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The MNCHP Bulletin is an electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and early childhood education and development 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



A Prescription for Play?

Imagine a drug that could enhance a child's creativity, critical thinking and resilience. Imagine that this drug were simple to make, safe to take, and could be had for free. The US's leading pediatricians say this miracle compound exists. In a new clinical report, they are urging doctors to prescribe it liberally to the children in their care. What is this wonder drug? Play. The academy's guidance does not include specific recommendations for the dosing of play. Instead, it asks doctors to advise parents before their babies turn 2 that play is essential to

healthy development. It also advocates for the restoration of play in schools. In the pediatricians' view, essentially every life skill that's valued in adults can be built up with play.

Read their statement.

Interested in discussing Play with parents?

The Best Start Resource Centre's booklet *Learning to Play and Playing to Learn* helps parents and all who care for children support play-based learning at home, in child care and preschool settings and in kindergarten. Particular attention is given to attachment, self-regulation and play. This booklet uses language that is used in kindergarten and will be familiar to parents and the teacher and early childhood educator team. Checklists relating to growth, development, health, nutrition, routines and self-help, including the revised nnds are included in the booklet.



Currently available:

- in print in English and French.
- in PDF with hyperlinks (for online consultation) in English and French.
- in pdf with full urls (to print it) in English and French.

The Baby Formula Industry Is Turning To Toddlers

The number of North-Americans who breastfeed their children has risen steadily over the past few decades — a public health win that results in better nutrition and lower health risks for mothers and babies. But this positive development is at odds with the interests of the baby formula industry, whose sales in recent years have flattened. Companies that make baby formula have responded by heavily marketing other products within the category of "formula food." One particular product that started showing up on supermarket shelves in the 1980s has now become the global industry's fastest growing product: toddler formula. Marketed for kids 9 months and up, is meant to be a "nutritional supplement" ensuring that children receive the nutrients they need as they transition from breast milk or baby formula to solid food, according to the formula makers. But the World Health Organization and pediatric nutrition experts say toddler formula and toddler milks are unnecessary because small children can get all the nutrients they need from a healthy whole-foods diet. Some experts even contend that toddler formulas are potentially harmful in the long run.

Learn more here.



Reaffirmed SOGC Guidelines: Obesity in Pregnancy

The Society of Obstetricians and Gynaecologists of Canada (SOGC) recently reviewed the evidence and reaffirmed their recommendations for the counselling and management of obese parturients. Implementation of these recommendations should increase recognition of the issues clinicians need to be aware of

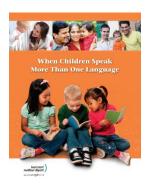
when managing obese women in pregnancy, improve communication and consultation amongst the obstetrical care team, and encourage federal and provincial agencies to educate Canadians about the values of entering pregnancy with as healthy a weight as possible.

Learn more here.

Five Things to Know About Bilingual Indigenous Education

Research tells us that bilingual education is the best possible education, but Canadian census results, and parents' experiences, suggest that some Indigenous children educated in an Indigenous language are struggling. For example, education in Inuktut is a right that some Inuit parents, and governments, are often giving up. We want children to succeed and some have believed the myth that English language education is the (only) way to get there.

Learn more here.



Discussing bilingualism with new parents?

Language is the best tool to help a child do well later in school and in life. When Children Speak More Than One Language is a booklet intended to answer the questions parents of a child who will learn two or more languages may have. This guide will give them information based on research to help them.

Currently available in print in English and French, and in PDF in English, French, Arabic, Chinese, Cree, Hindi, Ojibway, Punjabi, Spanish, Tagalog, Tamil and Urdu.



Holding Down Vital Job a Struggle, Say Parents of Disabled Children in the UK

Parents of the UK's million disabled children are struggling to hold down vital jobs – even when they downshift and stall career progress – because of a dearth of suitable and affordable childcare, flexible jobs and appropriate leave. A new report by charity Working Families in the UK analysed feedback from 1,250 parents of disabled children – the majority of whom were mothers – and found three quarters (76%) of parents of disabled children have turned down a promotion or accepted a demotion to meet

their caring responsibilities. Nearly half (45%) are working at a lower skill level than before they had their disabled child. By comparison, figures for all working parents show one in ten working mothers and fathers have turned down a promotion. The report, called 'Off Balance – Parents of disabled children and paid work' shows that despite downshifting, parents of disabled children often still struggle to hold down their jobs because of a lack of practical support and flexibility.

In Canada, recent data is lacking, but <u>2011 statistics</u> appear quite alarming too.

Weed-Killing Chemical Linked to Cancer Found in Some Children's Breakfast Foods

In 2016, the non-profit Food Democracy Now tested for glyphosate, glyphosate, a weed-killing chemical that some health authorities link to cancer, in single samples of a variety of popular foods. "Alarming levels" of glyphosate were found in a number of cereals and other products, including more than 1,000 ppb in Cheerios. More recently, the Center for Environmental Health tested single samples of 11 cereal brands and found glyphosate levels ranging from about 300 ppb to more than 2,000 ppb. A new report found glyphosate in a number of popular breakfast foods and cereals marketed to children. The study by the non-profit Environmental Working Group (EWG) discovered trace amounts of the most widely used herbicide in the country in oats, granolas and snack bars. Thirty-one out of 45 tested products had levels higher than what some scientists consider safe for children.

Learn more here and here.

Bisexuality: The Invisible Sexual Orientation in Sexual and Reproductive Health Care

Sexual minority women* (including, but not limited to, women who self-identify as lesbian, bisexual, or another non-heterosexual identity and/or engage in same-sex sexual behaviour) have specific sexual and reproductive health needs that are relevant to the practice of obstetrics and gyneacology. ¹⁻⁷ However, there has been very little study of sexual minority women relative to heterosexual women in the field of obstetrics and gynaecology, and the SOGC's most recent policy statement on sexual orientation was published in 2000.

Learn more here.

Is your organization as inclusive as it could be?

Developed by the Best Start Resource Centre, the manual *Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families From Preconception to Preschool* focuses on issues related to sexual orientation and gender identity as they apply to preconception, prenatal and child health. It asks service providers to think about and take action to better serve families that are led by people who identify as lesbian, gay, bisexual, trans and/or queer (LGBTQ). It also asks service providers to consider the needs of children who are sometimes called gender variant – children whose dress, behaviour or identity does not match traditional gender norms.



Download it for free here.

Weed-Killing Chemical Linked to Cancer Found in Some Children's Breakfast Foods Also Available in Canada

A major U.S. pediatrics association is warning that many chemicals used to colour, preserve or package food pose dangers to children and that the regulatory system must be overhauled to protect young people. In a statement published in August 2018, the American Academy of Pediatrics (AAP) says evidence is mounting about health risks, including obesity and hormone disruption, linked to commonly used chemicals found in everything from plastic wrap to metal cans and packaged food. The AAP advocates for substantial improvements to the food additives regulatory system, including greatly strengthening or replacing the "generally recognized as safe" (GRAS) determination process, updating the scientific foundation of the FDA's safety assessment program, retesting all previously approved chemicals, and labeling direct additives with limited or no toxicity data.

Learn more here.

II. Recent Reports & Research

The Nutritional Quality of Gluten-Free Products for Children

Gluten-free (GF) products tend to have a health halo for consumers, although they are not nutritionally superior to regular foods. Children on GF diets may struggle to get adequate nutrition; they also consume more sugars (related to processed food intake). To examine the nutritional quality of gluten-free (GF) products specifically marketed for children, all child-targeted food products were purchased from 2 major supermarket chains in Calgary, Alberta, Canada. Using the Pan American Health Organization Nutrient Profile Model, the nutritional quality of products with a GF claim was compared with those without such a claim. A secondary analysis further compared the nutrient profile of child-targeted GF products to their product "equivalents." Overall, child-targeted GF products had lower levels of sodium, total fat, and saturated fat but also had less protein and a similar percentage of calories from sugar compared with child-targeted products without a GF claim. According to the Pan American Health Organization criteria, both GF products and "regular" products designed for children can be classified as having poor nutritional quality. When analyzed in light of their product equivalents without a GF claim, both had similarly high levels of sugar. Altogether, GF supermarket foods that are targeted at children are not nutritionally superior to regular child-targeted foods and may be of greater potential concern because of their sugar content. The health halo often attributed to the GF label is not warranted, and parents who substitute GF products for their product equivalents (assuming GF products to be healthier) are mistaken. Parents of children with gluten intolerance and/or sensitivity, along with parents who purchase GF products for other health reasons, need to carefully assess product labels when making purchases.

Learn more here, and access the article here.

Realizing Women Living with HIV's Reproductive Rights in the Era of ART: The Negative Impact of Nonconsensual HIV Disclosure on Pregnancy Decisions Amongst Women Living with HIV in a Canadian Setting.

To better understand the structural drivers of women living with HIV's (WLWH's) reproductive rights and choices, this study examined the structural correlates, including non-consensual HIV disclosure, on WLWH's pregnancy decisions and describes access to preconception care. Analyses drew on data (2014-present) from SHAWNA, a longitudinal community-based cohort with WLWH across Metro-Vancouver, Canada. Multivariable logistic

regression was used to model the effect of non-consensual HIV disclosure on WLWH's pregnancy decisions. Of the 218 WLWH included in our analysis, 24.8% had ever felt discouraged from becoming pregnant and 11.5% reported accessing preconception counseling. In multivariable analyses, non-consensual HIV disclosure was positively associated with feeling discouraged from wanting to become pregnant (AOR 3.76; 95% CI 1.82-7.80). Non-consensual HIV disclosure adversely affects WLWH's pregnancy decisions. Supporting the reproductive rights of WLWH will require further training among general practitioners on the reproductive health of WLWH and improved access to women-centred, trauma-informed care, including non-judgmental preconception counseling.

Learn more here.

The Right Plate Might Nudge Kids to Eat More Veggies

Handing kids plates with pictures of fruits and vegetables may nudge them to serve themselves more of these foods and eat more of them, too, a small experiment suggests. At lunchtime on three days in one week, researchers gave 325 children plates with compartments that had pictures of fruits and veggies, and they observed how much kids put on their plates and ate. Then they compared those days to three days in a previous week when kids ate with their usual plain white plates. On average, kids served themselves about 44 grams of vegetables each day with the experimental plates, compared with about 30 grams with regular plates, the study found. They also ate more veggies: an average of 28 grams a day with the experimental plates compared with 21 grams before. With fruits, kids served themselves an average of about 64 grams a day with experimental plates, up from roughly 60 grams before. And, kids ate an average of 55 grams of fruit with the experimental plates, compared with 51 grams before. This smaller difference for fruits could be explained by the fact that kids were eating so much more fruit than vegetables to begin with, researchers note in JAMA Pediatrics.

Learn more <u>here</u>, and access the article <u>here</u>.

Prevalence of Depression Among Fathers at the Pediatric Well-Child Care Visit

A study in JAMA Pediatrics showed that fathers of young children had a similar likelihood of experiencing depression symptoms as new mothers and accounted for 11.7% of all parents who screened positive for depression. The findings, based on 2016 data involving parents of youths ages 15 months or younger, should prompt "opportunities to educate physicians about the importance of depression in both parents and to develop strategies to integrate screening tools into routine care," researchers wrote.

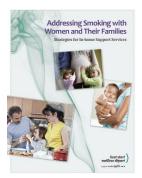
Learn more <u>here</u> and access the article <u>here</u>.

Drinking or Smoking While Breastfeeding and Later Cognition in Children

Although alcohol is a known teratogen, studies of maternal alcohol use during breastfeeding and infants' basic developmental scores have produced mixed results. No previous study has assessed the impact of maternal drinking or smoking on cognitive outcomes in the child. Aiming to to examine whether drinking or smoking while breastfeeding lowers children's cognitive scores, authors hypothesized that increased drinking or smoking would be associated with dose-dependent cognitive reductions. 5107 Australian infants were recruited in 2004 and assessed every 2 years. The study suggests that **exposing infants to alcohol through breast milk may cause dose-dependent reductions in their cognitive abilities.** This reduction was observed at age 6 to 7 years but was not sustained at age 10 to 11 years. Although the relationship is small, it may be clinically significant when mothers consume alcohol regularly or binge drink. Further analyses will assess relationships

between alcohol consumption or tobacco smoking during lactation and academic, developmental, physical, and behavioral outcomes in children

Learn more here.



Interested in raising the topic of smoking with new parents or future parents?

The Best Start Resource Centre offers many resources to help you. Discover them <u>here</u>.

In particular, the manual Addressing Smoking with Women and Their Families - Strategies for In-home Support Services is designed for service providers who may have an opportunity to discuss smoking with women and/or their family members during home visits. While engaging directly with clients, this resource suggests ways that service providers can assist and motivate women and their families to think about their smoking and consider trying to quit smoking. Certain tools in this resource may be more appropriate for some service providers than for others, depending on roles, responsibilities and scope of practice. Download it for free in English or French.

Interventions for Women Who Have a Caesarean Birth to Increase Uptake and Duration of Breastfeeding: A Systematic Review

Rates of breastfeeding uptake are lower after a caesarean birth than vaginal birth, despite caesarean rates increasing globally over the past 30 years, and many high-income countries reporting overall caesarean rates of above 25%. A number of factors are likely to be associated with women's infant feeding decisions following a caesarean birth such as limited postoperative mobility, postoperative pain, and ongoing management of medical complications that may have triggered the need for a caesarean birth. The aim of this systematic review was to evaluate evidence of interventions on the initiation and duration of any and exclusive breastfeeding among women who had a planned or unplanned caesarean birth. Seven studies, presenting quantitative and qualitative evidence, published in the English language from January 1994 to February 2016 were included. A limited number of interventions were identified relevant to women who had had a caesarean birth. These included immediate or early skin-to-skin contact, parent education, the provision of sidecar bassinets when rooming-in, and use of breast pumps. Only one study, an intervention that included parent education and targeted breastfeeding support, increased initiation and continuation of breastfeeding, but due to methodological limitations, findings should be considered with caution. There is a need to better understand the impact of caesarean birth on maternal physiological, psychological, and physical recovery, the physiology of lactation and breastfeeding and infant feeding behaviors if effective interventions are to be implemented.

Learn more here.

The Effect of Mass Evacuation on Infant Feeding: The Case of the 2016 Fort McMurray Wildfire

The ways in which the 2016 Fort McMurray wildfire evacuation affected infant feeding was examined to understand the decisions and perceptions of primary caregivers of children age 0–36 months who evacuated from Fort McMurray, Canada. A mixed methods approach to assess the overall impact that the evacuation had on infant feeding was used, with specific outcome variables for the quantitative research being decision-making,

access to support and resources, and changes in routine. Participants were recruited using a purposive sampling technique through infant feeding in emergency support groups on social media in which members were primarily evacuees from the Fort McMurray wildfire. Loglinear results include a model of feeding methods before and after the wildfire evacuation. The findings suggest that the evacuation was associated with a reduction in breastfeeding and an increase in use of infant formula. The open-ended data revealed that caregivers experienced stress during and after the evacuation due to moving from place to place, food insecurity associated with artificial feeding, warding off unhealthy food for older children, and managing family reunification. In addition, respondents reported that breastfeeding was a source of comfort for infants and contributed to a sense of empowerment. This study sets forth important groundwork for understanding decision-making, stress, logistics, and social factors that influence infant feeding in a large-scale evacuation event. Emergency management, health workers, and nutrition experts can provide support to families in disasters to mitigate some of the adverse impacts the evacuation may have on infant feeding.

Learn more here.

Systematic Review and Meta-Analysis of Strategies to Increase Vegetable Consumption in Preschool Children Aged 2-5 Years

Most children do not meet daily recommendations for fruit and vegetable intake, and consumption of vegetables remains especially low. Eating habits track from childhood to adulthood hence establishing liking and intake of vegetables is important. To identify the most successful strategies to enhance vegetable intake in preschool children aged 2-5 years, the authors performed a systematic review and a meta-analysis of published studies. 30 articles and 44 intervention arms were identified for inclusion (n = 4017). Nine dominant intervention strategies emerged to promote vegetable intake in preschool children. These included; choice, pairing (stealth), education, food service, modelling, reward, taste exposure, variety and visual presentation. The meta-analysis revealed that interventions implementing repeated taste exposure had better pooled effects than those which did not. Intake increased with number of taste exposures and intake was greater when vegetables offered were in their plain form rather than paired with a flavor, dip or added energy (e.g. oil). Moreover, intake of vegetables which were unfamiliar/disliked increased more than those which were familiar/liked. In conclusion, repeated taste exposure is a simple technique that could be implemented in childcare settings and at home by parents. Health policy could specifically target the use of novel and disliked vegetables in childcare settings with emphasis on a minimum 8-10 exposures.

Learn more here.









Want to learn more on healthy weight in children?

The Best Start Resource Centre's It Takes a Village: Taking Action for Healthy Children is a free on-line course for service providers working with children 2-11. The focus is on healthy weights in children, in the context of healthy child development.

Take the course in English or in French.

Effect of an Innovative Community-Based Care Model, the Monarch Centre, on Postpartum Length of Stay: an Interrupted Time-Series Study

Reduction in postpartum length of stay has been advocated within a context of reducing health care system costs and maintaining quality of care. We assessed trends in postpartum length of stay for vaginal and cesarean deliveries at an academic hospital, The Ottawa Hospital, before and after the implementation in 2014 of a novel

community-based postpartum outpatient clinic, the Monarch Centre. The Monarch Centre model of postpartum care consists of prebooked appointments at the postpartum clinic, scheduled within 48 hours of hospital discharge. Clients receive maternal assessment including mood screening and care, neonatal care, laboratory testing including infant total serum bilirubin level, and breast-feeding assessment and support. Family physicians, lactation consultants and registered nurses are available for consultation at the appointment, and there is coordination with institutional care, community partners and primary care providers. Authors used interrupted time-series regression models to assess trends in postpartum length of stay at The Ottawa Hospital between January 2012 and December 2016. There were 16 023 deliveries with 16 515 babies born over the study period. The mean postpartum length of stay was 46 hours (66 h for cesarean deliveries and 37 h for vaginal deliveries). Eighteen months after implementation of the centre, the average length of stay following a cesarean birth had decreased by 20 hours, a relative reduction of 27%; for vaginal deliveries, length of stay was reduced by 6 hours, a relative reduction of 18%, and by 12 hours among typical cases. There was a decrease in the proportion of women with a length of stay exceeding 48 hours after centre implementation. An increase in the rate of 30-day readmission from 1.1% to 1.9% was observed among babies. Altogether, this study revealed a strong association between implementation of a community-based multidisciplinary postpartum clinic and declines in postpartum length of stay. This alternative model of postpartum care is safe, has the potential for reducing provider costs and should be considered for further implementation at provincial and national levels.

Learn more here.

III. Current Initiatives



Call for abstracts : Outdoor Play & Early Learning Policy Research Invitational Symposium

The Lawson Foundation will be hosting a two day symposium to support outdoor play and early learning policy in Canada from October 24-26, 2018 in Toronto, Ontario, Canada. The interactive symposium will provide a forum for researchers, government officials, educators, service providers, and others interested in sharing new research in the field of outdoor play and early learning policy. This call seeks research that addresses barriers and opportunities to increase children's outdoor play-based early learning in regulated early childhood education and care (ECEC) or publicly-funded elementary school contexts. Studies that expand the horizons of policy development and implementation related to early learning and outdoor play, from a variety of disciplines, are encouraged.

Learn more about the *Call for Abstracts* <u>here</u> and if interested apply **by January 26,2018**.

learn more here.



Are you an LGBT2SQ-positive service provider? Register for RHO's Service Provider Directory

If you're an LGBT2SQ positive health or social service provider in Ontario, consider registering yourself, your practice or your team in the Rainbow Health Ontario Service Provider Directory so potential clients and referrers can find your services. The directory is visited over 1000 times monthly and is searchable by postal code as well as profession and services. Registration is free. When you register you'll get an account with a password that you can use to re-access and update your listing at any time.

Learn more here.



Chew on this! and Other Initiatives for the International Day for the Eradication of Poverty

Every year on October 17, Dignity for All marks the International Day for the Eradication of Poverty. Poverty activists and people passionate about human rights, called for a Federal Anti-Poverty Plan to eradicate poverty and hunger for the 860,000 people in Canada who use food banks each month and the millions of others struggling to get by.

With over **80 events** in every province and territory, and over **20,000 postcards handed out** in 2017, *Chew On This!* is the most far-reaching initiative yet. Volunteers also handed out *Chew on This!* lunch bags and materials and engaging passersby on food insecurity and the need for a national antipoverty plan. Check out the <u>photos gallery of 2017 events</u> to see volunteers' updates and photos of their events from across Canada.

Chew On This! is coming up again! You can get involved in organizing a local Chew event to engage your community on food insecurity and poverty. For more information, please contact Michèle Biss

Genius of Play – Why Play is Important For Children's Development

What is the state of play in North America? Ms. Yudina is spearheading the Association's consumer-directed The Genius of Play™ movement to raise awareness of play as a crucial part of child development and encourage families to make time for play in their daily lives.

Listen and find out why play is so critical to childhood development here.

IV. Upcoming Events



Best Start Resource Centre 2019 Conference: Save the Date

A yearly, unique event in Ontario, our annual conference gives all service providers working on preconception & prenatal health, and early child development & education the opportunity to meet, share, reflect, network and be inspired! The <u>2019 conference</u> will take place **in Toronto**, **February 12-14, 2019**.

Our <u>2018 conference</u> was a huge success and <u>the 2019 conference</u> promises to be even better: Our keynotes will include Dr. Gary Bloch, Dr. Kathryn Hirsh-Pasek and Annette and Daniel Cutknife. Janet Fox will facilitate a full-day workshop on Water and Plant Teachings, and renowned author, Ann Douglas, will talk about Supporting Parents through the Storm. Visit <u>the bilingual website</u> regularly to learn more!



Health Provider Seminars - Protecting Breastfeeding: Policy and Clinical Skills

Join La Leche Canada on October 18-19, 2018 in Toronto and Kingston for a full day workshop with world-expert, Marsha Walker RN IBCLC, offering you the skills and strategies needed to make the greatest impact to breastfeeding rates, wherever you work. Whether you practice in the community, hospitals, primary care or private practice or have responsibility for policy-making or advocacy initiatives, you will come away from this workshop with new, practical, evidence-based approaches to helping families meet their breastfeeding goals.

Topics will include:

- Cracking the Code: Demystifying the International Code of Marketing of Breastmilk Substitutes
- Mammary dysbiosis: Probiotics, vibration, and turmeric?

- Stemming the Tide of Supplementation
- The Infant Microbiome
- Staying out of hot water: practical strategies for addressing conflicts of interest in clinical and health promotion settings

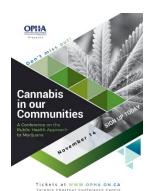
Learn more here.



6th Biennial Championing Public Health Nutrition conference - Feeding the Future

Join the Centre for Health Science and Law on October 1-2, 2018 in downtown Ottawa, steps away from Parliament Hill, to explore Health Canada's proposal for front-of-pack nutrition labelling, a progress report on calls for a national school food program, next steps for Canada's Food Guide, a national food policy for Canada, health promoting consumption taxes, and much more.

Learn more <u>here</u>.



Cannabis in our Communities Conference

Ontario is currently preparing for the legalization of recreational cannabis. What will this look like for public health and other sectors serving communities in Ontario? Join the Ontario Public Health Association's conference on November 14, 2018 in Toronto as they explore the changes and open up dialogue about what we will need to know.

Learn more <u>here</u> and register <u>here</u>.

Workshop: When Grief Gets More Complicated: Supporting Harder-to-Serve Populations

This workshop is part of the SickKids CCMH Learning Institute. Taking place **November 15 in Toronto** and facilitated by Andrea Warnick, RN, MA and Liana Lowenstein, MSW, RSW, CPT-S, and intended for front-line workers and volunteers, medical professionals, educators, clergy, social workers, administrators, residential workers, counsellors, funeral service providers and hospice volunteers, this workshop will focus on how to support some of the harder-to-serve populations of grieving children and youth including those with learning disabilities, those with an Autism Spectrum Disorder, as well as those who have experienced a death through homicide or suicide. Participants will gain specific supporting strategies for these populations and how to identify Childhood Traumatic Grief (CTG). Please note, that while this workshop will be trauma-informed, the emphasis will be on recognizing, not treating, children and youth who are experiencing CTG.

Learn more here.



Education and Skills Symposium 2018

Join <u>The Conference Board of Canada</u> on **November 28 and 29 in Toronto** as they engage in interactive discussions around major challenges facing our country's education and skills development systems. Come and share, learn, and debate key issues relating to education at every level, from early childhood education and K-12 to post-secondary education and adult learning.

Learn more here.

V. Resources



Safe Kids Worldwide

Safe Kids Worldwide is a global organization dedicated to protecting kids from unintentional injuries. When we talk about preventing injuries, we're not talking about skinned knees, bruised shins and scraped elbows. Those are the telltale signs of a curious child, exploring the world, pushing limits and seeking adventure. But there are things we can all do to ensure that those bumps and bruises don't turn into more disabling injuries and deaths. Safe Kids Worldwide has lots of safety checklists, videos, resources and reports here to support your work with families, several of them in multiple languages.

Guelph Family Health Study

Podcasts: Healthy Habits, Happy Homes

The Guelph Family Health Study is testing new ways for kids to learn healthy habits early – habits that can significantly lower a child's risk for disease now and in the future. Their team recently launched their weekly podcast series - Healthy Habits, Happy Homes - which provides evidence-based advice, tips, tools, and interviews with experts to help families develop healthy home routines. For more information, see their press release here. Listen to Episode 1: Creating Healthy Routines at Home with Jess Haines

Video: 20 Myths About Fetal Alcohol Spectrum Disorder Debunked

Awareness of FASD is on the rise, but many parents and health professionals are yet to recognise the symptoms of the disorder, or the scale of the problem. Children from all backgrounds are affected, making this a hidden epidemic behind many behavioural and learning issues. In this video, clinical neuropsychologist Carmella Pestell dispels the top 20 myths related to FASD.

Watch it here.



Children and Their Vision: What Parents and Teachers Need to Know

Children rarely complain when they have vision problems because they don't know that their vision isn't normal. They think that everyone sees the world the way they do. Parents and teachers have an important responsibility to recognize the signs of vision problems in order to identify children who need a complete eye examination. *Children and Their Vision: What Parents and Teachers Need to Know* contains accessible information about why establishing comprehensive eye care early in life is important for a child's long term development. This booklet is an update of the 2013 version, both created in collaboration with The National Collaborating Centre for Aboriginal Health (NCCAH), the <u>Canadian Association of Optometrists (CAO)</u> and the <u>Vision Institute of Canadian</u>

Read the booklet



How to Consider Screen Time Limits...for Parents

Research shows that parents see their smartphones as sources of stress as well as stress relief, depending on how they are used. When parents are engaging their smartphones, they talk less to their children, respond slower (if at all) to their bids for attention, overreact in response to these interruptions, and in the long run, this may lead to worse child behavior and more parenting stress. Is it all bad? What can be done? The webpage from the healthychildren.org website provides you with answers.

Learn more here.

Video: Managing Stress and Anxiety in Children

What are some examples of strategies that parents & educators can use to help children reduce and manage stress at a young age? Learn more in this recording from Dr. Robin Alter, chair of the Kids Have Stress Too!® committee, Trustee at The Psychology Foundation of Canada and author of the book "Anxiety and the Gift of Imagination & The Anxiety Workbook for Kids".

Watch the video here.



Paint Your Plate: A resource to Support Healthy Eating in Child Care Settings

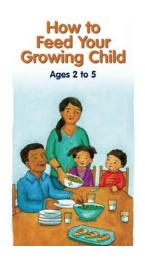
The Paint Your Plate Toolkit was developed by the Ontario Dietitians in Public Health (ODPH) for child care settings in Ontario to support the implementation of the Child Care and Early Years Act, 2014 (section 42 of Ontario Regulation 137/15). The goal of this toolkit is to make it easier for young children to enjoy vegetables and fruit every day and complements the Menu Planning & Supportive Nutrition Environments in Child Care Settings Practical Guide.

Look for your free download of the Toolkit and other child care resources on the <u>ODPH website</u>.

Raising the issue of a balanced diet for young children with parents?

Revised by the Best start Resource Centre in 2016, the low-literacy brochure *How to Feed Your Growing Child* was originally adapted from Vancouver Coastal Health. It provides information on feeding children from age two to five.

Currently available in print and PDF in English and French.





Neonatal Skin Care Evidence-Based Clinical Practice Guideline 4th Edition

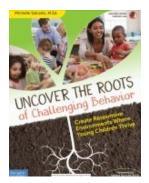
Newborn skin care practices have the potential to impact skin for many years. This revised guideline is targeted to obstetric, postpartum, and neonatal nurses, and other healthcare providers caring for newborns in various settings. New recommendations based on current research focus on appropriate skin care practices for term and preterm newborns. Expanded topics include bathing, atopic dermatitis and emollients, management of diaper dermatitis, intravenous extravasation, parent education, and product selection considerations. There are also many new appendices with images of skin injury and tables for identification and treatment of neonatal wounds.

The 4th edition features an updated Quick Care Guide and timely, research based recommendations that include:

- Assessment of the neonate's skin condition and identification of skin injury
- Guidelines for normal newborn bathing, circumcision, and cord
- Guidelines for promoting and protecting optimal skin function and minimizing future skin sensitization

• Identification of neonates at risk for alterations in skin integrity, including exposure to environmental and therapeutic agents

Learn more here.



Early Childhood Investigations Webinars

<u>Early Childhood Investigations</u> offers many webinar recordings intended for ECEs but of interest to anyone working in the early childhood field, such as:

- <u>5 Things You Can Do Today to Lessen Challenging</u>
 <u>Behaviors Tomorrow</u>, by Michelle Salcedo
- Talking with Babies: Infant Directed Speech and the Role of Early Educators, by Dr. Kathy Hirsh-Pasek
- <u>Using Loose Parts to Create Cultural Sustainable</u>
 <u>Environments</u>, by Miriam Beloglovsky and Lisa Daly
- and many more!

Access these webinars and download the corresponding slides here.





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- <u>Click4HP</u> is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.
- <u>The Maternal Newborn and Child Health Promotion (MNCHP) Network</u> 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 <u>Bulletin de santé maternelle et infantile</u> 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.
- <u>Promotion de la santé aujourd'hui</u>— Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

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