MNCHP Network Bulletin



best start meilleur départ

by/par health nexus santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, <u>click here</u>. To manage your subscription, unsubscribe from the list-serv and access the list archives, <u>click here</u>.

June 12, 2015

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I. NEWS & VIEWS

1. Placenta eating offers no benefit to mom, review finds

As reported in this article (CBC News, 5 Jun 2015), while some women choose to eat the placenta after the birth of their baby, a recent study found that there is no evidence to suggest that eating the placenta or placentophagy, is beneficial. Some women believe that eating the placenta can prevent postpartum depression, reduce labour pains, or boost milk production. Contrary to these beliefs, Dr. Crystal Clark, who conducted the study, suggests that there may even be potential risks in placentophagy. As the role of the placenta is to filter toxins that may be harmful to the baby, Clark comments, "the risks of eating it are probably small, but we simply don't know."

http://www.cbc.ca/news/health/placenta-eating-offers-no-benefit-to-mom-review-finds-1.3102208

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2. Breastfeeding linked to a lower risk of cancer in kids

This article (Oaklander, 1 Jun 2015) reports the results of a new investigation published in JAMA Pediatrics which explores the connection between breastfeeding and leukemia. The study found that children who are breastfed for six months or longer have a 19% lower risk for childhood leukemia and children who are breastfed at all have an 11% lower risk for childhood leukemia than those who are never breastfed. http://time.com/3901565/breastfeeding-childhood-cancer-leukemia/

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Kids' motor and social skills improve when cord clamping delayed at birth Reporting on the results of a new randomized trial published in JAMA Pediatrics, this article (CBC News, 26 May 2015) highlights the long-term benefits of delaying cord clamping by several minutes. The trial compared the fine-motor skills of children whose cords were clamped three minutes after delivery to those who were clamped less than 10 seconds after birth. The study concluded that delayed cord clamping reduced the number of children with low scores in fine-motor and social skills. While groups such as the Cochrane collaboration, Canadian midwives, and American College of Obstetricians and Gynecologists have long practiced delayed cord clamping, this is one of the first studies to suggest the long-term benefits of the practice.

http://www.cbc.ca/news/health/kids-motor-and-social-skills-improve-when-cord-clamping-delayed-at-birth-1.3088257

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4. Helping Ontarians make informed nutritional choices (Available in French)

This news release from the Ministry of Health and Long-Term Care (26 May 2015) outlines the changes that will now be enforced under the government's Making Healthier Choices Act, which supports the Healthy Food pillar of the Ministry's Healthy Kids Strategy. In an effort to promote healthy eating, healthy weights and healthy child development, restaurants with 20 or more locations will now be required to post calories on menus and to provide context for patrons regarding recommended daily caloric intake. Food inspectors will also be required to enforce menu labelling.

EN: http://news.ontario.ca/mohltc/en/2015/05/helping-ontarians-make-informed-nutritional-choices.html

FR: http://news.ontario.ca/mohltc/fr/2015/05/aider-la-population-de-lontario-a-faire-des-choix-nutritionnels-eclaires.html

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II. RECENT REPORTS AND RESEARCH

5. WHO recommendations on health promotion interventions for maternal and newborn health 2015

World Health Organization. (2015). WHO recommendations on health promotion interventions for maternal and newborn health. Author: Geneva. Retrieved from http://www.who.int/maternal_child_adolescent/documents/health-promotion-interventions/en/

EXECUTIVE SUMMARY:

^{*} indicates journal subscription required for full text access

Preamble

Human rights and community participation principles are fundamental to maternal and newborn health strategies, as recognized in a number of legal instruments and key WHO policy documents and as set out within the IFC Framework and WHO and other UN strategies. The interventions considered here can be viewed as ways to apply these principles. They aim to increase access to timely and appropriate health care, to address underlying determinants of health, to address gender and equity and to achieve community participation in programme planning and in improving services. http://www.who.int/maternal_child_adolescent/documents/health-promotion-interventions/en/

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6. Truth and Reconciliation Commission of Canada: Calls to action (Available in French)

Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action*. Winnipeg, MB: Author. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

EXCERPT:

Child Welfare

- 1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
 - Monitoring and assessing neglect investigations.
 - ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
 - iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
 - iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities with families to provide more appropriate solutions to family healing.
 - v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.

EN: http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2. pdf

FR:http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_French.pdf

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7. Leveraging midwifery in Ontario's health-care transformation

Midwifery Education Program & College of Midwives in Ontario (2015). *Leveraging midwifery in Ontario's health-care transformation*. Retrieved from http://www.ontariomidwives.ca/images/uploads/documents/QPD_2015_web_version.pdf

EXCERPT:

There's a lot to celebrate in Ontario's midwifery success story. Since 1994, midwives have provided safe, excellent care to more than 180 000 Ontarians. Midwives provide care throughout pregnancy, labour and birth and care for both client and baby for six weeks following birth. Midwifery care consistently demonstrates excellent clinical outcomes, cost-effectiveness, and high rates of client satisfaction. Bending the cost curve in health care requires a fundamental change in how care is provided throughout pregnancy and during childbirth. It is time to scale up midwifery and leverage it to transform Ontario's health-care system into one that puts patients at the centre of care. http://www.ontariomidwives.ca/images/uploads/documents/QPD 2015 web version.pdf

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8. Presymptomatic identification of cancers in pregnant women during noninvasive prenatal testing

Amant, F., Verheecke, M., Wlodarkska, I., Dehaspe, L, Brady, P., ... Vermeesch, R. (2015). Presymptomatic identification of cancers in pregnant women during noninvasive prenatal testing. *JAMA Oncology.* Advance online publication. doi:10.1001/jamaoncol.2015.1883

ABSTRACT:

Importance: Noninvasive prenatal testing (NIPT) for fetal aneuploidy by scanning cell-free fetal DNA in maternal plasma is rapidly becoming a major prenatal genetic test. Similar to placental DNA, tumor DNA can be detected in the plasma, and analysis of cell-free tumor DNA can be used to characterize and monitor cancers. We show that plasma DNA profiling allows for presymptomatic detection of tumors in pregnant women undergoing routine NIPT.

Observations: During NIPT in over 4000 prospective pregnancies by parallel sequencing of maternal plasma cell-free DNA, 3 aberrant genome representation (GR) profiles were observed that could not be attributed to the maternal or fetal genomic constitution. A maternal cancer was suspected, and those 3 patients were referred for whole-body diffusion-weighted magnetic resonance imaging, which uncovered an ovarian carcinoma, a follicular lymphoma, and a Hodgkin lymphoma, each confirmed by subsequent pathologic and genetic investigations. The copy number variations in the subsequent tumor biopsies were concordant with the NIPT plasma GR profiles.

Conclusions and Relevance: We show that maternal plasma cell-free DNA sequencing for noninvasive prenatal testing also may enable accurate presymptomatic detection of maternal tumors and treatment during pregnancy.

http://oncology.jamanetwork.com/article.aspx?articleid=2318964

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9. Maternal intravenous fluids and postpartum breast changes: A pilot observational study

Kujawa-Myles, S., Noel-Weiss, J., Dunn, S., Peterson, W. E., & Cotterman, K. J. (2015). Maternal intravenous fluids and postpartum breast changes: A pilot observational study. *International Breastfeeding Journal.* Advance online publication. doi:10.1186/s13006-015-0043-8

ABSTRACT:

Background: The current breastfeeding initiation rate in Canada is approximately 87%. By one month, about 21% of women have stopped breastfeeding. Engorgement and edema in breast tissue can lead to breastfeeding challenges which may contribute to early weaning. The aims of this pilot research study were to explore the relationship between intrapartum intravenous fluids given to mothers and postpartum breast swelling in the first 10 days postpartum and to determine if a larger study was warranted and feasible. Methods A prospective, longitudinal, observational cohort pilot study with repeated measures and a within-subjects design was completed. Participants were first time mothers who have a single, healthy newborn and had a spontaneous vaginal birth. Daily data collection from admission into the study until postpartum day 10 took place. Descriptive statistics are reported and linear regression analysis was used to model the relationship between IV therapy and postpartum breast edema. Results Women who received intravenous fluids during labour had higher levels of breast edema postpartum and rated their breasts as firmer and more tender than women who did not receive intravenous fluids. Participants who had intravenous fluids described patterns of fullness that appeared to be related to edema as opposed to fullness associated with engorgement and lactogenesis II. Conclusions The findings demonstrate that mothers in this pilot study who received intravenous fluids in labour and postpartum had higher levels of breast edema. These results suggest a larger study is warranted to more fully examine the effects of intravenous fluids on postpartum breast swelling. http://www.internationalbreastfeedingjournal.com/content/10/1/18/abstract

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10. Active play opportunities at child care

Tandon, P. S., Saelens, B. C., & Christakis, D. A. (2015). Active play opportunities at child care. *Pediatrics*, *135*(6), e1425-e1431. doi: 10.1542/peds.2014-2750

ABSTRACT:

BACKGROUND AND OBJECTIVES: Physical activity (PA) is important for children's health and development, yet preschoolers are not meeting PA recommendations. The objective of this study was to examine different PA opportunities at child care and how

variation in indoor versus outdoor and free versus teacher-led opportunities relate to children's PA.

METHODS: An observational study of 98 children (mean age 4.5 years, 49% girls) from 10 child care centers. Classrooms were observed for at least 4 full days per center (total 50 days) to categorize time into (1) not an active play opportunity (APO); (2) naptime; (3) APO, outdoor free play; (4) APO, outdoor teacher-led; (5) APO, indoor free play; and (6) APO, indoor teacher-led. Children wore accelerometers during observations. Linear regression models examined the influence of APO categories on moderate-vigorous physical activity (MVPA) and sedentary time.

RESULTS: Children's activity was 73% sedentary, 13% light, and 14% MVPA. For 88% of time children did not have APOs, including 26% time as naptime. On average, 48 minutes per day were APOs (41% sedentary, 18% light, and 41% MVPA), 33 minutes per day were outdoors. The most frequent APO was outdoor free play (8% of time); outdoor teacher-led time was,1%. Children were more active and less sedentary outdoors versus indoors and during the child-initiated APOs (indoors and outdoors) versus teacher-led APOs.

CONCLUSIONS: Preschoolers were presented with significantly fewer than recommended opportunities for PA at child care. More APOs are needed for children to meet recommendations, particularly those that encourage more outdoor time, more teacher-led and child-initiated active play, and flexibility in naptime for preschoolers. http://pediatrics.aappublications.org/content/135/6/e1425.full.pdf+html

Related resource:

Healthy children on the move: Physical activity and the childcare setting:
Read a summary poster and watch a recording of this webinar offered by PARC
that focuses on best practices and policies related to physical activity and
childcare.

http://parc.ophea.net/professional-learning/healthy-children-move-physical-activity-and-childcare-setting

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III. CURRENT INITIATIVES

11. ParticipACTION: The Biggest Risk is Keeping Kids Indoors (Available in French)

In their recently released <u>Report Card on Physical Activity for Children and Youth</u>, ParticipACTION is taking a stand on the value of providing access to active outdoor play, emphasizing that the benefits outweigh the risks. For the third year in a row, the Report Card has assigned a D-minus grade to children's overall physical activity. The reasoning behind this stance is outlined in the <u>Position Statement on Active Outdoor Play</u>, which



accompanies the report card, and which was developed by the Healthy Active Living and Obesity Research Group at the Children's Hospital of Eastern Ontario Research Institute (HALO-CHEO), ParticipACTION and 12 other organizations including the Best Start Resource Centre. Share the findings in the Report Card by using ParticipACTION's Community Toolkit.

Related resources:

- ParticipACTION report urges parents to get their kids outside: This article
 cites Dr. Mark Tremblay, chief scientific officer of the report, who emphasizes the
 importance of getting kids outdoors to reduce sedentary behaviour.
 http://www.thestar.com/life/2015/06/09/participaction-report-urges-parents-to-get-their-kids-outside.html
- Parents urged to encourage freedom, play, as kids get D-minus for physical activity: This article highlights videos and graphs from the report card which outline the optimal amount of exercise for kids and acceptable forms of heart-pumping physical activity.
 http://www.theglobeandmail.com/news/national/new-report-stresses-need-for-outdoor-play-for-kids/article24870453/
- ParticipACTION's prescription for healthy play: This print and video report features interviews with families that encourage active play and also highlights the Report Card's key messages. http://www.cbc.ca/news/health/participaction-s-prescription-for-healthy-play-get-the-kids-outside-1.3105137
- Canadian kids get a D-minus in annual report card on physical activity: This
 report emphasizes how helicopter parenting can limit children's opportunities for
 physical activity.
 http://globalnews.ca/news/2043974/canadian-kids-get-a-d-minus-in-annual-report-card-on-physical-activity/

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12. National Multiple Births Awareness Day

On May 28, 2015, Multiple Births Canada celebrated Multiple Births Awareness Day which promotes the challenges for mothers and families surrounding multiple births. This year, awareness focused on the diagnosis and treatment of twin-twin transfusion syndrome, which can occur in twins that share a placenta when the exchange of blood between the twins is unbalanced. Early and frequent ultrasounds during pregnancy are crucial to help prevent or treat twin-twin transfusion syndrome which can potentially threaten the life of one or both twins.

http://multiplebirthscanada.org/index.php/about-us/national-multiple-births-awareness-day-may-28th-2015

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13. Aboriginal Awareness Week

(Available in French)

Held this year from May 19 to 22, Aboriginal Awareness Week is a government-wide celebration of the diverse cultures and traditions of the Métis, Inuit and First Nation peoples. Events were held throughout the week in Gatineau to showcase Aboriginal peoples' contributions to public service. Activities included beading workshops, viewings of Aboriginal films, and throat singing workshops.

EN: http://www.pc.gc.ca/eng/agen/aa/index.aspx
FR: http://www.pc.gc.ca/eng/agen/aa/index.aspx

Related links:

- Aboriginal children express pain differently: This article outlines new research that suggests that art can provide a useful outlet for Aboriginal children in helping them to express their pain. http://globalnews.ca/news/1664031/aboriginal-children-express-pain-differently-iwk-research/
- First Nation, Métis and Inuit Self-Identification: Produced by the York
 Region District School Board, this video is designed to help First Nation, Métis,
 and Inuit students develop an understanding of self-identification.
 https://www.youtube.com/watch?v=nIKW-se30Pk&feature=youtu.be
- The healthy foods of traditional aboriginal diets: This blog post outlines issues related to health and obesity for Aboriginal communities. http://en.healthnexus.ca/news/healthy-foods-traditional-aboriginal-diets-link-health-promotion-practice
- Circles of fatherhood: A journey of life: This presentation from the Canadian
 Father Involvement Network highlights the importance of supporting Aboriginal
 fathers and the challenges they face.
 http://www.candads.ca/sites/default/files/Circles%20of%20Fatherhood%20Presentation%202015.pdf

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IV. UPCOMING EVENTS

14. Teratology Society Webinar: Fetal Alcohol Syndrome Webinar June 17, 2015: Webinar

Hosted by the Teratology Society and MotherToBaby, this webinar will provide an overview of the last 40 years of Fetal Alcohol Syndrome research. Presented by Dr. Kenneth Lyons Jones, Chief of the Division of Dysmorphology/Teratology at the Department of Pediatrics at the University of California, San Diego, the presentation will look at three main topics related to FAS: recognition of the disorder, reaction to that recognition and current perceptions of FAS.

http://connection.teratology.org/p/bl/et/blogaid=444&source=1

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15. Maternal Newborn Dashboard (MND) – Two Year Update: Looking Back and Into the Future

June 18, 2015: Webinar

As part of BORN Ontario's monthly Provincial Rounds webinar series, this workshop will examine BORN's Maternal Newborn Dashboard tool, which allows hospital users to provide feedback on their care. Presenter Sandra Dunn, Acting Scientific Manager and Knowledge Translation Specialist at BORN will explore the different components of the dashboard, and indicate areas for future development.

http://bornontario.ca/en/news/born-in-the-news/join-us-for-the-next-born-provincial-rounds---april-16-2015-from-1200---100-est/

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16. Tweet chat: Mobilizing research for early years practices June 24, 2015: Online

Learn more about how to effective implement early years research into practice by participating in this interactive Twitter discussion with Jim Grieve, Assistant Deputy Minister of Early Years, and Dr. Carol Campbell, Associate Professor of Leadership and Educational Change at OISE. Add your voice to the conversation by tweeting using #leadershipshine.

http://eyeonkids.ca/docs/files/tweet_chat_24june2015_jimgrieve_carol_campbell_mobiliz ing_research_for_early_years_practices.jpg

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17. Self-Regulation Summer Symposium

July 13-17, 2015: Peterborough, ON

This five-day conference hosted by Dr. Stuart Shanker and the Mehrit Centre is designed to equip participants with the knowledge and skills to lead a shift in thinking regarding self-regulation at the organization or community level. Keynote speakers include Graham Clyne who will discuss experiences introducing the concept of self-regulation to schools and communities, and Dr. Jane Betrand who will look at self-regulation in the context of play and learning. Other topics include strategies for putting self-regulation strategies into practice and how to use the science of self-regulation with children on the autism spectrum.

http://www.neurodevnet.ca/civicrm/event/info?reset=1&id=333

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V. RESOURCES

18. Prosocial Behaviour

(Available in French)

This recently updated topic in the Encyclopedia on Early Childhood Development highlights the importance of prosocial behaviour by emphasizing its development as children age, how it can manifest itself differently in different children, and the impact it has on a child's success in school. The encyclopedia entry also highlights strategies parents, teachers and peers can use to promote prosocial tendencies, including the use of positive discipline and the creation of caring classroom communities. The encyclopedia also links to key scientific journal articles that discuss the foundations of prosocial behaviour.

EN: http://www.child-encyclopedia.com/prosocial-behaviour

FR: http://www.enfant-encyclopedie.com/comportement-prosocial

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19. Active Pregnancy

(Available in French)

A new resource from the Physical Activity Resource Centre, Active Pregnancy outlines the benefits of continuing to be physically active while pregnant. Available both in print and as a free download, Active Pregnancy contains sample exercises and provides guidelines to help pregnant women stretch and lift weights safely. https://www.ophea.net/active-pregnancy#.VXr4eUYkroY

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20. NRC Navigator

This free online tool serves as a comprehensive repository of information and resources related to healthy eating and nutrition that is designed to help health professionals and community partners navigate the vast information landscape and select key evidence-informed examples to guide their work. The database of information can be searched by keyword, and information can be filtered to retrieve results specific to children. http://opha.on.ca/Nutrition-Resource-Centre/NRC-Navigator.aspx

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21. Know FASD

Created by the Canada FASD Research Network and the "Intervention of FASD" Network Action Team, this new website is designed to help caregivers understand the signs and symptoms of FASD at all ages. Information is sorted by gender and age group, and users are directed to the KnowFASD wiki to learn more about specific signs and symptoms of FASD at particular stages of development. https://knowfasd-webpro.ualberta.ca/

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22. Responding to domestic violence in clinical settings (Available in French)

This free online course is designed to help physicians, nurses and social workers learn how to effectively provide care to women who experience domestic violence. Developed by the Sunnybrook-Osler Centre for Prehospital Care and the Women's College Hospital, the course consists of 17 scenarios that explore a range of competencies and indicators. Nurses and physicians can qualify for CME credits upon the completion of each scenario.

EN: http://dveducation.ca/dvcs/welcome.php

FR: http://fr.dveducation.ca/

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23. Family History Timeline

(Available in French)

Developed by the Vanier Institute, this comprehensive bilingual timeline explores the changes to family roles and composition from 1965 to today. Stark differences include the drop in married couple families from 92% in 1965 to 67% in 2011, and an increase in births to women over 30 from 1 in 5 in 1974 to 51% in 2010. The timeline was developed to commemorate the 50th Anniversary of the Vanier Institute of the Family. bit.ly/1Guc3fz

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VI. FEATURED BEST START RESOURCES

24. Developing and Sustaining Breastfeeding Peer Support Programs (Available in French)

This manual provides information about different types of breastfeeding peer-support programs. The description of different aspects of peer support, from assessing the community to ongoing support of the peer volunteers, will assist organizations in planning the development of an effective program or support organizations in ensuring their program sustainability.

EN: http://www.beststart.org/resources/breastfeeding/B10_BF_Peer_Support_Programs_ ENG_final.pdf

FR: http://www.beststart.org/resources/breastfeeding/B10_Peer_Support_Programs_FR_final.pdf

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25. Breastfeeding Community Projects

The Best Start Resource Centre announced 46 new recipients of breastfeeding community project grants. In 2014, 15 initial grants were awarded community projects to develop and implement supports to encourage and assist populations with lower breastfeeding rates. In 2015, 46 additional organizations were awarded small grants for the same purpose.

Learn about all of the projects on our website:

http://en.beststart.org/services/partnerships-and-projects/breastfeeding-community-project

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About This Bulletin

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (mnchp@healthnexus.ca). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

Information on the MNCHP Network: Email mnchp@healthnexus.ca or visit http://www.beststart.org/services/information.html

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http://lists.beststart.org/listinfo.cgi/mnchp-beststart.org

To submit items for MNCHP Bulletins: Email mnchp@healthnexus.ca

Contact Us

Best Start Resource Centre: http://beststart.org/index_eng.html

Health Nexus: http://en.healthnexus.ca/

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Stay connected!

The free weekly <u>Ontario Health Promotion E-mail bulletin (OHPE)</u> offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

<u>Click4HP</u> is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

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.

Health Promotion Today - Our blog keeps you informed of news and topics related to health promotion.

Follow us on **Twitter** to stay up to date on all things related to health promotion.

View our video resources on YouTube and Vimeo

The Best Start Aboriginal Sharing Circle (BSASC) Network is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new <u>3M Health Leadership Award</u> to find out how you can support community health leadership and honour your own community leader by nominating them for this national award.



En français:

Restez branché!

Le bulletin francophone <u>Le Bloc-Notes</u> est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le <u>Bulletin de santé maternelle et infantile</u> est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

<u>Promotion de la santé aujourd'hui</u> Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur <u>Twitter</u> pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur YouTube et Vimeo