



Recommend the [Ontario Prenatal Education Programs Directory](#) to future parents: Using this directory, they can search for a prenatal education program near them that meets their needs. Service providers, help us keep the directory accurate: please check your listing regularly...

## Events



### Save-the-Date: CANN 2019 National Conference - Parent Engagement: the Power of Empowerment

Taking place in Toronto, April 7-9, 2019, the [Canadian Association of Neonatal Nurses](#) 2019 conference *Parent Engagement: The Power of Empowerment* will feature an impressive line-up of speakers, experts and leaders who will address today's emerging topics and trends that are forging the way to improved neonatal nursing care and newborn health. This two-day conference will include a combination of pre-conference workshops, general and concurrent sessions, poster presentations, as well as an exhibit component, and a social program allowing plenty of time to network.

[Learn more.](#)



### Best Start Conference 2019: EARLY BIRD RATES END SOON...

A yearly, unique event in Ontario, our annual conference gives you the opportunity to meet, share, reflect, network and be inspired! The [2019 conference](#) will take place in **Toronto**,

February 12-14, 2019.

Of particular interest to OPEN subscribers, note:

- *Indigenous Midwifery: Reclaiming the Ceremony of Birth*, a fascinating 2h workshop by Ellen Kanika Tsi Tsa Blais.
- *Supporting Persons with Perinatal Depression: Practice Recommendations from the Registered Nurses' Association of Ontario's Revised Best Practice Guideline*, a 90 min workshop by Katherine Wallace and Angela Bowen.
- *Breastfeeding for the Non-Medical Professional*: the perfect workshop for you if you work with breastfeeding parents and/or children, are not quite a breastfeeding expert but still wish to support them, by Michelle Buckner.
- *From Fact to Fun: Interactive ideas to keep participants engaged*, by Stefanie Antunes and Jennifer Rogers.

Visit [the bilingual website](#) regularly to learn more and register!

## News



### New Hydrocephalus Canada Website: [Mybrainwaves.ca](http://MyBrainWaves.ca)

Hydrocephalus Canada is dedicated to empowering those living with hydrocephalus and spina bifida (H&SB) to experience the best life possible. Their website recently got a new look [MyBrainWaves.ca](http://MyBrainWaves.ca) is now the best source of information for parents on H&SB including:

- An overview of the brain and how it is affected by H&SB.
- The programs, services and events across the country.
- Connecting families affected by spina bifida with their very own support team.
- How everyone can get involved to help others.

### New Canadian Paediatric Society Statement: Facilitating Discharge from Hospital of the Healthy Term Infant



The Canadian Paediatric Society published a statement about facilitating discharge from hospital of the healthy term infant. This statement provides guidance for health care providers to ensure the safe discharge of healthy term infants who are born in hospital and who are  $\geq 37$  weeks' gestational age. Hospital care for mothers and infants should be family-centred, with healthy mothers and infants remaining together and going home at the same time. The specific length of stay for newborn infants depends on the health of their mother, infant health and stability, the mother's ability to care for her infant, support at home, and access to follow-up care. Many mother–infant dyads are ready to go home 24 h after birth. Parent or guardian education and assessment of discharge readiness are important components of discharge planning. Each infant must have an appropriate discharge plan, including identification of the infant's primary health care provider and assessment by a health care provider 24 h to 72 h after discharge.

[Learn more.](#)



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## Parents and Clinicians Working Together to Improve Pain Management in Newborns

High-quality synthesized evidence of effective pain management during painful procedures in newborns exists, but recommended strategies are used infrequently. However, parents of infants wish to partner with health care professionals to use pain-reduction strategies and comfort their babies during painful procedures. A research team headed by Dr. Denise Harrison and including parents of infants, the Baby-Friendly Initiative, clinicians and researchers of neonatal pain and knowledge translation, coproduced a five-minute parent-targeted and mediated video ([BSweet2Babies](#)). The video portrays babies having blood samples taken while being breastfed, held skin-to-skin and receiving sucrose.

To evaluate whether providing mother–baby units within hospitals in Ontario with the BSweet2Babies video before newborn screening increases use of recommended pain treatment during the procedures, compared with mother–baby units with usual education targeted at health care professionals only, a cluster randomized controlled trial will be conducted at the level of the whole unit. The primary outcome will be pain management during newborn screening.

[Learn more.](#)

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## Marie and Joseph are the Top Ontario Baby Names of All-Time

After naming their newborns, parents have up to 30 days to register their child's birth. Marie and Joseph rank as the most popular names for girls and boys born in Ontario over the past 100 years. Since the Roaring Twenties, Marie ranked as the most popular girl's name for four decades, followed closely by Mary. Joseph ranked first in boy names over a 30-year period. The most popular baby name for boys in 2017 was Noah, which replaced Benjamin, while Olivia remained the most popular baby name for girls.

Learn more [here](#) and [here](#).



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## Participants Needed: Patient Decision Aid for Antidepressant Use in Pregnancy

Dr. Simone Vigod, psychiatrist and scientist at Women's College Hospital (WCH), and her research team from across Canada have developed an interactive online patient decision tool to help women make choices about antidepressant use in pregnancy. To evaluate the tool, WCH is looking for clinical trial participants to use and assess the web-based tool to determine its success in helping women work through this challenging decision. People are eligible to participate if they meet the following conditions:

- Are planning a pregnancy or are currently within their first trimester.
- Have been offered to start or continue using an antidepressant to treat their depression by their doctor.
- Are having problems deciding what to do.

Encourage individuals who are eligible to complete the [pre-](#)

[screening questionnaire.](#)

[Learn more.](#)

## New resources



### NEW Promotional Materials for the Ontario Prenatal Education Program Directory!

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](#).



### Free Online Course: Optimizing The Human Milk Diet For Preterm Infants

In this course, you'll learn about the advantages of enteral (i.e. through the digestive tract) feeding; identify the beneficial effects of a human milk diet in the premature infant; review human milk fortification strategies; and plan a discharge diet for a preterm infant.

[Learn more.](#)

### Recorded Webinar: Birth, Bath and Beyond - The Science and Safety of Waterbirth

Waterbirth is more than a fad or trend – it is evidence-based practice in hospitals, birth centers, and home birth throughout the world. Relaxing in water during labor eases discomfort and creates a gentler birth process.

The benefits of warm water immersion in labor and birth have been studied for over three decades. This course will explain why to integrate water immersion as a comfort measure during birth and highlight the benefits of waterbirth as part of a gentle birth approach to maternity care. Special emphasis is given on newborn transitional physiology, the latest research and the impact of the ACOG opinion. The science and safety of birth in water include: Mobility, Intimacy, Research, Consciousness, and Fetal and Newborn Capabilities.

[Learn more.](#)



## On Demand Webinar on Perinatal Mood and Anxiety Disorders

In this on-demand webinar offered by [ICEA](#), you will learn about the many faces of Perinatal Mood and Anxiety Disorders (PMADs) including signs and symptoms, risk factors, screening, breastfeeding, and treatment options. You will also learn ways of integrating and teaching useful information about PMADs to your moms and families. Note that a fee of 25 USD applies.

[Watch the webinar.](#)



### Speaking of perinatal mood disorders...

Best Start dedicated an entire session on this very topic at the upcoming 2019 conference! Check out [our program](#), and register soon to take advantage of the early bird rates!



### Online courses by CanFASD

CanFASD offers two online courses:

- [The Prevention Conversation: An online curriculum](#): provides front-line health and social services professionals with the knowledge, skills, and confidence to engage their clients/patients in a supportive and non-judgmental conversation about alcohol use during pregnancy, its lasting effects on the developing child, and resources and supports available to women of childbearing age.
- [Foundations in FASD](#): basic training course intended for everyone that will come into contact with individuals with FASD including all sectors of work, families, individuals with FASD, spouses, and the general public.



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

## Exclusive Breastfeeding in Hospital Predicts Longer Breastfeeding Duration in Canada: Implications for Health Equity

Breastfeeding has many established health benefits for women and children. The association between maternal education, newborn feeding in hospital, and long-term breastfeeding duration were examined in 3195 Canadian mother-infant dyads in the CHILd pregnancy cohort. Newborn feeding was documented from hospital records. Caregivers reported sociodemographic factors and infant feeding at 3, 6, 12, 18, and 24 months. Overall, 97% of newborns initiated breastfeeding and 74% were exclusively breastfed in hospital. Exclusively breastfed newborns were ultimately breastfed longer compared with those who received formula supplementation during their hospital stay. After controlling for maternal age, ethnicity, birth mode, and gestational age, exclusively breastfed newborns had a 21% reduced risk of breastfeeding cessation. This effect was strongest among women without a postsecondary education. Taken together, these results suggest that exclusive breastfeeding in hospital is associated with longer breastfeeding duration, particularly among women of lower socioeconomic status. Initiatives that support exclusive breastfeeding of newborns in hospital could improve long-term breastfeeding rates and help reduce health inequities arising in early life.

[Learn more.](#)



### Speaking of supporting breastfeeding...

It takes a village to support someone's breastfeeding journey. Even if you are not a breastfeeding expert, you can help. Learn how at our upcoming 2019 conference, in the session [Breastfeeding for the Non-Medical Professional!](#)

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## Personality Traits Predict Meeting the WHO Recommendation of 6 Months' Breastfeeding - A Prospective General Population Cohort Study

The purpose of this study was to investigate the associations of personality and symptoms of anxiety and depression during and after pregnancy with meeting the World Health Organization (WHO) recommendation of 6 months' exclusive breastfeeding. In their first trimester of pregnancy, 5784 pregnant women were enrolled in Dutch primary obstetric care centers and hospitals, of which 2927 completed the breastfeeding assessments 6 months postpartum. Logistic regression analyses were performed to test the associations of "big five" personality traits (NEO Five Factor Inventory), anxiety (State-Trait Anxiety Inventory), and depression (Edinburgh Postnatal Depression Scale) symptom levels during pregnancy and postpartum with meeting the WHO recommendation of 6 months' exclusive breastfeeding. Agreeableness and openness were positively associated with meeting the WHO recommendation, whereas extraversion and neuroticism were negatively associated. After adjustment for both antenatal and postpartum symptom levels of anxiety and depression, the associations of the agreeableness, extraversion, and openness personality traits remained strong and statistically significant. These results suggest that 1) In contrast to earlier findings, personality traits may be of greater importance than symptoms of anxiety and depression for meeting the WHO recommendation of 6 months' exclusive breastfeeding and 2) Patient-centered care should take personality into account in an effort to tailor interventions to optimize breastfeeding behavior.

[Learn more.](#)

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## Omega-3 Fatty Acid Addition During Pregnancy

Preterm birth (babies born before 37 weeks pregnancy (gestation)) is a leading cause of disability or death in the first five years of life. Fish and fish oil contain omega-3 LCPUFA (particularly docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA)) and have been associated with longer pregnancies. Do omega-3 long chain polyunsaturated fatty acids (LCPUFA) taken during pregnancy - either as supplements or as dietary additions in food (such as some types of fish) - improve health outcomes for babies and their mothers? 70 randomised controlled trials (RCTs) involving 19,927 women were reviewed. Most trials evaluated a group of women who

received omega-3 LCPUFA and compared them with a group of women who received something that looked like omega-3 LCPUFA but did not contain it (placebo) or received no omega-3. Altogether, the incidence of preterm birth (before 37 weeks) and very preterm birth (before 34 weeks) was lower in women who received omega-3 LCPUFA compared with no additional omega-3. There were also fewer babies with low birthweight. However, omega-3 LCPUFA probably increased the incidence of pregnancies continuing beyond 42 weeks, although there was no difference identified in induction of labour for post-term pregnancies. The risk of the baby dying or being very sick and going to neonatal intensive care may be lower with omega-3 LCPUFA compared with no omega-3. There didn't seem to be any differences between the omega-3 LCPUFA groups and no omega-3 groups in child development and growth. This review suggests that **increasing omega-3 LCPUFA intake during pregnancy, either through supplements or in foods, may reduce the incidence of preterm birth** (before 37 weeks and before 34 weeks) and there may be less chance of having a baby with a low birthweight. Women who take omega-3 LCPUFA supplements during pregnancy may also be more likely to have longer pregnancies. More studies are underway and their results will be included in a further update of this review. Future studies could consider if and how outcomes may vary in different populations of women, and could test different ways of increasing omega-3 LCPUFA during pregnancy.

[Learn more](#) and [access the study](#).

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### **Intrauterine Alcohol Exposure and Offspring Mental Health: A Systematic Review**

High levels of alcohol use in pregnancy have been shown to be associated with negative physical health consequences in offspring. However, the literature is less clear on the association of alcohol use in pregnancy and offspring mental health disorders. A systematic review was conducted to evaluate studies examining this association. Studies were identified by searching PsycINFO, PubMed and Web of Science, and were included if they examined alcohol use during pregnancy as an exposure and offspring mental health at age 3 or older as an outcome. We excluded non-English language publications, and studies of foetal alcohol syndrome. Thirty-three studies were included and were categorised by mental health outcomes: anxiety/depression, emotional problems, total internalising problems, total problem score, and conduct disorder. Over half of the analyses reported a positive association of intrauterine alcohol exposure and negative offspring mental health outcomes. Our review suggests that **maternal alcohol use during pregnancy is associated with negative offspring mental health outcomes, even at low to moderate levels of alcohol use**. Future investigation using methods that allow stronger causal inference are needed to further investigate if these associations shown are causal.

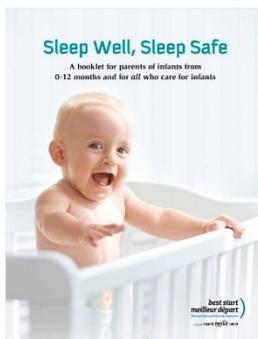
[Learn more](#).

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### **Uninterrupted Infant Sleep, Development, and Maternal Mood**

Contrary to the importance of total sleep duration, the association between sleeping through the night and development in early infancy remains unclear. This study aimed to investigate the proportion of infants who sleep through the night (6- or 8-hour sleep blocks) at ages 6 and 12 months in a longitudinal cohort and to explore associations between sleeping through the night, mental and psychomotor development, maternal mood, and breastfeeding. At 6 and 12 months of age, maternal reports were used to assess the longest period of uninterrupted infant sleep and feeding method (n = 388). Two different criteria were used to determine if infants slept through the night: 6 and 8 hours of uninterrupted sleep. Mental and psychomotor developmental indices (Bayley Scales of Infant Development II) and maternal mood (Center for Epidemiologic Studies Depression Scale) were measured at 6, 12, and 36 months of age. Using a definition of either 6 or 8 hours of uninterrupted sleep, we found that **27.9% to 57.0% of 6- and 12-month-old infants did not sleep through the night**. Linear regressions revealed no significant associations between sleeping through the night and concurrent or later mental development, psychomotor development, or maternal mood ( $P > .05$ ). However, **sleeping through the night was associated with a much lower rate of breastfeeding ( $P < .0001$ )**. Considering that high proportions of infants did not sleep through the night and that no associations were found between uninterrupted sleep, mental or psychomotor development, and maternal mood, expectations for early sleep consolidation could be moderated.

[Learn more](#) and [access the article](#).



### Speaking of infant sleep...

Best Start developed a series of resources for parents on this very topic. 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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### Anger in the Context of Postnatal Depression: An Integrative Review

Contrary to social constructions of new motherhood as a joyous time, mothers may experience postnatal depression and anger. Although postnatal depression has been thoroughly studied, the expression of maternal anger in the context of postnatal depression is conceptually unclear. This integrative review investigated the framing of anger in the context of postnatal depression. Seven qualitative and 17 quantitative papers that addressed maternal anger and postnatal depression were selected and analyzed. This review indicated that anger was a salient mood disturbance for some postnatally depressed women with themes integrated as: (i) anger accompanying depression, (ii) powerlessness as a component of depression and anger, and (iii) anger occurring as a result of expectations being violated. These findings indicate that **anger can coexist with women's postnatal depression**. Anger can be expressed toward the self and toward children and family members with negative relationship effects. Authors recommend that health care providers and researchers consider anger in the context of postnatal mood disturbances.

[Learn more](#).

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### Who Owns the Baby? A Video Ethnography of Skin-to-Skin Contact After a Caesarean Section

This video ethnography of skin-to-skin contact highlights the impact of the operating theatre environment on health professionals' actions and mothers' perceptions of closeness and 'ownership' of their babies. They found that the maternal body was divided in the operating theatre and mothers were perceived as 'separate' from their baby in the operating theatre and recovery. Obstetricians' were viewed to 'own' the lower half of women; anaesthetists were viewed to 'own' the top half and midwives were viewed to 'own' the baby after birth. Midwives' responsibility for the baby either negatively or positively affected the mother's ability to 'own' her baby, because midwives controlled what maternal-infant contact occurred. Mothers desired closeness with their baby, including skin-to-skin contact, however they realised that 'owning' their baby in the surgical environment could be challenging. The authors emphasise the importance of skin-to-skin contact and avoiding maternal-infant separation.

[Learn more](#).

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### Cup Feeding as a Supplemental, Alternative Feeding Method for Preterm Breastfed Infants: An Integrative Review

The purpose of this integrated review is to synthesize and critically analyze research related to the safety and

efficacy of cup feeding as an alternative, supplemental feeding method for breastfed infants. The electronic data bases of PubMed, CINAHL and others were used to identify studies published in English from 1998-2017. 12 studies met full inclusion and exclusion criteria. Studies were examined for information on safety and efficacy of cup feeding as an alternative, supplemental feeding method for preterm breastfed infants. Studies were grouped into categories of outcomes that included (a) safety and physiologic properties; (b) breastfeeding outcomes. Use of cup feeding resulted in more stable heart rate and oxygen saturation than bottle feeding with similar weight gain. Additionally, breastfeeding rates were higher at discharge with continued higher rates at 3 and 6 months post-discharge for cup fed infants. Premature infants face more breastfeeding obstacles than term infants. **The potential for cup feeding as an alternative to bottle-feeding for breast fed preterm infants is positively supported by these results.** It is fundamentally important for NICU professionals to establish a protocol, education and training for the potential use of this feeding method for this vulnerable population.

[Learn more.](#)



### Speaking of feeding preterm babies...

Developed by Best Start and the BFI Strategy for Ontario, the **Late Preterm breastfeeding booklet** supports families who have a late preterm baby born between 34 and 37 weeks gestation and who plan to breastfeed and/or provide breast milk to their baby. Topics include: breastfeeding your late preterm baby, skin-to-skin contact and Kangaroo care, tips to getting off to a good start, pumping, feeding your baby at the hospital and tips for when you take your baby home.

They are available

in [English](#), [French](#), [Arabic](#), [Bengali](#), [Chinese](#), [Farsi](#), [Gujarati](#), [Hindi](#), [Korean](#), [Punjabi](#), [Russian](#), [Serbian](#), [Somali](#), [Spanish](#), [Tagalog](#), [Tamil](#), [Urdu](#) and [Vietnamese](#).

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### Effectiveness of Targeting Fathers for Breastfeeding Promotion: Systematic Review and Meta-Analysis

This review includes the first documented meta-analysis done on the effectiveness of targeting fathers for promoting breastfeeding (BF). Assessments have been done for a primary outcome and for six more secondary outcomes. Eight studies, including 1852 families, were included in meta-analysis and others in narrative synthesis of the outcomes. Exclusive BF at six months was significantly higher in the intervention groups. The risk ratio at 4 months was 1.52. Risk of full-formula-feeding and the occurrence of lactation-related problems were lower in the intervention groups. More likelihood of rendering support in BF-related issues was seen in intervention groups. Increase of maternal knowledge and favorable attitudes on BF were higher in the intervention groups. The quality of evidence according to GRADE was "low" (for one outcome), "moderate" (for four outcomes), and "high" (for two outcomes). In conclusion, targeting fathers in promotion of BF has provided favorable results for all seven outcomes with satisfactory quality of evidence.

[Learn more.](#)

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## The Bowel Movement Characteristics of Exclusively Breastfed and Exclusively Formula Fed Infants Differ During the First Three Months of Life

Breastfed infants pass more stools and more liquid stools than formula fed infants and some have no bowel movements or infrequent stools for several days or weeks. One hundred and eighteen exclusively breastfed and exclusively formula fed infants were compared for the first three months. The outcomes were the number and consistency of stools and the prevalence of infrequent stools. At three months, 84 infants remained and we compared 40 who were exclusively breastfed and 13 who were exclusively formula fed. Daily stool frequency was significantly higher in the breastfed than formula fed infants during the first and second months. Stools were more liquid in the breastfed infants during the first three months. Infrequent stools occurred in 28% of breastfed and 8% of formula fed infants at least once. ( $p = 0.25$ ). In conclusion, exclusively breastfed infants produced more stools than exclusively formula fed infants during the first two months and more liquid stools during the first three. Infrequent stools were 3.5 times more likely in the breastfed infants.

[Learn more.](#)

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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** - Our blog keeps you informed of news and topics related to health promotion.

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- **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.