

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, [click here](#). To manage your subscription, unsubscribe from the list-serv and access the list archives, [click here](#).

December 5, 2014

The next bulletin will be released January 9, 2014.

In this month's issue:

I. NEWS & VIEWS

1. [The maternal obesity hypothesis: How a mother's health, before and during pregnancy, can affect her child's weight](#)
2. [Promoting well-being at school: Ontario supports program to encourage children and youth to get more daily physical activity](#) (available in French)
3. [Homemade infant formulas dangerous, doctors warn](#)
4. [Ontario banning smoking on patios, playgrounds Jan. 1](#)

II. RECENT REPORTS AND RESEARCH

5. [It's time for preschool: Early childhood education report 2014](#) (available in French)
6. [2014 Report Card on Child and Family Poverty in Canada](#)
7. [Coparenting breastfeeding support and exclusive breastfeeding: A randomized controlled trial](#)
8. [Preconception care: Promoting reproductive planning](#)
9. [Medications for patients who are lactating and breastfeeding: A decision tree](#)
10. [A socio-ecological approach to physical activity interventions in childcare: A systematic review](#)

III. CURENT INITIATIVES

11. [EatRight Ontario Kids Recipe Challenge](#) (available in French)
12. [World Prematurity Day](#) (available in French)
13. [Towards an AIDS-free Generation: Children and AIDS](#) (available in French)

IV. UPCOMING EVENTS

14. [An ICN webinar – Working Together: The Canadian Context for MNCH](#)
15. [CMNRP Workshops](#)
16. [Welcoming Dads: Change the way you work with fathers](#)
17. [Nobody's Perfect Parenting Program – What's New?](#)

18. [Newborn Screening Workshop Toronto 2015](#)

V. RESOURCES

19. [The Hanen Centre](#)
 20. [15th Annual Fetal Alcohol Canadian Expertise \(FACE\) Research Roundtable](#)
 21. [Indigenous Child and Youth Health in Canada](#) (available in French)
 22. [Newt: Newborn Weight Tool](#)
 23. [Encyclopedia on Early Childhood Development](#) (available in French)
 24. [Ottawa Breastfeeds](#)
 25. [Recent videos](#)

VI. FEATURED BEST START RESOURCES

26. [Breastfeeding Matters](#) (available in French)
 27. [When Children Speak More Than One Language](#) (available in French)
 28. [Obesity in Preconception and Pregnancy](#)
 29. [2015 Best Start Resource Centre Annual Conference](#)

I. NEWS & VIEWS

1. The maternal obesity hypothesis: How a mother's health, before and during pregnancy, can affect her child's weight

This article from The Globe and Mail (McGinn, 2014) discusses the results of a recent study published in Mayo Clinic Proceedings that connects a mother's body mass and physical activity during pregnancy to her child's likelihood of being obese. The study by Dr. Edward Archer, titled [The Childhood Obesity Epidemic as a Result of Nongenetic Evolution](#), is founded in epigenetics. Epigenetics is described as "the study of how genes can be turned on or off by environmental factors." While the study presents mothers as being solely responsible for turning the tide of obesity, many researchers caution against placing the onus solely on mothers. As emphasized by Dr. Kristi Adamo, research scientist at the Healthy Active Living and Obesity Research Group at the Children's Hospital of Eastern Ontario: "If the mom was not perfect during pregnancy... it doesn't mean the baby is doomed for life."

<http://www.theglobeandmail.com/life/health-and-fitness/health/studying-obesity-through-maternal-health-before-and-during-pregnancy/article21834086/>

Related documents:

- **Let's stop pointing the finger at mothers and address the real issues around children's health:** This opinion piece (Anderssen, 2014) addresses the findings in Archer's Mayo Clinic Proceedings article, and emphasizes the importance of exploring the many mitigating environmental factors, including accessible daycare and work-related issues, that could be affecting a mother's health before suggesting that mothers alone can alter the health of their children for better or for worse.

<http://www.theglobeandmail.com/life/parenting/flipping-a-non-motherly-gesture-at-sexist-science/article21833778/>

2. Promoting well-being at school: Ontario supports program to encourage children and youth to get more daily physical activity (available in French)

As announced in this news release (Office of the Premier, 2014), the Ontario government, the Ontario Physical and Health Association (Ophea) and ACTIVE AT SCHOOL will be working together to promote the inclusion of 60 minutes of daily physical activity in schools. To further the completion of this project, partners will work together to create a Physical Activity Advisory Committee, develop strategies to recognize schools, teachers, parents and students who are working towards including 60 minutes of physical activity into the school day, and study factors that contribute to the successful implementation of physical activity in schools.

EN: <http://news.ontario.ca/opo/en/2014/11/promoting-well-being-at-school.html>

FR: <http://news.ontario.ca/opo/fr/2014/11/faire-la-promotion-du-mieux-etre-a-lecole.html>

Related resource:

- **New Physical Activity & Sedentary Behaviour Child Care Standards – Can it Get Kids Moving More & Sitting Less:** The Alberta Centre for Active Living released an infographic illustrating the implementation and evaluation of the Canadian Physical Activity and Sedentary Behaviour guidelines in Alberta Child Care Centres. The infographic indicates that there was little change in physical activity behaviours of both toddlers and preschoolers, suggesting that policy implementation is not enough to incite behaviour change. The province, however, aims to continue supporting physical activity through the development of complementary resources and training.

http://www.centre4activeliving.ca/media/filer_public/f0/d8/f0d80cb2-ce8e-4532-ab38-b152a2cff03a/2014-childcare-infographic-letter.pdf

3. Homemade infant formulas dangerous, doctors warn

While many mothers may see homemade infant formulas consisting of organic ingredients as a preferable alternative to infant formula from a box, this article from The Globe and Mail (Barton, 2014) emphasizes that homemade formulas could be detrimental to an infant's health. The article cites a recent advisory from Health Canada, the Canadian Paediatric Society and the Dietitians of Canada that stresses the use of homemade formula can lead to malnourishment and fatal illness. While parents may be wary of the ingredients in store-bought formula, a doctor cited in the article states that "the safe alternative [to breastfeeding] is commercial formula."

<http://www.theglobeandmail.com/life/health-and-fitness/health/homemade-infant-formulas-dangerous-doctors-warn/article21805683/>

4. Ontario banning smoking on patios, playgrounds Jan. 1

As reported in a recent CBC News (2014) article, the Ontario government will ban smoking on children's playgrounds, sports fields and patios in an effort to create a

smoke-free environment for children and youth. The Smoke-Free Ontario Act will also be revised to prevent selling tobacco on college and university campuses and the government is also looking to prohibit the sale of flavoured tobacco products to youth. The Canadian Cancer Society is cited in the article as saying that these new restrictions “help denormalize tobacco use and provide greater protection from outdoor second-hand smoke for Ontarians.” For more information on the government’s plans to protect children from smoking, read the [news release](#) from the Ministry of Health and Long-Term Care.

<http://www.cbc.ca/news/canada/toronto/ontario-banning-smoking-on-patios-playgrounds-jan-1-1.2827429?cmp=rss>

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

5. It’s time for preschool: Early childhood education report 2014 (available in French)

The Atkinson Centre for Society. (2014). *It’s time for preschool: Early childhood education report 2014*. Retrieved from <http://timeforpreschool.ca/en/full-report/>

EXCERPT:

In Canada, education and child care fall primarily within the jurisdiction of provinces and territories, although there is a long history of federal involvement both through transfers to individuals and to provincial and territorial governments. While the federal government has been an inconsistent player in early childhood policy, it has influenced provincial and territorial programs and priorities.

The 2004 Speech from the Throne announced that the federal government would work with the provinces to create a national system of early learning and child care. As a condition of \$5-billion in funding over 5 years announced in the 2005 federal budget, provinces signed bi-lateral agreements-in-principle committing to develop detailed action plans that identified their spending priorities for early learning and child care. Plans were to address the four QUAD principles: quality, universality, accessibility and developmental programming. A federal election and a new government terminated this funding. In March 2007, the \$5-billion commitment disappeared. Instead, \$250 million a year was earmarked for a Community Child Care Investment Program and transferred to provincial and territorial governments. A 25 percent tax credit was made available to businesses to create licensed child care spaces in the workplace. The latter, as predicted, received very little take up.

Despite its short tenure, QUAD left a legacy. Many provinces continued to develop and pursue their action plans, even without federal funding. In fact, investments in early

learning and care across Canada more than doubled from \$3.5 billion in 2006 to \$7.5 billion in 2011. By 2014, provinces and territories were spending \$10.9-billion on early education and child care. Remnants of other federal/provincial efforts to develop a pan-Canadian approach to supporting young children and their families also remain.

EN: <http://timeforpreschool.ca/en/full-report/>

FR: <http://timeforpreschool.ca/fr/rapport-complet/>

Related materials:

- **Ontario strengthening child care oversight** (available in French): This news release (Ministry of Education, 2014) from the Ontario government announces the passing into legislature of the Child Care Modernization Act, which will serve to provide the government more control to issue penalties for dangerous daycare settings.
EN: <http://news.ontario.ca/edu/en/2014/12/ontario-strengthening-child-care-oversight.html>
FR: <http://news.ontario.ca/edu/fr/2014/12/ontario-renforce-le-controle-des-services-de-garde-denfants.html>
- **3 new studies find child care is good for kids and the economy – Editorial:** This article (Walton, 2014) draws on the findings of three recent studies that highlight the importance of accessible and affordable nation-wide daycare in Canada, not only for the well-being of families and children, but also for the economy.
http://www.thestar.com/opinion/editorials/2014/11/17/three_new_studies_find_child_care_is_good_for_kids_and_the_economy_editorial.html#
- **The Parent Trap – Child Care Fees in Canada’s Big Cities:** This report and accompanying infographic draws correlations between the cost of child care and the median income of women, highlighting the most and least affordable cities for childcare in the country.
<https://www.policyalternatives.ca/parent-trap>
- **A Vision for Universal Childcare:** A short animated video that answers the question: “What should childcare look like in Canada in the year 2020?”
<https://www.youtube.com/watch?v=t0Q51UQcDgl&feature=youtu.be>

6. 2014 Report Card on Child and Family Poverty in Canada

(available in French)

Campaign 2000. *2014 Report card on child and family poverty in Canada*. Retrieved from <http://www.campaign2000.ca/anniversaryreport/CanadaRC2014EN.pdf>

EXCERPT:

High rates of child poverty persist – Federal leadership required

As Campaign 2000 issues its 23rd monitoring report, we are saddened and distressed by the abysmal lack of progress in reducing child poverty in Canada. The economy has more than doubled in size, yet the incomes of families in the lowest decile have virtually stagnated. The gap between rich and poor families remains very wide, leaving average-income families also struggling to keep up. With considerable evidence from academic,

community-based and government research and from extensive testimony from people with lived experience of poverty, we know more about how to eradicate poverty than we did 25 years ago. Together, the 120 partner organizations in Campaign 2000 have kept the issue of child poverty on the radar screen for almost 25 years. On behalf of low-income families, women, people with disabilities, food banks, indigenous families, service-providers in health, childcare and affordable housing, many faith communities, teachers, social workers, unions and many others, Campaign 2000 partners have helped to highlight the unacceptable situation for low-income children and have proposed practical solutions. As a result of on-going discussion and dialogue with government officials and representatives, the media and people with lived experience of poverty, some important initiatives have been achieved. Public policies such as the Canada Child Tax Benefit/National Child Benefit Supplement and the Child Disability Benefit have made a difference to families—but not a big enough difference to dial down the child poverty rate substantially or to sustain less child poverty. The erosion of the labour market including fewer good, full-time jobs with benefits that prevent poverty and enable parents to lift themselves out of poverty remains a challenge in many parts of Canada.
EN:<http://www.campaign2000.ca/anniversaryreport/CanadaRC2014EN.pdf>
FR:<http://www.campaign2000.ca/anniversaryreport/CanadaRC2014FR.pdf>

Related materials:

- **Ontario falling behind its own poverty reduction goals:** This article (Russell, 2014) emphasizes that, although 25 years have passed since the Canadian government's pledge to "eliminate child poverty," little has changed, and in fact, the problem has become worse.
http://www.thestar.com/news/gta/2014/11/24/ontario_falling_behind_its_own_poverty_reduction_goals.html
- **25 years since Canada vowed to end child poverty, where are we now?:** This article (Ogrodnik, 2014) highlights findings from Campaign 2000's report and draws attention to the lack of concrete statistics available to measure poverty in Canada, as well as the role of the government in attempting to reduce poverty rates.
<http://globalnews.ca/news/1685376/25-years-since-canada-vowed-to-end-child-poverty-where-are-we-now/>

7. Coparenting breastfeeding support and exclusive breastfeeding: A randomized controlled trial

Abass-Dick, J., Stern, S. B., LaRon, E. N., Watson, W., & Dennis, C-L. (2014). Coparenting breastfeeding support and exclusive breastfeeding: A randomized controlled trial. *Pediatrics*, 135(1). doi:10.1542/peds.2014-1416

ABSTRACT:

OBJECTIVE: To evaluate the effectiveness of a coparenting intervention on exclusive breastfeeding among primiparous mothers and fathers.

METHODS: A randomized controlled trial was conducted in a large teaching hospital in Toronto, Canada. Couples were randomized to receive either usual care (n = 107) or a coparenting breastfeeding support intervention (n = 107). Follow-up of exclusive

breastfeeding and diverse secondary outcomes was conducted at 6 and 12 weeks postpartum.

RESULTS: Significantly more mothers in the intervention group than in the control group continued to breastfeed at 12 weeks postpartum (96.2% vs 87.6%, $P = .02$). Although proportionately more mothers in the intervention group were exclusively breastfeeding at 6 and 12 weeks, these differences were not significant. Fathers in the intervention group had a significantly great increase in breastfeeding self-efficacy scores from baseline to 6 weeks postpartum compared with fathers in the control group ($P = .03$). In addition, significantly more mothers in the intervention group than in the control group reported that their partners provided them with breastfeeding help in the first 6 weeks (71% vs 52%, $P = .04$). Mothers in the intervention group were also more satisfied with the breastfeeding information they received (81% vs 62.5%, $P < .001$).

CONCLUSIONS: The significant improvements in breastfeeding duration, paternal breastfeeding self-efficacy, and maternal perceptions of paternal involvement and assistance with breastfeeding suggest that a coparenting intervention involving fathers warrants additional investigation.

<http://pediatrics.aappublications.org/content/early/2014/11/25/peds.2014-1416.full.pdf+html>

Related article:

- **Want mom to succeed at breastfeeding? Get dad involved:** This article (Doyle, 2014) features interviews with the researchers responsible for the above study and highlights the benefits of a co-parenting approach to breastfeeding. <http://www.theglobeandmail.com/life/parenting/want-mom-to-succeed-at-breastfeeding-get-dad-involved/article21875378/>

8. Preconception care: Promoting reproductive planning

Dean, S. V., Lassi, Z. S., Imam, A. M., & Bhutta, Z. A. (2014). Preconception care: Promoting reproductive planning. *Reproductive Health*, 11(Suppl 3), S2. Retrieved from <http://www.reproductive-health-journal.com/>

ABSTRACT:

Introduction: Preconception care recognizes that many adolescent girls and young women will be thrust into motherhood without the knowledge, skills or support they need. Sixty million adolescents give birth each year worldwide, even though pregnancy in adolescence has mortality rates at least twice as high as pregnancy in women aged 20-29 years. Reproductive planning and contraceptive use can prevent unintended pregnancies, unsafe abortions and sexually-transmitted infections in adolescent girls and women. Smaller families also mean better nutrition and development opportunities, yet 222 million couples continue to lack access to modern contraception.

Method: A systematic review and meta-analysis of the evidence was conducted to ascertain the possible impact of preconception care for adolescents, women and couples of reproductive age on MNCH outcomes. A comprehensive strategy was used

to search electronic reference libraries, and both observational and clinical controlled trials were included. Cross-referencing and a separate search strategy for each preconception risk and intervention ensured wider study capture.

Results: Comprehensive interventions can prevent first pregnancy in adolescence by 15% and repeat adolescent pregnancy by 37%. Such interventions should address underlying social and community factors, include sexual and reproductive health services, contraceptive provision; personal development programs and emphasizes completion of education. Appropriate birth spacing (18-24 months from birth to next pregnancy compared to short intervals <6 months) can significantly lower maternal mortality, preterm births, stillbirths, low birth weight and early neonatal deaths.

Conclusion: Improving adolescent health and preventing adolescent pregnancy; and promotion of birth spacing through increasing correct and consistent use of effective contraception are fundamental to preconception care. Promoting reproductive planning on a wider scale is closely interlinked with the reliable provision of effective contraception, however, innovative strategies will need to be devised, or existing strategies such as community-based health workers and peer educators may be expanded, to encourage girls and women to plan their families.

<http://www.biomedcentral.com/content/pdf/1742-4755-11-S3-S2.pdf>

9. Medications for patients who are lactating and breastfeeding: A decision tree

Noel-Weiss, J., & Lepine, S. (2014). Medications for patients who are lactating and breastfeeding: A decision tree. *Open Medicine*, 8(3): e102-e104. Retrieved from <http://www.openmedicine.ca/>

EXCERPT:

Breastfeeding rates have increased dramatically in Canada, from lows in 1963 (38%) and 1973 (36%) to current national initiation rates averaging 89%. About 22% of breastfed children continue nursing after 9 months of age. Canada's Infant Feeding Joint Working Group has stated that "Breastfeeding— exclusively for the first six months, and continued for up to two years or longer with appropriate complementary feeding—is important for the nutrition, immunologic protection, growth, and development of infants and toddlers." Breastfeeding also has benefits for patients, and the benefits for both patient and child are dose related (i.e., the benefits increase with increased breastfeeding). With higher rates of breastfeeding initiation and duration and with the recommendation to continue breastfeeding for 2 years or longer, lactating and breastfeeding patients are increasingly seen in many areas of health care, including emergency departments, radiology suites, surgical departments, and other nonobstetric settings.

We developed a decision tree to provide guidance when patients who are lactating and breastfeeding need medications. This decision tree applies to any patient who is lactating (i.e., producing milk) and breastfeeding a baby or child of any age, as well as to any patient who is expressing or pumping milk to be used for feeding immediately or stored for future use or donation. For the purpose of this decision tree, "medication" is an

all-inclusive word referring to any drug used for treatment and any diagnostic agent, hormone, vaccine, herb, over-the-counter product, chemotherapeutic agent, or other substance. The action of "prescribing" encompasses all uses of medications in the course of patient care, whether on the basis of a written prescription or a recommendation or if required as an agent for diagnosis or treatment.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4242252/>

PDF:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4242252/pdf/OpenMed-08-102.pdf>

10. A socio-ecological approach to physical activity interventions in childcare: A systematic review

Mehtälä, M. A. K., Sääkslahti, A. K., Inkinen, M. E., & Poskiparta, M. E. H. (2014). A socio-ecological approach to physical activity interventions in childcare: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, 11(22). doi:10.1186/1479-5868-11-22

ABSTRACT:

The promotion of physical activity (PA) in young children requires effective interventions. This article reviews the evidence on PA interventions in childcare by applying a socio-ecological approach. A computer-based literature search for intervention studies aimed at increasing children's PA levels was run across four databases: SPORTDiscus, ISI Web of Science, PsycINFO and ERIC. The participants had to be in childcare, aged 2-6-year-old, and their pre- and post- intervention PA levels measured. Selection was restricted to peer-reviewed publications and to studies conducted in childcare settings. Twenty-three studies met the inclusion criteria and their methodological quality was assessed. Seven studies exhibited high methodological quality; twelve were rated as moderate and four low. The effectiveness of the interventions was determined according to the post-intervention behavioral changes reported in children's PA. Fourteen studies found increases in PA levels or reductions in sedentary time, although the changes were modest. The data remain too limited to allow firm conclusions to be drawn on the effectiveness of the components mediating PA interventions, although PA-specific in-service teacher training seems a potential strategy. The findings of this review indicate that children's PA remained low and did not approach the 180 min/day criteria. It may be that more intensive multilevel and multicomponent interventions based on a comprehensive model are needed.

<http://www.ijbnpa.org/content/11/1/22>

III. CURRENT INITIATIVES

11. EatRight Ontario Kids Recipe Challenge (available in French)

EatRight Ontario is holding a challenge for kids from grades 1 through 8 to encourage healthy eating and child participation in the kitchen. Children are invited to submit original recipes that EatRight Ontario could use, and that kids would like. Prizes will be awarded for the best breakfast, lunch, dinner, snack and dessert recipes. Recipes will be marked on their originality, nutritional value, and taste. Entrants must also submit a paragraph outlining why the recipe would appeal to kids. Participants are invited to submit as many recipes as they like. The deadline for entries is Monday, December 15, 2014.

EN: <https://www.eatrightontario.ca/en/Articles/Child/Toddler-Nutrition/EatRight-Ontario-Kids-Recipe-Challenge.aspx?aliaspath=%2fen%2fArticles%2fChild-Toddler-Nutrition%2fGet-kids-in-the-kitchen-with-these-winning-recipes>

FR: <https://www.eatrightontario.ca/fr/Articles/Enfants/Concours-de-recettes-d%E2%80%99enfant-de-Saine-alimentatio.aspx?aliaspath=%2fen%2fArticles%2fChild-Toddler-Nutrition%2fGet-kids-in-the-kitchen-with-these-winning-recipes>

Related article:

- **Cooking classes for kids serve up love of fruits and vegetables:** This article (CBC News, 2014) suggests that involving children in food preparation can help to encourage healthy eating habits. Recent studies have indicated the long-term dietary benefits of enrolling children in cooking classes.
<http://www.cbc.ca/news/health/cooking-classes-for-kids-serve-up-love-of-fruits-and-vegetables-1.2825943?cmp=rss>

12. World Prematurity Day

(available in French)

World Prematurity Day is held every year on November 17, 2014. This year, to raise awareness of the issues associated with premature birth, the Canadian Premature Babies Foundation participated in the [Global Illumination Project](#), through which major landmarks throughout the country, including the CN Tower, were lit purple. Issues related to premature birth include longer hospital stays after birth and potentially long-term physical or developmental issues. While preterm birth can happen spontaneously, some potential causes include high blood pressure, stress, physical abuse, smoking and expecting multiples.

For more information about World Prematurity Day:

EN: <http://cpbf-fbpc.org/news-and-events-2/wpd-2014/>

FR: <http://cpbf-fbpc.org/journee-mondiale-de-la-prematurite-2014/>

For more information about the challenges associated with premature birth:

<http://www.modernmama.com/blog/2014/11/16/world-prematurity-day/>

Related resources:

- **Multiple Births Canada – Preterm Birth Support Network:** This webpage contains information related to the connection between preterm birth and multiples and provides supports and resources to help parents prepare for the potential of preterm labour, and care for preterm multiples.
<http://multiplebirthscanada.org/index.php/parents/support/preterm-birth-support-network>

- **Complications from premature birth biggest cause of death for children under 5, global report finds:** This Toronto Star article (Gordon, 2014) discusses the results of a recent report that ranks premature birth as the biggest killer of young children. The article also indicates that the rate of preterm birth has increased 30% over 20 years. Work still needs to be done to understand why preterm births are increasing.
http://www.thestar.com/life/2014/11/17/complications_from_premature_birth_biggest_cause_of_death_for_children_under_5_global_report_finds.html

13. Towards an AIDS-free Generation: Children and AIDS

Just ahead of [World AIDS Day](#), which took place this week on December 1st, UNICEF released information that 1.1 million new HIV infections were prevented in children between 2005 and 2013. This decrease is seen to be the result of improving mothers' access to services that prevent the transmission of HIV from mother to child. While this new data represents progress, a global goal of reducing infections by 90% by 2015 is unattainable. To better understand the threat facing children with respect to HIV, the campaign [Children and AIDS](#) has been monitoring the impact of AIDS on children through a series of stocktaking reports.

EN: http://www.unicef.org/media/media_78007.html

FR: http://www.unicef.org/french/media/media_78007.html

IV. UPCOMING EVENTS

14. An ICN webinar – Working Together: The Canadian Context for MNCH

December 9, 2014: Webinar

In light of Canada's recent \$370 million call for proposals related to the country's top development priority – maternal, newborn and child health, this webinar will feature current initiatives in this field. Dr. Helen Scott, director of the Canadian Network for Maternal, Newborn and Child Health, will discuss the work coordinating a collaborative network of 80 Canadian organizations working in countries worldwide to support maternal, newborn and child health. Learn more about CAN-MNCH on their website:

<http://www.can-mnch.ca/>

<https://www.eventbrite.ca/e/an-icn-webinar-working-together-the-canadian-context-for-mnch-un-webinaire-du-ccc-travailler-registrations-14589143521>

15. CMNRP Workshops

- **Breastfeeding: Best Practices for Health Care Providers**
January 8, & January 15, 2015: Ottawa, ON
March 18, 2015: Kingston, ON

This two-part workshop will introduce service providers from both community and healthcare settings to the foundational principles associated with successful

breastfeeding. Key concepts that will be addressed include the Baby Friendly Initiative and a family-centred approach to care. Participants will learn about medications that are safe for use during breastfeeding, how to deal with problems that may arise when initiating breastfeeding and key resources for both service providers and moms.

<https://webcanvas.secure-form2.com/uploads/userimages//BF.jpg>

- **Fetal Health Surveillance in Labour, Fundamentals (FHSL)**

January 26, & March 17, 2015: Ottawa, ON

February 18, 2015: Kingston, ON

Designed to introduce health care providers to the basics of fetal health surveillance, this workshop will address techniques such as FHR auscultation and EFM. Participants will learn how to interpret fetal blood gas values, about the importance of documentation and communication during surveillance, and how to intervene based on certain indicators. Workshop attendees are asked to read the *Fundamentals of Fetal Health Surveillance Self-Learning Manual* in preparation for the workshop.

<http://www.cmnrp.ca/uploads/userimages//fhsl.jpg>

- **Neonatal Resuscitation Program (NRP)**

January 15, & March 17, 2015: Kingston, ON

January 30, & March 31, 2015: Ottawa, ON

Upon completing this workshop, participants will learn the steps to successfully performing neonatal resuscitation. Before the workshop, participants are asked to read the *Textbook of Neonatal Resuscitation*, and complete an online exam through the Canadian Pediatric Society. The workshop will address the specific challenges associated with resuscitating an infant, and highlight strategies to improve communication and teamwork during the procedure. At the workshop, attendees will participate in hands-on simulation and debriefing exercises to solidify their knowledge of resuscitation.

http://www.cmnrp.ca/uploads/documents//NRP_Provider.pdf

Register for all three workshops here:

http://www.cmnrp.ca/en/cmnrp/Workshops_p550.html

16. Welcoming Dads: Change the way you work with fathers

January 30, 2014: Thorold, ON

This free training event, hosted by the Early Childhood Community Development Centre, Dad Central Ontario and Niagara Region, will present key strategies to help service providers better involve dads in their programming, including tips for action plan development and outreach. The full-day workshop, which will include participants from child welfare, children's mental health, education and healthcare, will serve as a useful opportunity to share experiences and resources, and to network with community partners.

http://www.eccdc.org/wp-content/uploads/2014/09/welcoming_dads.pdf

17. Nobody's Perfect Parenting Program – What's New?

February 4, 2015: Webinar

Part of the CHNET-Works! Fireside Chat series, this free webinar is designed for anyone who was previously involved in the Nobody's Perfect parenting program, or who is interested in implementing the program in the future, including community program staff and directors, practitioners and public health workers. The workshop will be hosted by the Public Health Agency of Canada, and will introduce new changes to the program. Nobody's Perfect was developed by Health Canada over 30 years ago with the goal of providing a space where parents could share their successes and failures, judgement free. For more information, visit the Nobody's Perfect website:

<http://www.nobodysperfect.ca/>

[http://www.chnet-](http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=346%3Asave-the-date-nobodys-perfect-parenting-program-whats-new-&Itemid=6&lang=en)

[works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=346%3Asave-the-date-nobodys-perfect-parenting-program-whats-new-&Itemid=6&lang=en](http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=346%3Asave-the-date-nobodys-perfect-parenting-program-whats-new-&Itemid=6&lang=en)

18. Newborn Screening Workshop Toronto 2015

February 5, 2014: Toronto, ON

Hosted by Newborn Screening Ontario, this free workshop aims to provide participants with the knowledge and coordination skills necessary to provide screening for every newborn at their institution. Nurses, midwives, lab personnel, clerks, physicians and any professionals connected with the newborn screening process are invited to attend. The workshop will address blood dot technique and the characteristics of a successful screening. Attendees will experience a virtual tour of the NSO laboratory, and learn about useful educational resources. The day will end with a game of newborn screening Jeopardy. Lunch will be provided.

<https://www.eventbrite.ca/e/newborn-screening-workshop-toronto-2015-registration-14317581271>

V. RESOURCES

19. The Hanen Centre

This Toronto-based, not-for-profit charity was established to help parents address language development delays in their children before these delays become long-term issues. The Hanen Centre focuses on four key areas: language delays, Autism Spectrum Disorder, Asperger syndrome, and language and literacy development. The organization offers a variety of resources for parents, educators and speech-language pathologists to address issues associated with language including workshops, programs, DVDs and handbooks. Explore the Hanen Centre website's "Helpful Info" section for free information about language and children, including a page for parents unsure how to identify a language delay in their child, fun games to promote language development,

and a series of research-based articles written by Hanen Centre staff. One recent article discussed the benefits of [bilingualism in children](#).

<http://www.hanen.org/Home.aspx>

20. 15th Annual Fetal Alcohol Canadian Expertise (FACE) Research Roundtable

This year's Fetal Alcohol Canadian Expertise (FACE) Research Roundtable was held this year on September 17, 2014 in Toronto, Ontario. For those who were unable to attend the roundtable, webcasts of the keynote presentation and workshops are now available online. Keynote speaker, Dr. Kenneth L. Jones, identified some of the first instances of fetal alcohol syndrome 40 years ago, and is credited with coining the term. Other workshops address the relationship between FAS and epigenetics, a need for key interventions to address self-regulation, and screening-tools for identifying FASD.

<http://www.motherisk.org/FAS14/index.jsp>

21. Indigenous Child and Youth Health in Canada

(available in French)

Most health providers receive minimal training in addressing the specific health needs of indigenous peoples in Canada. This free, accredited online course aims to teach service providers about the unique genetic, geographic and historical factors that contribute to the health of indigenous children and youth. Participants will learn about the history of Canadian Aboriginal populations, Health Canada's Non-Insured Health Benefits (NIHB) program, medical conditions that frequently affect Aboriginal children, and the social determinants of health as they pertain to Aboriginal children.

EN: <https://www.mdcme.ca/courseinfo.asp?id=146>

FR: https://www.mdcme.ca/courseinfo_f.asp?id=147

22. Newt: Newborn Weight Tool

The freely available, web-based *Newt: Newborn Weight Tool* allows healthcare providers and parents the ability to monitor their infant's weight loss after birth and identify potential issues with a newborn's weight. Users of the tool simply enter details of their infant's weight and birth. The tool will compare the infant's data with the data of over 100 000 breastfed infants from Northern California Kaiser Permanente hospitals to determine whether the infant's weight is consistent with the majority of infants. The tool currently only uses data for exclusively breastfed newborns. There are plans to incorporate data for formula-fed infants in the future.

<https://www.newbornweight.org/>

23. Encyclopedia on Early Childhood Development

(available in French)

This excellent resource, which contains information sheets, and informative entries on child health issues from A to Z, has revamped its design to offer a sleeker, more visual user-experience. Key changes will allow for increased usability of the site across mobile platforms, the inclusion of more videos and photos to illustrate key concepts, links to

evidence-based information, and social media sharing links. Each encyclopedia entry is divided into five sections – “Introduction,” “Synthesis,” “According to experts,” “Resources,” and “Complete topic” – allowing users easy navigation to the information they need and providing a useful PDF summary of each topic.

EN: <http://www.child-encyclopedia.com/>

FR: <http://www.enfant-encyclopedie.com/>

24. Ottawa Breastfeeds

Ottawa Breastfeeds is a recently created, volunteer-driven website that was designed with the aim of consolidating the numerous resources related to breastfeeding support in the Ottawa region to provide a one-stop-shop for breastfeeding mothers and mothers-to-be in the Ottawa area. In addition to listing key Ottawa-based breastfeeding workshops and support groups, the site tracks recent breastfeeding news and resources that would be of interest to all mothers and families

<http://www.ottawabreastfeeds.ca/>

25. Recent videos:

- **Turning Some Ideas on Their Head:** A TEDx talk given by Professor Adele Diamond, the Canada Research Chair in Developmental Cognitive Neuroscience at the University of British Columbia. Diamond discusses the need for restructuring education, and emphasizes the importance of arts, play and physical activity in schools.
<https://www.youtube.com/watch?v=StASHLru28s>
- **Curiosity and Grit Help Kids Succeed:** Paul Tough, author of the book *How Children Succeed*, discusses different indicators of success beyond those measured in schools, including grit, which he defines as “a passion or perseverance of long-term goals.”
<http://tvoparents.tv.org/article/curiosity-and-grit-help-kids-succeed>
- **Dr. Teicher on the Developing Brain:** Dr. Martin Teicher, an Associate Professor of Psychiatry at Harvard Medical School, outlines the relationship between child discipline and stress, and the long-term impact they can have on a child’s brain.
<http://www.acesconnection.com/clip/dr-teicher-on-the-developing-brain-7-min>
- **Little Things Matter – The Impact of Toxins on the Developing Brain:** This video, narrated by Dr. Bruce Lanphear, professor at Simon Fraser University, visually demonstrates the impact of environmental toxins on the development of young children.
<https://www.youtube.com/watch?v=E6KoMABz1Bw&feature=youtu.be>

VI. FEATURED BEST START RESOURCES

26. Breastfeeding Matters

(available in French)

This booklet will help women and their families explore breastfeeding. Topics include: making an informed decision, getting started, learning to breastfeed, common concerns, frequently asked questions and where to get help.

The PDF fact sheets below complement the Breastfeeding Matters booklet.

- [Blocked Ducts](#)
- [Breast Infection \(Mastitis\)](#)
- [Expressing and Storing Breastmilk](#)
- [Thrush](#)

EN:http://www.beststart.org/resources/breastfeeding/pdf/BreastfeedingMatters_2013_low_rez_reference.pdf

FR:http://www.meilleurdepart.org/resources/allaitement/breastfeeding_matters_FR_Nov2013_fnl.pdf

27. When Children Speak More Than One Language

(available in French)

As a parent of a child who will learn two or more languages, you may have questions. This guide will give you information based on research to help you. Language is the best tool to help a child do well later in school and in life.

EN:http://www.beststart.org/resources/hlthy_chld_dev/BSRC_When_Families_Speak_fnl.pdf

FR:http://www.meilleurdepart.org/resources/develop_enfants/pdf/BSRC_When_Families_Speak_FR_fnl.pdf

28. Obesity in Preconception and Pregnancy

This report provides current information about the prevalence of, risk factors for, and implications of obesity in the preconception and perinatal periods in Ontario. Additional information is presented concerning approaches that have been effective in addressing obesity in the preconception and prenatal periods. Evidence-based practices are limited at this time and additional research is needed.

PDF:http://www.beststart.org/resources/preconception/BSRC_obesity_report_April2014.pdf

For more information on this topic, register for our workshops:

Obesity in Preconception and Pregnancy & Its Downstream Effects on Childhood Obesity

11 December, 2014: Timmins, ON

13 January, 2015: Toronto, ON

The workshop will share effective practices and practical strategies to minimize the factors that contribute to obesity during childhood and to improve childhood health outcomes. The [Canadian Obesity Network's 5As of Healthy Pregnancy Weight Gain](#)

session by Dr. Zach Ferraro has been accredited by the *College of Family Physicians of Canada and the Ontario Chapter* for up to 1 Mainpro-M1 credits.

Timmins: <http://en.beststart.org/event/Workshop-ObesityinPreconceptionPregnancy>

Toronto: <http://en.beststart.org/event/workshop-obesity-preconception-and-pregnancy-its-downstream-effects-childhood-obesity-toronto>

29. 2015 Best Start Resource Centre Annual Conference

25-27 February, 2015: Mississauga, ON

Registration is now open for the 2015 Best Start Resource Centre Conference, an annual event for service providers working on preconception health, prenatal health and early child development to meet, share, reflect, network and be inspired! The annual conference attracts over 300 participants each year. In addition to offering excellent peer sharing opportunities, the conference allows service providers and policy makers to increase their knowledge and learn innovative strategies and programs relevant to their work. Keynotes by Jane Bertrand, Dr. Brian Jack, and Dr. Margo Greenwood will address topics including trends in early childhood education, preconception care and the rights of First Nations children. Session topics range from breastfeeding peer support, to physical activity and the early years, to safe sleep practices.

The preconference day, held on February 25th, will consist of four full-day sessions:

- **Aboriginal & Child Health:** Led by Janet Fox, this session will feature a discussion of *Traditional Family Parenting*
- **Healthy Babies Healthy Children:** A day available specifically to HBHC Program Staff (including Managers, Public Health Nurses and Family Home Visitors) that will feature workshops on intimate partner violence and addressing smoking with women and families.
- **La resilience et l'autorégulation chez les jeunes enfants :** A session entirely in French that will focus on strategies to develop resilience and self-regulation in young children.
- **Infant Mental Health:** Dr. Chaya Kulkarni, director of Infant Mental Health Promotion at the Hospital for Sick Children will highlight strategies for early mental health intervention.

EN: <http://en.beststart.org/event/conference-2015-annual-conference-best-start-resource-centre>

FR: <http://fr.meilleurdepart.org/event/conf%C3%A9rence-annuelle-2015-centre-de-ressources-meilleur-d%C3%A9part>

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>

To manage your subscription, unsubscribe from the list-serv and access the MNCHP archives:

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

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

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

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Stay connected!

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

[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.

[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 [3M Health Leadership Award](#) 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 [Le Bloc-Notes](#) 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 [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.

Suivez-nous sur [Twitter](#) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur [YouTube](#) et [Vimeo](#)

Nous vous encourageons à visiter le site Web de notre nouveau [Prix 3M de leadership en santé](#) pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national.