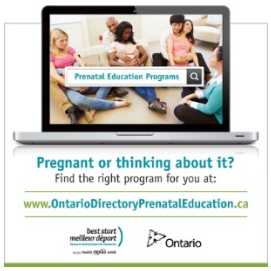


Promote the Ontario Prenatal Education Program Directory to Future Parents!

Prenatal education matters! Promote the Ontario Prenatal Education Program Directory to future parents on your website, through social media, on waiting room screens or in person with the new promotional materials developed by Best Start:

- The bilingual postcard.
- The bilingual flyer.
- The horizontal website banner in English or French.
- The square website banner in English and French.

And, as always... Don't forget to update your listing regularly!

Events

World Maternal Mental Health Day

Maternal Mental Health Matters 2019: Begin Before Birth Symposium

Hosted by Ludmer Center for Neuroinformatics and Mental Health, and taking place on May 1 in Montreal, the Symposium will focus on evidenced-based treatments, interventions that seek to improve maternal perinatal mental health and, in doing so, bolster brain health in the next generation. Speakers will share their research and experience working in high- and low-resource settings in Canada, the USA, Australia, Vietnam and Nepal and with indigenous, immigrant and migrant communities.

Learn more.

Champlain Maternal Newborn Regional Program
Programme régional des soins à la mère et au nouveau-né de Champlain

Professional Development by the Champlain Maternal Newborn Regional Centre

The Champlain Maternal Newborn Regional Centre (CMNRP)offers a range of workshops, and educational sessions on a variety of perinatal issues. Registration for these

offerings can be done directly using the CMNRP online registration process. Coming soon are, for example, workshops on Labour Support in Ottawa and on Breastfeeding in Kingston.

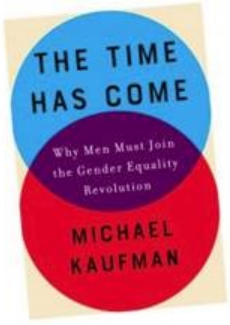
Learn more.

News

Nova Scotia Province Scraps Remaining Prenatal Classes

Four years after the province phased out its in-person prenatal classes in favour of an online parenting course, the Nova Scotia Health Authority has scrapped that online program. People seeking prenatal education from the province are now directed to a website with links to other websites. In September 2014, the Health Department began replacing in-person classes with the Welcome to Parenting online course, which provided information about pregnancy, labour, birth, breastfeeding and newborn care. The course also offered a forum for parents to share their experiences. But uptake and completion of the program did not meet expectations. The Nova Scotia Health Authority said in its statement that public health provides prenatal information through partnerships with family resource centres, primary health care, maternal and child services and through one-on-one support for vulnerable families.

Learn more.



Opinion: Canadian Dads Can Take 5 Weeks of Shared Parental Leave. Here's Why They Should

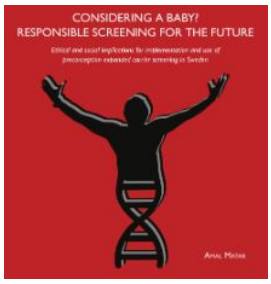
The option of five to eight weeks of additional parental leave for the "other parent" became a reality March 17 as the new parental sharing benefit rolled out. Now that the opportunity is finally here, will more dads take advantage of it? They really should — for the good of themselves, their child, their partner, and even their career, Dr. Michael Kaufman, Toronto author of *The Time Has Come: Why Men Must Join The Gender Equality Revolution*, told HuffPost Canada in a phone interview.

Learn more.

Hope for New Moms

Over more than a decade, CAMH's **Dr. Jeffrey Meyer** and his team have used brain imaging to discover the causes of depression. Their research led to the development of a natural dietary supplement that reduces baby blues, a precursor to postpartum depression. This is significant; 13 per cent of new moms experience postpartum depression, often with considerable and lasting impacts on their lives and relationships. Based on early, promising results, the supplement is now being tested in a large randomized controlled trial among women who have just given birth.

Learn more.

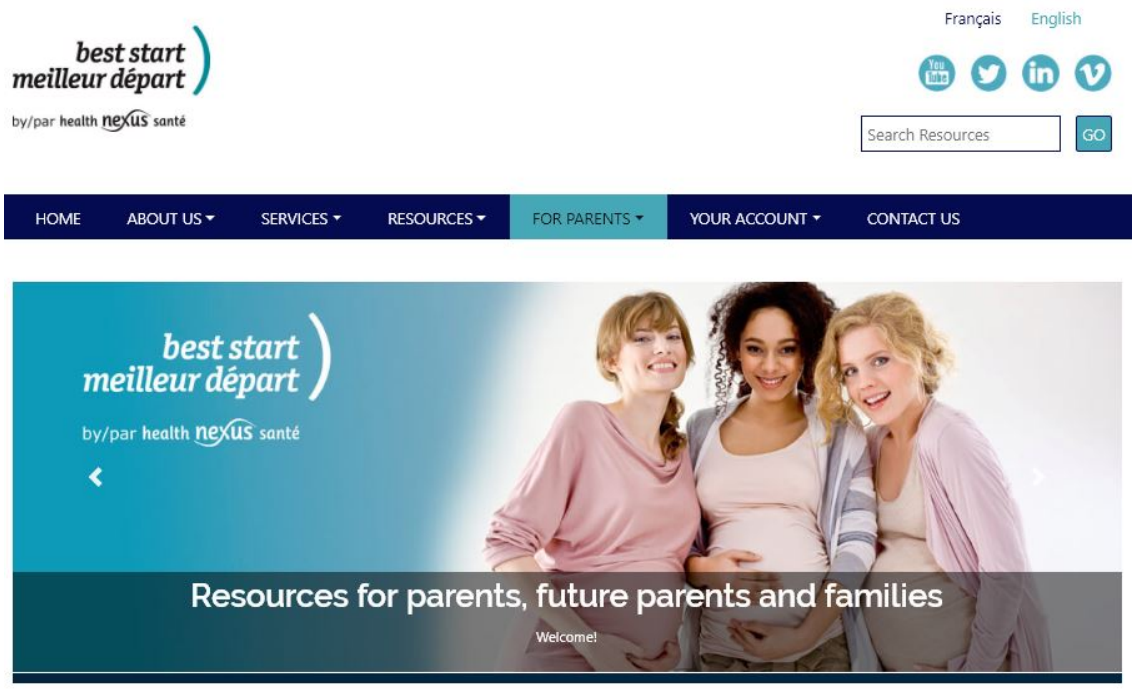


Opinion: Should We Be Screening Future Parents for Genetic Disorders?

Should public health-care systems provide couples with expanded screening for genetic disorders before they decide to become pregnant? Screening programs could increase our reproductive choices and autonomy. But there are ethical issues at stake. Couples with family history of genetic disorders are offered testing to see if they are carriers of the genes that cause genetic disorders. But what happens if couples planning a baby are offered to screen for up to 1,500 genetic disorders?

Learn more.

New resources



A New Home for Best Start Resources!

Our new website still features all our reliable, high-quality, regularly updated resources, but they are now available on a searchable, user-friendly, mobile-friendly, bilingual and accessible online platform.

Refer future parents to resources.beststart.org/for-parents/ **!**

Alcohol Awareness Repository

An ARCHIVE of alcohol awareness campaigns, videos, posters, clips, infographics, documentaries and other materials is hosted by Nordic Alcohol and Drug Policy Network (NordAN) and available here.

Free Online Course: Indigenous Health Equity

Are your services as inclusive as they could be? Public Health Trainings for Equitable Systems Change (PHESC) has recorded 4 webinars as part of their Indigenous Health Equity stream:

- A 2 Spirited Story of Gender, Sexuality and Traditional Roles for Health Care Providers
- Seeing through Two Eyes: Indigenous and Public Health
- Being Healthy Together/Mamwi: Indigenous Engagement and Planning in Public Health
- Decolonizing Data: Principles for Public Health Research Involving Indigenous Communities

All pre-readings, webinar recordings, an online talking circle, and an extensive list of suggested resources for further exploration are now online in the Indigenous Health Equity course. By signing up for the course, you'll also receive a certificate of completion upon watching all four webinars. You need to register to access these materials, but it's a quick and easy process (and free).

Register or return to the Indigenous Health Equity course materials

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Best Start's bilingual Prenatal Education Key Messages for Ontario website contains messages to give to future parents, supporting evidence, resources, links and references on 25 prenatal topics. To ensure that you use only the most recent version when handing out PDFs to your clients, or when discussing the key messages topics, make sure to visit the website regularly and to register to receive updates notifications!

Recent Studies

Induction of Labour at 41 Weeks Versus Expectant Management Until 42 Weeks (INDEX): Multicentre, Randomised Non-Inferiority Trial

It has been well established that pregnancy extending beyond 42 weeks is associated with higher rates of perinatal morbidity and mortality. However, there is variability in the current management of pregnancies extending beyond 41 weeks. In this randomized controlled non-inferiority trial, 1801 low-risk women with an uncomplicated singleton pregnancy were randomized to undergo either induction of labor at 41 weeks or expectant management until 42 weeks to compare outcomes in perinatal mortality and neonatal morbidity. A composite score of perinatal mortality and neonatal morbidity, as measured by the presence of any of several pathologies or admission to the Neonatal Intensive Care Unit, was used as the primary outcome. Researchers found that expectant management, with 3.1% of women having adverse perinatal outcomes, was inferior to induction of labor at 41 weeks, with 1.7% of women having adverse outcomes in that group (absolute risk difference -1.4%, 95% CI -2.9% to 0.0%, p=0.22 for non-inferiority). In addition, infants in the induction group were less likely to have an Apgar score less than 7 at 5 minutes when compared to the expectant management group (RR 0.48, 95% CI 0.23 to 0.98). The two treatment arms did not differ in terms of rates of caesarean section or adverse maternal outcomes. This study therefore shows that induction of labor at 41 weeks in low-risk women with an uncomplicated singleton pregnancy is associated with improved perinatal outcomes.

Learn more.

The Effects of Vegetarian and Vegan Diet during Pregnancy on the Health of Mothers and Offspring

Vegetarian and vegan diets have increased worldwide in the last decades, according to the knowledge that they might prevent coronary heart disease, cancer, and type 2 diabetes. Although plant-based diets are at risk of nutritional deficiencies such as proteins, iron, vitamin D, calcium, iodine, omega-3, and vitamin B12, the available evidence shows that well planned vegetarian and vegan diets may be considered safe during pregnancy and lactation, but they require a strong awareness for a balanced intake of key nutrients. A review of the scientific literature in this field was performed, focusing specifically on observational studies in humans, in order to investigate protective effects elicited by maternal diets enriched in plant-derived foods and possible unfavorable outcomes related to micronutrients deficiencies and their impact on fetal development. A design of pregestational nutrition intervention is required in order to avoid maternal undernutrition and consequent impaired fetal growth.

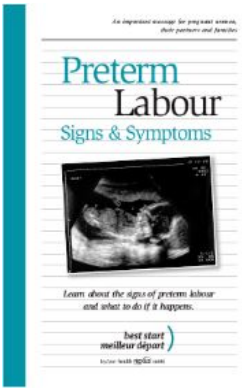
Learn more.

Support During Pregnancy for Women at Increased Risk of Low Birthweight Babies

Studies consistently show a relationship between social disadvantage and low birthweight. Many countries have programmes offering special assistance to women thought to be at risk for giving birth to a low birthweight infant. The primary objective of this review was to assess the effects of programs offering additional social support (emotional, instrumental/tangible and informational) compared with routine care, for pregnant women believed to be at high risk for giving birth to babies that are either preterm (less than 37 weeks' gestation) or weigh less than 2500 g, or both, at birth. Secondary objectives were to determine whether the effectiveness of support was mediated by timing of onset (early versus later in pregnancy) or type of provider (healthcare professional or lay person). This updated review includes a total of 25 studies, with outcome data for 11,246 mothers and babies enrolled in 21 studies. When compared with routine care, programs offering additional social support for at-risk pregnant women may slightly reduce the number of babies born with a birthweight less than 2500 g, and the

number of babies born with a gestational age less than 37 weeks at birth, though any effect is likely not large. There is probably also a reduction in caesarean section, a reduction in the number of antenatal hospital admissions per participant, and a reduction in the mean number of hospitalisation episodes in the social support group, compared to the controls. Postnatal depression and women's satisfaction were reported in different ways in the studies that considered these outcomes and so we could not include data in a meta-analysis. In conclusion, pregnant women need the support of caring family members, friends, and health professionals. While programs that offer additional social support during pregnancy are unlikely to have a large impact on the proportion of low birthweight babies or birth before 37 weeks' gestation and no impact on stillbirth or neonatal death, they may be helpful in reducing the likelihood of caesarean birth and antenatal hospital admission.

Learn more.



All future parents should recognize signs of preterm labor

And Best Start can help. Refer parents to our Preterm Labour Signs & Symptoms booklet or print and hand out the small Important Signs to Watch for if You are Pregnant table. Both are available in multiple languages.

Multiple-Micronutrient Supplementation for Women During Pregnancy

Multiple-micronutrient (MMN) deficiencies often coexist among women of reproductive age in low- and middle-income countries. They are exacerbated in pregnancy due to the increased demands of the developing fetus, leading to potentially adverse effects on the mother and baby. A consensus is yet to be reached regarding the replacement of iron and folic acid supplementation with MMNs. To evaluate the benefits of oral multiple-micronutrient supplementation during pregnancy on maternal, fetal and infant health outcomes, two review authors independently assessed trials for inclusion and risk of bias, extracted data and checked them for accuracy. 21 trials (involving 142,496 women) were assessed as eligible for inclusion in this review, but only 20 trials (involving 141,849 women) contributed data. Findings suggest a positive impact of MMN supplementation with iron and folic acid on several birth outcomes. MMN supplementation in pregnancy led to a reduction in babies considered LBW, and probably led to a reduction in babies considered small-for-gestational age. In addition, MMN probably reduced preterm births. No important benefits or harms of MMN supplementation were found for mortality outcomes (stillbirths, perinatal and neonatal mortality). These findings may provide some basis to guide the replacement of iron and folic acid supplements with MMN supplements for pregnant women residing in low- and middle-income countries.

Learn more.

The Effect of Complementary Medicines and Therapies on Maternal Anxiety and Depression in Pregnancy: A Systematic Review and Meta-Analysis

Depression and anxiety are common during the antenatal and postnatal period, and are known to have a significant impact on the woman and her unborn infant. Pregnant women state a preference for non-pharmacological treatment options, and use complementary medicines and therapies to manage these symptoms. We examined the effectiveness and safety of these modalities on depression and anxiety during

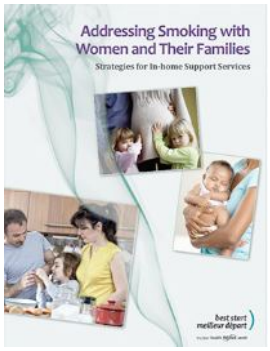
pregnancy. Databases were searched for randomized controlled trials comparing complementary therapies and medicines to a control, for pregnant women with depression or anxiety. The primary outcome measure was antenatal depression or anxiety. Twenty randomised controlled trials containing 1092 women were included in the review. We found some evidence of reduced antenatal depression from three modalities. Acupuncture reduced the number of women diagnosed with antenatal depression. Massage reduced the severity of antenatal depression in one trial of 149 women. One small trial of bright light therapy found reduced antenatal depression. There was no evidence of a reduction in depression and anxiety from relaxation, yoga, mindfulness and fish oils. Note that overall the risk of bias was high or unclear for the majority of studies, as there are few high quality randomized controlled trials of complementary medicines and therapies examining the effect on anxiety and depression. In conclusion, there is slight evidence that acupuncture, bright light therapy, and massage may reduce antenatal depression. There is a need for high quality and larger studies that include postnatal follow up and maternal and neonatal outcomes.

Learn more.

Prenatal Cotinine Levels and ADHD Among Offspring

An association between maternal smoking during pregnancy and offspring attention-deficit/hyperactivity disorder (ADHD) has been shown across several studies based on self-reports. No previous studies have investigated the association of nicotine exposure measured by cotinine levels during pregnancy and offspring ADHD. In this population-based study, 1079 patients born between 1998 and 1999 and diagnosed with ADHD according to the International Classification of Diseases and 1079 matched controls were identified from Finnish nationwide registers. Maternal cotinine levels were measured by using quantitative immunoassays from maternal serum specimens collected during the first and second trimesters of pregnancy and archived in the national biobank. There was a significant association between increasing log-transformed maternal cotinine levels and offspring ADHD, even after adjusting for maternal socioeconomic status, maternal age, maternal psychopathology, paternal age, paternal psychopathology, and child's birth weight for gestational age. In the categorical analyses with cotinine levels in 3 groups, heavy nicotine exposure (cotinine level >50 ng/mL) was associated with offspring ADHD. Therefore the study reveals an association with and a dose-response relationship between nicotine exposure during pregnancy and offspring ADHD. Future studies incorporating maternal smoking and environmental, genetic, and epigenetic factors are warranted.

Learn more, and read the discussion.



How to best support future mothers and their families to try to quit smoking?

Visit Best Start resources on this very topic, and in particular the Addressing Smoking with Women and Their Families – Strategies for In-home Support Services manual.

Perceptions and Experiences of Labour Companionship: A Qualitative Evidence Synthesis

Labour companionship refers to support provided to a woman during labour and childbirth, and may be provided by a partner, family member, friend, doula or healthcare professional. The objectives of the review were to describe and explore the perceptions and experiences of women, partners, community members, healthcare

providers and administrators, and other key stakeholders regarding labour companionship; to identify factors affecting successful implementation and sustainability of labour companionship. 51 studies (52 papers) were found, mostly from high-income countries and mostly describing women's perspectives. Labour companions supported women in four different ways. Companions gave informational support by providing information about childbirth, bridging communication gaps between health workers and women, and facilitating non-pharmacological pain relief. Companions were advocates, which means they spoke up in support of the woman. Companions provided practical support, including encouraging women to move around, providing massage, and holding her hand. Finally, companions gave emotional support, using praise and reassurance to help women feel in control and confident, and providing a continuous physical presence.
Women who wanted a companion present during labour and childbirth needed this person to be compassionate and trustworthy. Companionship helped women to have a positive birth experience. Women without a companion could perceive this as a negative birth experience. Women had mixed perspectives about wanting to have a male partner present. Generally, men who were labour companions felt that their presence made a positive impact on both themselves and on the relationship with their partner and baby, although some felt anxious witnessing labour pain. Some male partners felt that they were not well integrated into the care team or decision-making. Doulas often met with women before birth to build rapport and manage expectations. Women could develop close bonds with their doulas. Foreign-born women in high-income settings may appreciate support from community-based doulas to receive culturally-competent care. Factors affecting implementation included health workers and women not recognising the benefits of companionship, lack of space and privacy, and fearing increased risk of infection. Changing policies to allow companionship and addressing gaps between policy and practice were thought to be important. Some providers were resistant to or not well trained on how to use companions, and this could lead to conflict. Lay companions were often not integrated into antenatal care, which may cause frustration.
Ahead of implementation of labour companionship, researchers and programmers should consider factors that may affect implementation, including training content and timing for providers, women and companions; physical structure of the labour ward; specifying clear roles for companions and providers; integration of companions; and measuring the impact of companionship on women's experiences of care. Implementation research or studies conducted on labour companionship should include a qualitative component to evaluate the process and context of implementation, in order to better interpret results and share findings across context

Learn more.

Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death

Maternal smoking during pregnancy is an established risk factor for sudden unexpected infant death (SUID). Here, we aim to investigate the effects of maternal pre-pregnancy smoking, reduction during pregnancy, and smoking during pregnancy on SUID rates. The Centers for Disease Control and Prevention Birth Cohort Linked Birth/Infant Death Data Set (2007–2011: 20 685 463 births and 19 127 SUIDs) was analyzed. SUID was defined as deaths at <1 year of age with International Classification of Diseases, 10th Revision codes R95 (sudden infant death syndrome), R99 (ill-defined or unknown cause), or W75 (accidental suffocation or strangulation in bed). SUID risk more than doubled with any maternal smoking during pregnancy and increased twofold between no smoking and smoking 1 cigarette daily throughout pregnancy. For 1 to 20 cigarettes per day, the probability of SUID increased linearly, with each additional cigarette smoked per day increasing the odds by 0.07 from 1 to 20 cigarettes; beyond 20 cigarettes, the relationship plateaued. Mothers who quit or reduced their smoking decreased their odds compared with those who continued smoking. If we assume causality, 22% of SUIDs in the United States can be directly attributed to maternal smoking during pregnancy. These data support the need for smoking cessation before pregnancy. If no women smoked in pregnancy, SUID rates in the United States could be reduced substantially.

Learn more, and read the discussion.

Speaking of infant sleep...

Best Start developed a series of resources for parents on this very topic. They are intended for parents of infants from 0-12 months and for all who care for infants. They provide healthy sleep tips as well information on how to reduce the risks of Sudden Infant Death Syndrome (SIDS) and other sleep related causes of infant death.

- The Sleep Well, Sleep Safe booklet available in English and French.
- The Healthy and safe sleep tips for infants 0-12 months, available in English and French.

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Stay connected!

- **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** - 0ur blog keeps you informed of news and topics related to health promotion.
- **The Best Start Aboriginal Sharing Circle (BSASC) Network** is a distribution list designed for service providers working with Indigenous 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.