



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

Webinar: The CHOICE-D Patient and Family Guide to Depression Treatment project

This webinar will take place on **Thu, 22 November 2018** at 1pm EST. It will discuss:

- How the project team recruited and supported a group of patients and family members to develop the “[Patient and Family Guide to Depression Treatment](#).”
- How the team worked with content experts in KT, patient advocacy, patient-oriented research, and psychiatry.

The guide was developed through a partnership between Canadian Biomarker Integration Network for Depression (CAN-BIND), Canadian Network for Mood and Anxiety Treatments (CANMAT), and the Mood Disorders Association of Ontario (MDAO) and was funded by the Ontario Brain Institute.

[Learn more and register here.](#)



The 2018 Canadian Immunization Conference

The 2018 Canadian Immunization Conference offers unparalleled opportunities for collaborative learning, knowledge exchange and networking. Taking place in Ottawa **December 4 to 6, 2018**, CIC 2018 is a forum for researchers, professionals and policy makers to present, share and exchange the latest cutting-edge information in Canada’s vaccination system. Register to learn from influential speakers and discover new insights while you connect with others in a dynamic environment and leave with inspired clarity.

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

Webinar : Breastfeeding Best Practice Guidelines

Hosted by the Registered Nurses' Association of Ontario, this webinar will take place **December 5, at noon**. The objectives of this webinar are to:

- highlight key practice, education and organization and system policy recommendations;
- describe the guideline development process;
- provide an overview of RNAO resources to support the implementation of the Breastfeeding Best Practice Guideline.

[Learn more and register here.](#)



Best Start Conference 2019: TIME TO REGISTER!

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:

- *From Fact to Fun: Interactive ideas to keep participants of your prenatal classes engaged*, a 2h workshop by [Stefanie Antunes](#) and [Jennifer Rogers](#).
- *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](#).
- *Effective Communication Techniques to Best Support Clients living with Addiction and Mental Health Issues*, by [Megan Phillips](#).
- *Plant World and Water Teachings: Learn about traditional Indigenous culture and approaches to maternal and child health in this whole day workshop* by [Janet Fox](#).
- *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](#).
- *Enhancing Breastfeeding Support along the Continuum of Care*, a collaboration between the BFI Strategy for Ontario and RNAO.

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

News

The Ontario Antenatal Record User Guide Has Been Updated!

The [Provincial Council for Maternal and Child Health](#), in partnership with [BORN Ontario](#), the [Ontario Medical Association](#), and the [Association of Ontario Midwives](#), announces the release of the revised [Ontario Perinatal Record](#) (OPR) User Guide. The 2018 version contains updated information from clinical practice recommendations released over the past year. The new OPR from 2017 replaces the Ontario Antenatal Record 1 and 2.

[Learn more.](#)



Purple Butterfly Loss Packages Soon Available in French

AVIVA Community Fund announced that [The Purple Butterfly Loss Project](#) has won the small ideas category, with \$10,000 in funding for 2018. This funding will send 250 Purple Butterfly Loss packages to NICUs and Maternity hospitals across the country. It will also cover the cost of printing, and translating all of their current written materials to French, along with the cost of postage.

[Learn more.](#)

New World Health Organization Guidance on Non-Clinical Interventions Specifically Designed to Reduce Unnecessary C-Sections.

The optimal frequency of C-section use in a population remains difficult to determine, but in 1985, the World Health Organization stated that there was "no justification for any region to have a caesarean section rate higher than 10-15%." In 2015, [WHO released a statement](#) indicating that "at population level, caesarean section rates higher than 10% were not associated with reductions in maternal and newborn mortality rates" and that "every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate."

Recently, the WHO published new guidance on non-clinical interventions specifically designed to reduce unnecessary C-sections. The key recommendations include educational interventions, use of clinical guidelines, requirement for second opinion for C-section, and interventions aimed at health organizations, such as collaborating with midwives.

[Learn more.](#)





Government of Canada Investing in Maternal and Child Health: Expanding Reach of the Baby-Friendly Initiative and Improving Breastfeeding Rates Across Canada

In October, the Minister of Health announced \$1.3 million in funding over five years for the Breastfeeding Committee for Canada to strengthen Canada's Baby-Friendly Initiative (BFI). This funding will align the current initiative to the latest guidance on breastfeeding from the World Health Organization and increase the number of Baby-Friendly facilities across the country. The goal of the BFI is to promote maternal and infant health in Canada by increasing breastfeeding rates across the country through providing the highest quality of family-centred care to mothers, whether they choose to breastfeed or not.

[Learn more.](#)

How to support breastfeeding as widely as possible?

Best Start can help!

- Know your audience! The Breastfeeding in Ontario fact sheets explore
 - [The notable trends within the Province](#) (Also in French)
 - [Breastfeeding and Socioeconomic Status](#) (Also in French)
 - [Breastfeeding among Young Single Mothers](#) (Also in French)
 - [Breastfeeding Peer Support](#) (Also in French)
 - [Evaluating Breastfeeding Programs and Initiatives](#) (Also in French)
- Learn from our experience! Best Start offered targeted breastfeeding supports to populations with lower rates of breastfeeding. Check out [the online report](#) summarizing the project (also available [in French](#)).
- Get inspired! The *Learn from Stories* series explore programs and initiatives across Ontario, gathered under 5 topics:
 - [Learning from Stories: Supporting Exclusive Breastfeeding](#) (Also in French)
 - [Learning from Stories: Breastfeeding Promotion to Increase Awareness and Confidence](#) (Also in French)
 - [Learning from Stories: Prenatal Breastfeeding Education](#) (Also in French)
 - [Learning from Stories: Breastfeeding Education for Health Care Providers](#) (Also in French)
 - [Learning from Stories: Breastfeeding and Younger Women](#) (Also in French)

Folic Acid to be Added to UK Flour in Effort to Reduce Birth Defects

Britain is believed to have the highest rate of NTDs in Europe. A major academic study in 2015 estimated that 2,000 fewer babies in Britain would have been born with an NTD between 1998 and 2015 if the government had introduced folic fortification of flour.

Thanks to a long-running campaign by doctors, scientists and baby health campaigners, all flour is to be fortified with folic acid. The policy, which will be introduced within weeks, comes after ministers were convinced by their own advisers that it would reduce the risk of babies developing spina bifida and other conditions that involve severe disability or death. Medical groups and health charities welcomed the decision.

Did you know? In Canada, [supplementing flour with folic acid is mandatory!](#)

[Learn more.](#)



Ambulance Program for Newborns Looks to Expand Across Ontario

An [ambulance service dedicated to transporting critically ill newborns between Ottawa-area health facilities](#) will continue after a successful pilot project, and now the team behind it wants to expand. The pilot, which began in 2015, is run by the [Children's Hospital of Eastern Ontario \(CHEO\)](#), a pediatric health and research centre in Ottawa. Over the past few years, the service has brought infants to the intensive care unit much faster, which leads to better outcomes, according to Dr. Stephanie Redpath, medical director of CHEO's neonatal transport team

[Learn more.](#)

New resources



Webinar Recording: Neonatal Skin Care - State of the Science and Ongoing Challenges

Skin care provided during the newborn period may have short and long-term effects. Learn the most current research and practice recommendations to improve and maintain neonatal skin integrity for both healthy and high-risk neonates. This free, pre-recorded webinar also focuses on diaper dermatitis, prevention and treatment, neonatal skin breakdown treatments for healthy and high-risk newborns, as well as the use of emollients and prevention of atopic dermatitis.

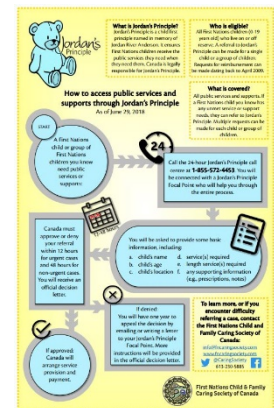
[Watch the webinar.](#)

Accessing Public Services & Supports Through Jordan's Principle

Jordan's Principle is a child-first principle named in memory of Jordan River Anderson, a First Nations child born with complex medical needs who spent years unnecessarily hospitalized because of a provincial vs federal government dispute over who should pay for his home care, and who eventually died in the hospital at the age of five years old, never having spent a day in his family home. Jordan's Principle aims to make sure First Nations children can access all public services in a way that is reflective of their distinct cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are First Nations.

[The Caring Society](#) developed an infographic explaining how parents can access public services and supports through Jordan's Principle. Consider printing it and displaying it for future parents to see.

[Learn more.](#)





Video: An Explanation of Fetal Alcohol Spectrum Disorders

[My Healthy Globe, Inc.](#) posted a video on Vimeo, describing the effects of alcohol on a developing fetus. Would you use this in a prenatal class?

[Watch the video.](#)

Did you know?

Best Start is currently developing a provincial, bilingual website for parents/caregivers of children and youth with FASD... Stay tuned!

In the meantime, Best Start can help you raise awareness about the risks of consuming alcohol during pregnancy:

- Our recently revised, bilingual [Alcohol-Free Pregnancy website](#) for future parents and service providers.
- Our [numerous resources](#), some of them available in 8 languages.



Webinar Recording: Adverse Childhood Experience (ACE) and their Impact on the Perinatal Experience, and Perinatal Experiences Impact on ACEs

Every mother we serve has a story and that story impacts her pregnancy, birth, breastfeeding and mothering experience psycho-socially and physically. Childhood abuse and neglect leaves lifelong scars, while love and support creates resilience. We have a powerful opportunity to influence resilience in the mother and, in turn the newborn which will follow them throughout life. This is a powerful “feel good” presentation based in science! This webinar is offered by [The International Childbirth Education Association](#).

[Watch the webinar.](#)

A Guide to Toxic Stress

Chances are, you’ve heard or read something about toxic stress—maybe from the media, from a physician or other medical professional, or from a family member, friend, or neighbor. You may feel overwhelmed by all of the toxic stress information out there. And, unfortunately, it’s very easy to find misleading or incorrect information. The [Center on the Developing Child](#) created this Guide to Toxic Stress to clear up the confusion and help you learn the facts about toxic stress step by step.

[Learn more.](#)



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

Short Interpregnancy Interval and Poor Fetal Growth: Evaluating the Role of Pregnancy Intention.

Previous studies have demonstrated that short interpregnancy interval (the interval between delivery and estimated last menstrual period of a subsequent pregnancy) is associated with small for gestational age birth. It is controversial if this association is causal, as few studies have accounted for likely confounding factors such as unintended pregnancy. The association between interpregnancy interval and infant birthweight was examined, adjusting for pregnancy intention and other socio-economic and obstetrical risk factors. Among 1406 women, a trend towards lower birthweight z-score with short interpregnancy interval was not statistically significant. After adjusting for pregnancy intention, detailed measures of socio-economic status, and other covariates, the estimated magnitude of effect between interpregnancy interval and birthweight z-score was further attenuated. In summary, in this cohort study with detailed information on pregnancy intention and socio-economic status, **short interpregnancy interval was not associated with lower birthweight**. These findings suggest that previously observed associations between short interpregnancy interval and lower birthweight may reflect confounding by socio-economic and/or other unmeasured confounders.

[Learn more.](#)

Prenatal Exposure to Stressful Life Events and Infant Breastfeeding

Of the various barriers to breastfeeding, limited information is available on the relationship between prenatal stress and breastfeeding. This study investigates the association between prenatal stressful life event (SLE) exposure and breastfeeding initiation postpartum. SLE was defined as self-report of prenatal exposure to 14 predefined life events such as job loss or illness, and exposure to SLE was categorized by number and type of events. Among 3,353 respondents, 86% reported breastfeeding initiation, 74% reported exposure to ≥ 1 SLE, and 17% reported exposure to ≥ 4 SLE. Decreased odds of breastfeeding initiation were associated with prenatal exposure to ≥ 4 SLE, emotional stressors, and traumatic stressors. This study underscores the **impact of exposure to prenatal SLE on breastfeeding initiation among postpartum women**. Findings may assist providers in identifying at-risk women for anticipatory guidance to improve breastfeeding rates.

[Learn more.](#)

Risk for Maternal Depressive Symptoms and Perceived Stress by Ethnicities in Canada: From Pregnancy Through the Preschool Years.

Past cross-sectional studies have reported that mothers from ethnic minorities experience higher levels of prenatal and post-partum psychosocial distress compared with mothers from ethnic majorities. However, no studies have examined how the pattern varies longitudinally in a Canadian population of heterogeneous ethnicity. Data was collected from 3,138 mothers participating in the Canadian Healthy Infant Longitudinal Development (CHILD) Study, a longitudinal multi-center study incorporating 10 distinct waves of psychosocial data collection from pregnancy until the index child was aged 5 y. Mothers self-identifying as Black or First Nations had consistently higher distress scores than mothers from other ethnicities across all data collection times. After adjusting for relevant variables (history of depression, education, household income, marital status, and social support), First Nations mothers had a 20% increase in the mean scores of depressive symptoms compared to White Caucasian Mothers. In conclusion, increased levels of perinatal and post-partum distress were seen in only some ethnic minority groups. Studies should avoid collapsing all categories into ethnic minority or majority and may need to consider how ethnicity interacts with other sociodemographic factors such as poverty.

Note: The findings parallel the [Government of Canada's 2008 Maternity Experiences Survey](#) that found Indigenous women have a higher prevalence of PPD than non-Indigenous women.

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

Maternal Anxiety During Pregnancy and the Association With Adverse Perinatal Outcomes: Systematic Review and Meta-Analysis

This systematic review and meta-analysis examined the association between maternal antenatal anxiety (AA) and a range of perinatal outcomes. Perinatal outcomes of women with and without AA (diagnosed or self-reported using validated scale) derived from English language, prospectively collected data were included. Antenatal anxiety was associated with increased odds for preterm birth and spontaneous preterm birth, lower mean birth weight, increased odds for low birth weight, earlier gestational age, increased odds for being small for gestational age, and smaller head circumference. Heterogeneity between studies was not significant for most outcomes. Subanalyses for birth weight found women with diagnosed anxiety had infants with significantly lower birth weight compared to those identified with rating scales (although both subanalyses were significant). Associations between anxiety and preeclampsia, caesarean delivery, and Apgar scores were nonsignificant. Taken together, these results suggest that antenatal anxiety is associated with multiple adverse perinatal outcomes and is not benign. The impact of treating anxiety on these associations is unknown.

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

Global Epidemiology of Use of and Disparities in Caesarean Sections

In this Series paper, authors describe the frequency of, trends in, determinants of, and inequalities in caesarean section (CS) use, globally, regionally, and in selected countries. On the basis of data from 169 countries that include 98.4% of the world's births, we estimate that 29.7 million births occurred through CS in 2015, which was almost double the number of births by this method in 2000. CS use in 2015 was up to ten times more frequent in the Latin America and Caribbean region (43% of births), than in the west and central Africa region (4.1% of births). The global and regional increases in CS use were driven both by an increasing proportion of births occurring in health facilities (accounting for 66.5% of the global increase) and increases in CS use within health facilities (33.5%), with considerable variation between regions. Based on the most recent data available for each country, 15% of births in 106 (63%) of 169 countries were by CS, whereas 47 (28%) countries showed CS use in less than 10% of births. National CS use varied from 0.6% in South Sudan to 58.1% in the Dominican Republic. Within-country disparities in CS use were also very large: CS use was almost five times more frequent in births in the richest versus the poorest quintiles in low-income and middle-income countries; markedly high CS use was observed among low obstetric risk births, especially among more educated women in, for example, Brazil and China; and CS use was 1.6 times more frequent in private facilities than in public facilities.

[Learn more](#), access [the study](#), and check [the interactive map](#).



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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.
- **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.

