with primary care practices to test the feasibility of EMR integration of NutriSTEP®.

Some key highlights from the report are:

- Collecting comprehensive information on childhood weights and NutriSTEP® supported clinical decision-making through early identification, management and referral for at-risk children and their families.
- Parent education resources were helpful in the conversation with parents about nutritional risk and protective factors.
- Including NutriSTEP® as part of the routine 18 and 36 month well baby visits, with front office support, were key success factors.

Read the full report [here](#).

Family Law Reform and Children's Rights

Everyone agrees that children are affected by decisions made when their parents go through divorce proceedings and decide on parenting arrangements. It may be a surprise to learn that Canada's current family

law does not clearly recognize the rights of children within the processes involved in the family court system. Plans to expand the unified family court system and modernize family law provide a good opportunity to strengthen legal protection for the best interests and rights of children in Canada.

The CCRC submission focuses on the following points:

- Give priority to the best interests of children and explicitly use the Convention to guide how best interests will be determined.
- Require that the views of the child be considered in all stages and types of decision-making;
- Require that all actors in the family court system give priority to the best interests of children to reduce delays and legal game-playing that often harms children;
- Require special protection for the rights of children in cases that involve domestic violence.

Members are encouraged to use the CCRC submission to add your voice to this important policy reform process. Greater respect for children's rights in family law would be a major step forward.

Read the submission [here](#).

Let's Help With Motion 110

Motion 110 is a non-partisan motion being moved by Blake Richards in the House of Commons. If passed, the motion instructs the Standing Committee on Human Resources to undertake a study of the impact on parents who have suffered the loss of an infant child, and to make recommendations to the government to improve the level of support for grieving parents and to seek to ensure parents no longer suffer any undue financial or emotional hardship as a result of the design of government programming.

Currently, MP Richards is calling upon supporters to help rally their local MPs to support this motion. You can help by writing a letter or an email to your MP, the Prime Minister, and the Minister of Families, Children and Social Development asking that they support the Motion when it comes to a vote in the House of Commons. Click [here](#) for a letter template and click [here](#) to find out who your local MP is and get their contact information. You can also sign the petition and encourage others to do these same things.

Access the letter template [here](#).

IV. Upcoming Events

Perspectives on Canadian Families: Redefining Inclusion with Nora Spinks

May 11, 2018: Thorold, ON

Understanding families gives us valuable perspective on our communities. This in turn helps to support the ongoing development of our programs and services and serves as important background information in ensuring inclusive environments that are welcoming to all families. Individuals who engage with families and children as part of their daily work are invited to join Nora Spinks to take a glimpse into the lives and homes of families in Canada. Participants will have an opportunity to engage in thought provoking dialogue to increase their understanding of families in Canada and will learn how to apply that understanding to their work alongside children and their families in community programs.

Register [here](#).

The 15th Annual Summer Institute on Early Childhood Development - Equity, Access and Quality in Early Childhood Education and Care

June 1, 2018: Toronto, ON

The Summer Institute is an annual collaboration between the School of Early Childhood at George Brown College and the Atkinson Centre for Society and Child Development at the Ontario Institute for Studies in Education/University of Toronto. The Institute strives to offer timely information to inform research, policy and practice.

The 15th Summer Institute examines the challenges in promoting quality while targeting expansion. Featured speakers include Sir Kevan Collins, head of the UK Education Endowment Foundation, providing evidenced-based evaluation of the policies and practices that work – and don't work – to improve children's outcomes, and Dr. Angela James draws on indigenous pedagogy to strengthen early years practice.

Register [here](#).

Come in Curious - an invitation to honour Indigenous ways of knowing in early years settings

June 14, 2018: London, ON

This event, hosted by the Canadian Association of Young Children (CAYC) and London Bridge Child Care Services, will explore what it means to engage in participatory research with Indigenous early childcare professionals. Indigenous early childcare professionals will share experiences from their communities and early year's contexts.

Register [here](#).

V. Resources

Health and Development in the Early Years Resource

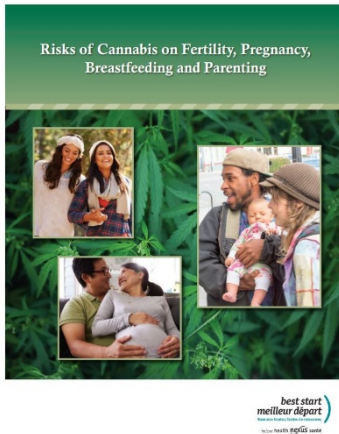
The Health of Canada's Children and Youth offers a new, user-friendly online resource on early childhood development to support action to improve the health and well-being of children and their families. It represents a comprehensive consolidation of indicators on the health and well-being of children in Canada, and provides almost 400 indicators from existing data.

This online resource gathers data that describes Canadian children aged 0-5 and their families including:

- who their parents are,
- where they live,
- socio-economic issues they face,
- family structures they are part of,
- community supports and challenges,
- health services they can access,
- the impact of the environment on their health and developmental outcomes.

Access the resource [here](#).

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



Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting (Available in French) Best Start Resource Centre, 2017

This resource is for women and men, who are thinking about becoming parents, are pregnant, or who are new parents. It provides information about the effects of cannabis on fertility, pregnancy, breastfeeding, on children and adolescents when their mothers used cannabis during pregnancy and on parenting. This resource summarizes the current knowledge about the effects of cannabis.

EN: Available in print and [PDF](#).

FR: Disponible au format imprimé et en [PDF](#).



Prenatal Education Directory - Promotional Postcard

This bilingual postcard can be used to promote the Ontario Prenatal Education Program Directory to future parents.

Available in [print](#) and [PDF](#).



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- **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 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.