



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



3rd Annual Perinatal Health: Trends and Issues Conference

Organized by the Simcoe Muskoka District health Unit, and taking place at Fern Resort, **Orillia on Thursday, October 25th 2018**, 8:30 am to 4:00 pm, the 3rd Annual Perinatal Health: Trends and Issues Conference is for doulas, lactation consultants, midwives, nurses, nurse practitioners, physicians, prenatal educators. Sessions will include:

- **Group Pre and Postnatal Care The Centering Model: Theory, Practice, and Implementation Perspectives**(Deborah McNeil,)
- **Keys to Get Some Zzz's How Niagara Region Promotes Parents' Knowledge and Skills about Infant Sleep** (Debbie Hunter, Stephanie Lemay)
- **The 'Goldilocks Effect' of Pregnancy Weight Gain Why it Matters, What You Can Do** (Dr. Zach Ferraro)
- **Infant Feeding in Simcoe Muskoka** (Natalie Riewe)

Register by October 12th, 2018!

To register or get more information

contact prenatalclass@smdhu.org or call 1-877-721-7520 ext. 7453.

For accommodations, contact Fern Resort 1-800-567-3376



Champlain Maternal Newborn Regional Program (CMNRP) Workshops

In Eastern Ontario, the CMNRP offers many one-day workshops open to interprofessional perinatal care providers. For example:

- [Perinatal Loss](#), on October 22nd, 2018 in Ottawa.
- [Labour Support](#), on Oct 26th, 2018 in Kingston.
- [Substance Use](#), on Nov 15th, 2018 in Ottawa.

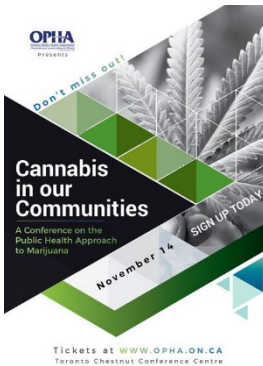
The full list of upcoming workshops is available [here](#).



41st Annual Obstetrics & Gynecology Memorial

Taking place on **October 25th and 26th, 2018 in Kingston**, this conference offers a comprehensive two-day update on Obstetrics & Gynaecology, featuring “Honouring an Exceptional Past, Building a Brilliant Future”, a special presentation for Dr. Robert Reid.

Learn more [here](#).



Forum: Cannabis in our Communities: A Conference on the Public Health Approach to Marijuana

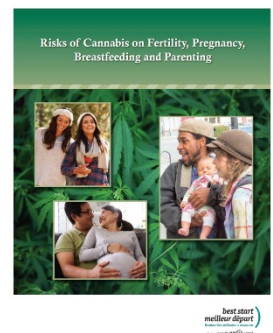
Offered by OPHA on **November 14, 2018 in Toronto**. Ontario is currently preparing for the legalization of recreational cannabis. What will this look like for public health and the communities they serve? Join us at The Ontario Public Health Association’s 2018 Fall Forum as we explore the changes and open up dialogue about what we will need to know.

Learn more [here](#).

Discussing cannabis with future parents?

The Best Start Resource Centre has developed a booklet for people thinking about becoming parents, who are pregnant, or who are new parents. It provides information about the effects of cannabis on fertility, pregnancy, breastfeeding, on children and adolescents when their mothers used cannabis during pregnancy and on parenting. This resource summarizes the current knowledge about the effects of cannabis. **It recently [made the news!](#)**

Still available in [print](#) and [PDF](#) (also available in French in [print](#) and [PDF](#)).





Health Promotion Ontario 2018 Annual Conference theme: Breaking New Ground

One of the key goals of [Health Promotion Ontario](#) is to advance the critical importance of health promotion through advocacy, knowledge exchange, and professional development for its membership. This year's conference is intended to serve as a forum for practitioners, researchers, and students to come together to learn about and critically reflect on the ways that important social issues are forcing the field of health promotion to "break new ground". It will take place in **Toronto on November 22nd, 2018**.

Learn more [here](#).

Prenatal Classes for Multiple Birth Families

Hosted by the Ottawa Childbirth Education Association, these classes will take place on **Oct. 27-28, or Nov. 24-25, in Ottawa**. Topics include: preparation for vaginal and caesarean birth, early post birth recovery, postpartum mood disorders, and creating a community support plan. Newborn care including bathing, swaddling, infant feeding, safe sleep, and safe car seat use will also be addressed

Learn more [here](#).

News



Purple Butterfly Loss Support

While all families who suffer a pregnancy or infant loss experience extreme grief, when there is a surviving baby(ies), the path of grief is less clear. Families are then celebrating birth and survival, while simultaneously grieving their loss(es). The rarity and uniqueness of this situation means families may not be able to find anyone who has been through the same circumstances. Therefore, they often don't connect and those around them say nothing in order to not say the wrong thing. This social isolation can lead to increased case of postpartum depression.

[Multiple Births Canada](#) created the Purple Butterfly Loss Support Package to offer comfort and support to bereaved families of multiples for whom not all the multiple co-siblings survived, as well as support for the hospital staff who care for them. This project will provide families with resources designed to help them grieve, heal and celebrate. Compassionate resources would be developed and delivered to the hospitals, with education for professionals on how to deliver this information.

Read more about this project [here](#)

Federal Government Extending Parental Leave by up to 5 Weeks, 3 Months Earlier than Planned

The federal families minister announced Wednesday that a new parental leave benefit of up to five additional weeks of time off from work will be available to eligible parents as of March 2019, three months earlier than initially planned.

The measure, first announced in the last federal budget, will provide an additional five weeks of Employment Insurance (EI) parental benefits when parents — including adoptive and same-sex parents — agree to share some of the benefits.

Parents with children born or placed for adoption on or after March 17, 2019 will be eligible for the benefit. Initially, the benefit was to take effect in June. New rollout date means 24,000 more parents can tap parental benefit, federal government says.

The Liberal government has touted the benefit as a way to encourage male partners to take some of the allotted leave to more equally share the responsibilities of raising children.

Learn more [here](#).

Indigenous Birth Workers Bring Support and Tradition

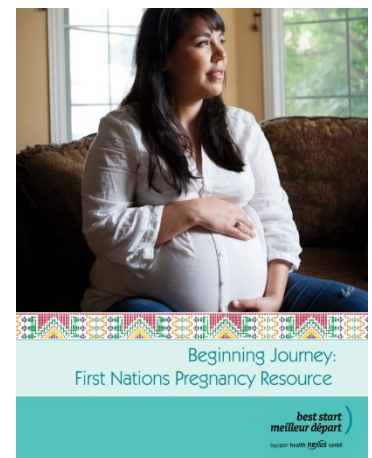
A local group of women are working to build a support network of birth workers, while at the same time reclaiming Indigenous traditions. The Brandon Indigenous Birth Workers want to get the word out on what they do in the community, while fostering a support network and relearning sacred teachings. It is hard work bringing back traditional parenting, because these skills were taken from the community when kids were sent to residential schools said birth worker Deborah Tacan. Bringing back traditional parenting skills will play a crucial role in rebuilding and maintaining traditional culture. The work will help end trauma before it starts by building strong support networks based on these sacred traditions Tacan said. The act of Indigenous birth working is a step towards helping to decolonize Indigenous culture birth workers actively taking the birth cycle back to their community, helping to reclaim traditional teachings and parenting. Tacan describes it as a whole life the birth workers are trying to bring back, with the first step starting at birth.

Learn more [here](#).

Are you working with First Nations future parents?

The Best Start Resource Centre's *Beginning Journey - First Nations Pregnancy Resource* book will help First Nations women to prepare for pregnancy, have a healthy pregnancy and welcome a new life into their family. It shares cultural knowledge from Elders, community members, and First Nations caregivers. It also provides medical information. Indigenous parents can access it online for free!

Refer First Nations future parents [here](#).



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 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 [here](#).

Special Issue on Fetal Alcohol Spectrum Disorder in the International Journal of Environmental Research and Public Health

The International Journal of Environmental Research and Public Health (IJERPH) is currently running a Special Issue entitled "Fetal Alcohol Spectrum Disorder (FASD)". The goal of this Special Issue is to publish papers that expand our current knowledge of prenatal alcohol and other substances' exposure and FASD and make it accessible to the research community, educators, policy makers, and others interested in this area. We invite all FASD-related research submissions, and we especially encourage the submission of papers from authors in developing countries where there are less infrastructure and traditional support of research on prenatal substance use exposure and FASD. Submission deadline is April 15th, 2019.

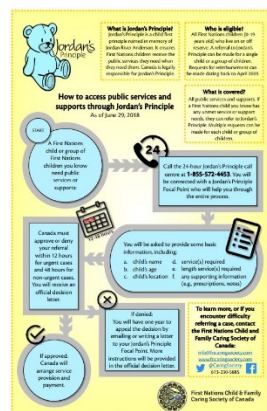
Learn more [here](#).

Discussing alcohol and pregnancy with future parents?

The Best Start Resource Centre web site **Be safe: Have an alcohol-free pregnancy** has been updated. Visit www.alcoholfreepregnancy.ca/be-safe-have-a-alcohol-free-pregnancy to find information about FASD prevention. This website compiles information for health care providers and for the public.



New resources



Infographic: How to access public services and 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 more than two years unnecessarily in hospital while the Province of Manitoba and the federal government argued over who should pay for his at home care. Jordan died in the hospital at the age of five years old, never having spent a day in his family home. Nowadays still, payment disputes within and between federal and provincial governments over services for First Nations children are not uncommon. First Nations children are frequently left waiting for services they desperately need, or are denied services that are available to other children.

Jordan's Principle aims to make sure First Nations children can access all public services in a way that is reflective of their distinct

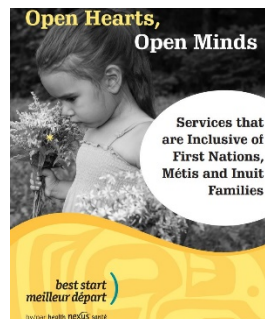
cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are First Nations. **Ensure that future parents know how to access the support they may need by sharing this infographic with them.**

Learn more [here](#), and download the infographic [here](#).

Are the services your organization is offering as inclusive as they could be?

The Best Start Resource Centre's *Open Hearts, Open Minds - Services that are Inclusive of First Nations, Métis and Inuit Families* report shares how, with an open heart and open mind, service providers can positively influence the inclusion of First Nation, Métis and Inuit families in services. The report provides key concepts and approaches for being inclusive.

Download this report [here](#).



UPDATED RESOURCE: Ontario Perinatal Record User Guide

A revision of the Ontario Perinatal Record User Guide has been completed! The 2018 version contains updated information from clinical practice recommendations released over the past year. Updates have been made to the sections on: marijuana use; prenatal genetic investigations; pertussis vaccination; VBAC consent and counseling.

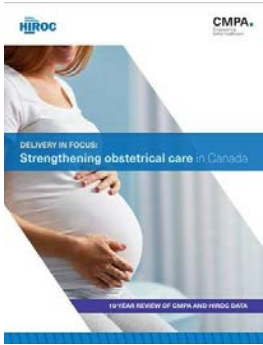
Learn more [here](#).



Time Can Be a Barrier to Exercise. Here's How You Can Help Patients Overcome It

Lack of time is one of the most commonly cited barriers to physical activity. But [physical activity has many physical and mental health benefits during pregnancy](#). The good news is, research shows it is possible for a person to improve their health by incorporating even a small amount of exercise into their daily routine. Service providers can share these three key facts about physical activity with patients to help encourage them to meet the recommendations in the Physical Activity Guidelines.

Learn more [here](#).



Delivery in Focus: Strengthening Obstetrical Care in Canada

This report by the Healthcare Insurance Reciprocal of Canada (HIROC) and the Canadian Medical Protective Association (CMPA), profiles the safety and quality of obstetrics services in Canada and also identifies opportunities for improvement.

Learn more [here](#). Available in French [here](#).



The Best Start Resource Centre'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

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

Mothers from ethnic minorities have been reported to 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 analysed 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. Maternal self-identified ethnicity was grouped as White Caucasian, First Nations, Black, Southeast Asian, East Asian, South Asian, Middle Eastern, Hispanic and mixed ethnicity. A multi-level regression was performed to determine whether mothers of specific minority ethnicities were more likely to experience higher levels of distress (i.e. depressive symptoms and perceived stress) compared to white Caucasian mothers.

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 the future, 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.

Learn more [here](#).

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. Using Rhode Island Pregnancy Risk Assessment Monitoring System data from

2012 to 2014, SLE was defined as self-report of prenatal exposure to 14 predefined life events such as job loss or illness. Results accounted for complex survey design and were adjusted for maternal and infant characteristics (age, race, ethnicity, insurance, delivery type, parity, gestational age, birth weight for gestational age, and neonatal intensive care unit admission). 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 [here](#).

Effect of Secondary Cigarette Smoke from Household Members on Breastfeeding Duration: A Prospective Cohort Study

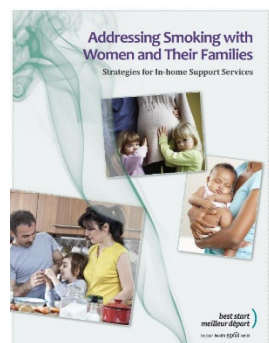
Maternal smoking and exposure to tobacco smoke is one modifiable risk factor that affects breastfeeding initiation and duration. The effects of maternal and paternal smoking and other family members' smoking status on the duration of breastfeeding were therefore examined in 1,277 mother–infant pairs admitted to the postpartum units of four major public hospitals in Hong Kong. Demographic data, maternal, paternal and household smoking habits, and other potential confounding variables were collected via self-reported questionnaires during the postnatal hospitalization. Breastfeeding status after hospital discharge was assessed through telephone follow-up up to 12 months postpartum, or until participants were no longer breastfeeding. If the participant had weaned during that follow-up interval, she was asked to report the total duration (in weeks) of both any and exclusive breastfeeding. A total of 1,240 (97%) mother–infant pairs completed followed up, 2.5% were smokers, 29.2% of their partners smoked, and 11.3% had another smoker living in their home. Maternal and other family members' smoking predicted breastfeeding cessation. When compared with mothers in non-smoking family, those exposed to two or more family members who smoked had approximately a 30% increased risk of breastfeeding cessation. In conclusion, **mothers who were exposed to two or more smokers in the household had a significantly shorter duration of any breastfeeding at 12-month follow-up.**

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 [here](#).

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](#).



AFFIRM: Fetal Movement Awareness Effort Doesn't Reduce Stillbirth

2.6 million pregnancies were estimated to have ended in stillbirth in 2015. The aim of the AFFIRM study was to test

the hypothesis that introduction of a reduced fetal movement (RFM), care package for pregnant women and clinicians that increased women's awareness of the need for prompt reporting of RFM and that standardised management, including timely delivery, would alter the incidence of stillbirth. Between Jan 1, 2014, and Dec, 31, 2016, data were collected from 409 175 pregnancies (157 692 deliveries during the control period, 23 623 deliveries in the washout period, and 227 860 deliveries in the intervention period). The incidence of stillbirth was 4.40 per 1000 births during the control period and 4.06 per 1000 births in the intervention period. These results suggest that this intervention to increase pregnant women's awareness of reduced fetal movement does not have the desired effect of reducing rates of stillbirth delivery, and in fact, is associated with an increased risk of caesarean section, induced labor, and prolonged time in the neonatal unit. The findings are consistent with a Cochrane Review (*Cochrane Database Syst Rev.* [2015;\(10\):CD004909](#)) of studies which concluded that formal fetal movement counting was of inconclusive benefit as a measure of fetal well being. The AFFIRM study authors urge delay on any policy changes until results of two other ongoing cluster trials of 250,000 women in Australia and New Zealand ([My Baby's Movements](#)) and 39,000 women in Sweden ([Mindfetal](#)) are known.

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

Preconception and Prenatal Cannabis Use and the Risk of Behavioural and Emotional Problems in the Offspring; a Multi-Informant Prospective Longitudinal Study.

Studies of the long-term consequences of maternal cannabis use on child development beyond the neonatal period are sparse. In the current study, we use a multi-information approach to assess the association of prenatal cannabis exposure and child behavioural and emotional functioning. To explore the possible causal nature of the association, we investigated whether maternal tobacco and paternal cannabis use during pregnancy were also associated with child problems. The study population included children of a population-based birth cohort in The Netherlands (n = 5903). Information on parental cannabis use was collected using questionnaires; urine of mothers was analysed for the presence of cannabis metabolites. Child behavioural and emotional problems at approximately 7-10 years were measured using validated teacher-, child- and mother-reports. The findings show associations of maternal cannabis use during pregnancy with offspring externalising problems, but not with internalising problems. However, maternal cannabis use before pregnancy was also associated with offspring externalising problems. Further, cannabis use by the father was associated with child externalising problems but not internalising problems. In conclusion, **prenatal exposure to maternal cannabis use is specifically associated with offspring behavioural problems, but not emotional problems.** This association is probably not due to an effect of intrauterine cannabis exposure on fetal development, because both maternal and paternal cannabis exposure during pregnancy were related to offspring externalising problems. Our findings suggest that the association can be explained through residual confounding, most likely through shared genetic vulnerabilities for parental cannabis use and offspring behavioural problems.

Learn more [here](#).

Father-Inclusive Perinatal Parent Education Programs: A Systematic Review

Fathers contribute to their children's health starting at the beginning of life. Few parent education programs include fathers. Among those that do, there is little effort to report program effects on father outcomes. In this systematic review, we examined father-inclusive perinatal parent education programs in the United States as they relate to a range of father outcomes. Studies were included if they included an evaluation of a parent education program and a report of father outcomes measured within 1 year of the child's birth and were conducted within the United States. Of 1353 total articles, 21 met study criteria. The overall state of the father-inclusive perinatal parent education program literature was poor, with few interventions available to fathers. Available programs were associated with increased father involvement, co-parenting relationship, partner relationship quality, father's mental health, and father's supportive behaviors. Program effects on father-infant interaction, parenting knowledge, and attitudes and parenting self-efficacy were inconclusive. Three programs emerged as best evidence-based interventions: 2 co-parenting programs (Minnesota Early Learning Design for Young Dads and Family Foundations) as well as a general perinatal education program developed by Diemer may serve as the best set of father-inclusive

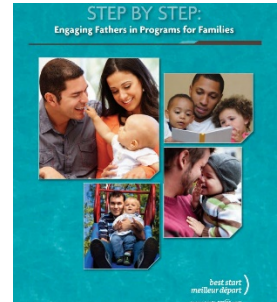
evidence-based interventions given their rigorous study designs, low levels of bias, promising outcomes, and methods of implementing the intervention that appeal to fathers. Overall, the risk of bias was high for many studies. Outcome variability, small sample size, and publication bias contributed to the weak evidence base. There is a need for more evidence-based interventions to support fathers. Clinicians play a key role in engaging fathers in early parent education programs and health care settings.

Learn more [here](#).

Do fathers engage in your prenatal programs? Would you like them to?

The Best Start Resource Centre's Step by Step - Engaging Fathers in Programs for Families manual for service providers presents a step by step guide for planning and implementing strategies for engaging fathers. Each section of the manual provides ideas from fathers and practitioners.

Available in [PDF](#) (and [in French](#) too!).



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. 1,458 abstracts were reviewed, 306 articles were retrieved, and 29 articles were included. Antenatal anxiety was associated with increased odds for preterm birth (pooled odds ratio 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 [P < .01]). Associations between anxiety and preeclampsia, caesarean delivery, and Apgar scores were nonsignificant. Taken altogether, there 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 [here](#).



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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.