

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](#).

November 7, 2014

The next bulletin will be released December 5, 2014.

In this month's issue:

I. NEWS & VIEWS

1. [What breastfeeding moms all over the world have in common](#)
2. [Facebook, Apple offer to freeze female employees' eggs](#)
3. [Ontario ombudsman slams systematic government ineptitude for daycare deaths](#)

II. RECENT REPORTS AND RESEARCH

4. [Parental perceptions of the Canadian sedentary behaviour guidelines for the early years](#)
5. [Sofas and infant mortality](#) (available in French)
6. [Policy on preventing discrimination because of pregnancy and breastfeeding](#) (available in French)
7. [Use of services by immigrant women with symptoms of postpartum depression](#)
8. [Time trends in symptoms of mental illness in children and adolescents in Canada](#)

III. CURENT INITIATIVES

9. [National Down Syndrome Awareness Week](#)
10. [National Child Day](#) (available in French)
11. [I Am a Witness: Canadian Human Rights Tribunal Hearing](#) (available in French)

IV. UPCOMING EVENTS

12. [Reflecting Upon How Does Learning Happen in the Early Years? ...a Focus on Relationships](#)
13. [Taking a Bite out of HEAL policies: Ottawa's Experience – Part 4 of the Policy Development Series](#)
14. [Best Practice for Managing "Out of Control" Children: A Team Approach for Early Educators and Families](#)
15. [Nourishing School Communities: From School Nutrition Policies to Reality](#)

V. RESOURCES

16. [Aboriginal Ways Tried and True](#) (available in French)
17. [Ontario Physical Education Safety Guidelines](#) (available in French)
18. [Body Mass Index of Children and Youth, 2012 to 2013](#) (available in French)
19. [Heart-Mind Online](#)
20. [Recent videos](#)

VI. FEATURED BEST START RESOURCES

21. [The Delivery of Prenatal Education in Ontario: A Summary of Research Findings](#) (available in French)
22. [Prenatal Education in Ontario: Fact Sheets](#) (available in French)
23. [Building Resilience in Young Children](#) (available in French)
24. [Obesity in Preconception and Pregnancy](#) (available in French)
25. [2015 Best Start Resource Centre Annual Conference](#)

I. NEWS & VIEWS

1. What breastfeeding moms all over the world have in common

This article (Adams, 2014) highlights the results of a recent survey conducted by breastfeeding product manufacturer Lansinoh Laboratories, Inc. The organization surveyed 13 169 pregnant women and new mothers from nine different countries (not including Canada) to determine trends and differences regarding perceptions of breastfeeding and breastfeeding practices around the world. Mothers from the US, Brazil, China, France, Germany, Hungary, Mexico, Turkey and the United Kingdom agreed that breastfeeding is the ideal method of feeding a baby because of its benefits for the baby's health. Many mothers also indicated that they would feel a sense of guilt if they chose not to breastfeed. While Canadian guidelines recommend breastfeeding exclusively for the first six months and continuing to breastfeed for two years or more (see below for more details), mothers in Brazil, China, Germany, Hungary, Mexico, the UK and the US believed 6 to 12 months to be the ideal length of time for breastfeeding. Moms from 6 of the nine countries agreed that 2 years was too long to breastfeed. http://www.huffingtonpost.com/2014/09/24/breastfeeding-all-over-the-world_n_5863946.html?cps=gravity

Related documents:

- **Lansinoh Laboratories Global Breastfeeding Survey:** This website provides links to the documents summarizing the Global Breastfeeding Survey results, including a formal report, infographics and data charts. <https://www.lansinoh.com/globalsurvey>
- **Nutrition for healthy term infants: Recommendations from birth to six months** (available in French): A statement produced by the Infant Feeding Joint Working Group that includes members from Health Canada, the Canadian

Pediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada, Public Health Agency of Canada and Health Canada. The statement outlines ideal feeding practices for infants up to 6 months. Recommendations include exclusive breastfeeding for the first six months, and a daily vitamin D supplement of 10 µg (400 IU) for infants who are breastfed.

EN: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

FR : <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-fra.php>

- **Nutrition for healthy term infants: Recommendations from six to 24 months** (available in French): This statement, recently updated by the Infant Feeding Joint Working Group, provides nutrition recommendations for older infants and young children up to two years. It emphasizes the importance of supporting breastfeeding for up to two years or more, if desired by both mother and child.
EN : <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php>
FR : <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-fra.php>
- **Nutrition for healthy term infants, birth to six months: An overview** (available in French): Produced by the Canadian Pediatric Society, this document summarizes the key recommendations from *Nutrition for healthy term infants*, and provides background information on the recommendations' development.
EN: <http://www.cps.ca/en/documents/position/nutrition-healthy-term-infants-overview>
FR : <http://www.cps.ca/fr/documents/position/nutrition-nourisson-ne-a-terme-en-sante-apercu>
- **American Academy of Pediatrics: Breastfeeding and the Use of Human Milk:** As a point of comparison, this document contains recommendations related to breastfeeding made by the American Academy of Pediatrics. Like Canadian guidelines, the AAP recommends “exclusive breastfeeding for about 6 months.” Unlike *Nutrition for Healthy Term Infants*, the policy statement stipulates breastfeeding for only 1 year or longer, if mother and infant wish to continue.
<http://pediatrics.aappublications.org/content/129/3/e827.full%23content-block>

2. Facebook, Apple offer to freeze female employees' eggs

This article (Ortutay, 2014) details the benefits and some of the downsides to the increasingly popular egg-freezing procedure which is frequently being used by women who are hoping to delay pregnancy in an effort to focus on their careers. Facebook and Apple recently announced that they will offer up to \$20 000 to help pay for the costly procedure, a move that appears to be part of a trend among major firms to retain valuable talent and to attract female employees to male-dominated sectors. As many women are waiting until they reach their 40s to start a family, egg-freezing at a younger age would allow them to use “healthier and more viable eggs” when they are ready for pregnancy. While some are praising Apple and Facebook for their move, touting it as a show of support for women’s health, others caution against considering the procedure “ironclad,” and warn that egg-freezing does not guarantee successful pregnancy.

http://www.thestar.com/business/2014/10/15/facebook_apple_offer_to_freeze_female_employees_eggs.html

3. Ontario Ombudsman slams systematic government ineptitude for daycare deaths

The Ontario Ombudsman recently released the 142-page report, [*Careless about Childcare*](#), outlining 113 recommendations to improve the management of unregulated daycares in Ontario, including the development of a centralized registry for the unlicensed sector (Monsebraaten & Chown Oved, 2014). The report comes after the recent deaths of four children in unlicensed daycares in the GTA and brings to light the conditions of the daycares in which the children died, three of which were overcrowded. The Ministry of Education has already made efforts to address many of the recommendations. The proposed Child Care Modernization Act will limit the number of infants in an unregulated daycare to two, and allow inspectors to immediately close operations that violate the law.

http://www.thestar.com/news/gta/2014/10/22/ontario_ombudsman_slams_systematic_government_ineptitude_for_daycare_deaths.html

Related documents:

- **Statement by Education Minister on Ombudsman's Report** (available in French): In this report, the Minister of Education acknowledges the Ombudsman's complaints and highlights how the Ministry has already addressed 95 of the 113 recommendations in *Careless about Childcare* through the development of a unit dedicated to responding to parental concerns and the creation of a searchable registry of unlicensed daycare providers.
EN: <http://news.ontario.ca/edu/en/2014/10/statement-by-education-minister-on-ombudsmans-report.html>
FR : <http://news.ontario.ca/edu/fr/2014/10/declaration-de-la-ministre-de-education-concernant-le-rapport-de-lombudsman.html>
- **Study: Child care in Canada 2011**: A study recently released by Statistics Canada that highlights how parents are using child care, why child care is used, and parents' satisfaction with child care. Close to 50% of Canadians rely on some form of child care, primarily for children aged 2 to 4. In Ontario, daycare centres are the most commonly used form of childcare.
EN: <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014005-eng.htm>
FR: <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014005-fra.htm>
- **Video: Six lessons Canada can learn from other countries when it comes to child care**: A short video produced by the Globe and Mail's Erin Anderson that highlights ways in which Canadian child care can be improved, including an increased focus on education, more training for caregivers and lower fees.
<http://www.theglobeandmail.com/video/globe-now/video-six-lessons-canada-can-learn-from-other-countries-when-it-comes-to-child-care/article21143437/#dashboard/follows/>

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

4. Parental perceptions of the Canadian sedentary behaviour guidelines for the early years

Carson, V., Clark, M., Berry, T., Holt, N.L., & Latimer-Cheung, A. (2014). Parental perceptions of the Canadian sedentary behaviour guidelines for the early years. *Research Update*, 21(4). Retrieved from <http://www.centre4activeliving.ca/>

BACKGROUND

Minimizing sedentary behaviour, in particular screen time, in the early years is important for healthy growth and development of children (LeBlanc et al., 2012). One response to this identified health issue has been the development of the first Canadian Sedentary Behaviour Guidelines for the Early Years, released by the Canadian Society for Exercise Physiology in 2012 (Tremblay et al., 2012). The guidelines recommend minimizing prolonged sitting or being restrained (e.g., stroller, high chair) for more than one hour at a time. Additionally, for children under the age of 2, screen time is not recommended and for children aged 2 to 4 years, screen time should be limited to under 1 hour per day (Tremblay et al., 2012). Recent national data tells us that only 18% of Canadian children aged 3 to 4 years met the screen time limitations recommended in the guidelines (Colley et al., 2013). To find out how the guidelines could most effectively be communicated to parents to increase adoption, this study sought to examine parental perceptions of the new guidelines.

<https://www.centre4activeliving.ca/news/2014/10/parental-perceptions-canadian-sedentary-behaviour/>

PDF: https://www.centre4activeliving.ca/media/filer_public/a8/66/a8662359-6e9d-4fb8-acb3-0706eb53a120/2014-nov-early-years.pdf

5. Sofas and infant mortality

Rechtman, L.R., Colvin, J.D., Blair, P.S., & Moon, R.Y. (2014). Sofas and infant mortality. *Pediatrics*, 134, e1293-e1300. DOI:10.1542/peds.2014-1543

ABSTRACT

OBJECTIVE: Sleeping on sofas increases the risk of sudden infant death syndrome and other sleep-related deaths. We sought to describe factors associated with infant deaths on sofas.

METHODS: We analyzed data for infant deaths on sofas from 24 states in 2004 to 2012 in the National Center for the Review and Prevention of Child Deaths Case Reporting System database. Demographic and environmental data for deaths on sofas were compared with data for sleep-related infant deaths in other locations, using bivariate and multivariable, multinomial logistic regression analyses.

RESULTS: A total of 1024 deaths on sofas made up 12.9% of sleep related infant deaths. They were more likely than deaths in other locations to be classified as

accidental suffocation or strangulation (adjusted odds ratio [aOR] 1.9; 95% confidence interval [CI], 1.6–2.3) or ill-defined cause of death (aOR 1.2; 95% CI, 1.0–1.5). Infants who died on sofas were less likely to be Hispanic (aOR 0.7; 95% CI, 0.6–0.9) compared with non-Hispanic white infants or to have objects in the environment (aOR 0.6; 95% CI, 0.5–0.7) and more likely to be sharing the surface with another person (aOR 2.4; 95% CI, 1.9–3.0), to be found on the side (aOR 1.9; 95% CI, 1.4–2.4), to be found in a new sleep location (aOR 6.5; 95% CI, 5.2–8.2), and to have had prenatal smoke exposure (aOR 1.4; 95% CI, 1.2–1.6). Data on recent parental alcohol and drug consumption were not available.

CONCLUSIONS: The sofa is an extremely hazardous sleep surface for infants. Deaths on sofas are associated with surface sharing, being found on the side, changing sleep location, and experiencing prenatal tobacco exposure, which are all risk factors for sudden infant death syndrome and sleep-related deaths.

<http://pediatrics.aappublications.org/content/134/5/e1293.full.pdf+html>

6. Policy on preventing discrimination because of pregnancy and breastfeeding

(available in French)

Ontario Human Rights Commission. (2014). *Policy on preventing discrimination because of pregnancy and breastfeeding*. Toronto, ON: Author. Retrieved from

<http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-pregnancy-and-breastfeeding>

SUMMARY

The Ontario *Human Rights Code* (the *Code*) is a law that provides for equal rights and opportunities and recognizes the dignity and worth of every person in Ontario. The *Code* makes it against the law to discriminate against someone or to harass them because of sex, which includes pregnancy and breastfeeding, in employment, housing, goods, services and facilities, contracts and membership in unions, trade or professional associations.

Child-bearing benefits society as a whole. Thus, women should not be disadvantaged because they are or have been pregnant. It is illegal to discriminate because a woman is pregnant, was pregnant or is trying to get pregnant. It is also illegal to discriminate because a woman has had an abortion, miscarriage, stillbirth, is going through fertility treatments, experiences complications or has specific needs related to pregnancy, or has chosen to breastfeed or not breastfeed her child.

[...]

Women have the right to accommodation for pregnancy-related needs. This means that an employer, landlord or service provider may have to change its policies, rules, requirements or practices to allow pregnant women equal opportunities. At work, depending on a woman's needs, this could include more washroom breaks, a flexible schedule or changes in job duties during pregnancy. After a woman's baby is born, an

employer should accommodate any needs women have for breastfeeding or expressing milk for her child.

EN: http://www.ohrc.on.ca/sites/default/files/Policy%20on%20preventing%20discrimination%20because%20of%20pregnancy%20and%20breastfeeding_accessible_2014.pdf

FR: <http://www.ohrc.on.ca/fr/politique-sur-la-pr%C3%A9vention-de-la-discrimination-fond%C3%A9e-sur-la-grossesse-et-l%E2%80%99allaitement>

7. Use of services by immigrant women with symptoms of postpartum depression

Bodolai, P., Celmins, M., & Vilorio-Tan, E. (2014). *Use of services by immigrant women with symptoms of postpartum depression*. Brampton, ON: Region of Peel. Retrieved from <http://www.peelregion.ca/health/library/pdf/serv-immigrant-women-postpartum-depression.pdf>

EXECUTIVE SUMMARY

Issue and Purpose of Rapid Review

Currently, postpartum mood disorder (PMD) services are underused by Peel's immigrant population. Community partners have asked for recommendations to improve the access and use of PMD services. The purpose of this rapid review is to determine strategies that help immigrant women overcome barriers to services.

Research Question

How can we improve the use of health, community, and social services for immigrant women with symptoms of postpartum depression (PPD)?

Literature Search and Critical Appraisal

The literature search was conducted in January 2014 for databases from 2003 – present. Medical and psychological databases were searched. Grey literature was also searched. The review is based on one, high-quality guideline on immigrant health and two, good-quality book chapters of synthesized literature.

Synthesis of Findings

The literature identified barriers and strategies to address immigrant mental health. Barriers included: a lack of knowledge around postpartum depression, treatment options and supports; concerns that mental illness burdens or stigmatizes families; and fears regarding mental illness.

Interventions are grouped into six strategic areas: delivering culturally appropriate care, addressing life context, addressing determinants of health, creating supportive environments, building partnerships, and addressing policy. The interventions in each of these areas identify ways in which service providers can break down barriers and provide culturally relevant and appropriate services. It is important to consider the unique issues faced by immigrant women and address their needs when developing policy and services. Helping women to navigate programs and services and to rebuild social networks is essential in creating support. Community agencies need to collaborate and build partnerships to provide service and facilitate outreach and referrals. Generating

and advocating for policies and organizational changes that address discrimination and the determinants of health is necessary to providing comprehensive care.

PDF: <http://www.peelregion.ca/health/library/pdf/serv-immigrant-women-postpart-depression.pdf>

8. Time trends in symptoms of mental illness in children and adolescents in Canada

McMartin, S.E., Kingsbury, M., Dykshoorn, J., & Colman, I. (2014, November 3). Time trends in symptoms of mental illness in children and adolescents in Canada. *CMAJ*. DOI:10.1503/cmaj.140064

ABSTRACT

Background: Existing research and media reports convey conflicting impressions of trends in the prevalence of mental illness. We sought to investigate trends in the prevalence of symptoms of mental illness in a large population-based cohort of Canadian children and adolescents.

Methods: We obtained population-based data from the National Longitudinal Survey of Children and Youth. Every 2 years, participants completed self-reported measures of mental illness indicators, including conduct disorder, hyperactivity, indirect aggressions, suicidal behaviour, and depression and anxiety. We analyzed trends in mean scores over time using linear regression.

Results: We evaluated 11 725 participants aged 10-11 years from cycles 1 (1994/95) through 6 (2004/05), 10 574 aged 12-13 years from cycles 2 (1996/97) through 7 (2006/07), and 9835 aged 14-15 years from cycle 3 (1998/99) through 8 (2008/09). The distribution of scores on depression and anxiety, conduct and indirect aggression scales remained stable or showed small decreases over time for participants of all ages. The mean hyperactivity score increased over time in participants aged 10-11 years (change per 2-year cycle: 0.16, 95% CI 0.09 to 0.18). Over time, fewer participants aged 12-13 years (0.40% per cycle, 95% CI -0.78 to -0.07) and aged 14-15 years (0.56% per cycle, 95% CI -0.91 to -0.23) reported attempting suicide in the previous 12 months.

Interpretation: With the exception of hyperactivity, the prevalence of symptoms of mental illness in Canadian children and adolescents has remained relatively stable from 1994/95 to 2008/09. Conflicting reports of escalating rates of mental illness in Canada may be explained by differing methodologies between studies, an increase in treatment-seeking behaviour, or changes in diagnostic criteria or practices.

PDF: <http://www.cmaj.ca/content/early/2014/11/03/cmaj.140064.full.pdf+html>

III. CURRENT INITIATIVES

9. National Down Syndrome Awareness Week

Every year, from November 1 to 7, the Canadian Down Syndrome Society sponsors National Down Syndrome Awareness Week in an effort to encourage the public to “see the abilities” of people with Down Syndrome. To raise awareness and promote diversity, the CDSS posted stories showcasing the trials and successes of families raising children with Down syndrome. Those interested in promoting Down syndrome awareness are encouraged to download the quizzes, brochures and posters available on the [campaign website](#). The Canadian Down Syndrome Society also produces resources for parents, including the [New Parent Package](#), a website developed specifically to welcome parents who have recently had a baby with Down syndrome to the Down syndrome community, and to provide these parents with resources and information outlining what to expect. 1 in every 800 children is born with Down syndrome.

<http://cdss.ca/ndsaw/>

10. National Child Day

(available in French)

Celebrated on November 20th, National Child Day was established to recognize the adoption by the United Nations of two key documents that promote the rights of children: the [United Nations Declaration of the Rights of the Child](#), and the [United Nations Convention on the Rights of the Child](#). This year, which marks the 25th Anniversary of the Convention, children and adults are invited to consider how children can participate in society as active citizens, and to share ways to ensure that the needs of all children are met, that they are protected from harm, and that they are given the opportunity to succeed. The Public Health Agency of Canada has developed a number of resources to promote the discussion of children’s rights on National Child Day, including a [National Child Day Activity Kit](#) which features 13 fun and interactive activities to help children learn the extent of their rights. PHAC’s [Child and Youth Corner](#) explains in clear language the content of the convention and includes social media messages that can be used to raise awareness about the Day. Parents and caregivers are encouraged to educate themselves using PHAC’s numerous resources, and then test their knowledge by taking the [National Child Day Online Quiz](#).

EN: <http://www.phac-aspc.gc.ca/ncd-jne/index-eng.php>

FR: <http://www.phac-aspc.gc.ca/ncd-jne/index-fra.php>

Related event:

- **Child rights and public health – what’s the connection? National Child Day 2014:** Hosted on National Child Day, November 20th, by CHNET-Works!, this webinar will emphasize the link between child rights and public health focusing specifically on violence prevention. Lisa Wolff, the Director of Policy and Education at UNICEF Canada will discuss the importance of children’s rights in promoting the health of children. Lisa Evanoff, the National Training Manager of RespectED: Violence & Abuse Prevention Program, will share her experiences working with the program and discuss how violence impacts children’s health. As appropriate for an event on National Child Day, CHNET-Works! has also invited a panel of youth to weigh in on the subject. [Registration is available online.](#)
http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&Itemid=6&lang=en

11. I Am a Witness: Canadian Human Rights Tribunal Hearing

(available in French)

The I Am a Witness campaign was developed to raise awareness surrounding a complaint filed against the Federal government in 2007 by the Caring Society and the Assembly of First Nations. The complaint asserted that Canada's failure to provide culturally-sensitive and equitable child welfare services to First Nations children living on reserve was ethnically and racially discriminatory. A hearing on the complaint recently concluded on October 24 and the Final Ruling is expected to take place in April. Everyone is invited to support the campaign. Participation can be as simple as tweeting support using #Witness4FirstNationsKids. The campaign website offers a bevy of resources to help the public stay abreast of the complaint's progress including a timeline, fact sheets and videos of the hearing's final arguments.

EN: <http://www.fncaringsociety.ca/i-am-witness>

FR : <http://www.fncaringsociety.ca/fr/%C3%AAtre-t%C3%A9moin>

IV. UPCOMING EVENTS

12. Reflecting Upon *How Does Learning Happen in the Early Years? ...a Focus on Relationships*

November 13, 2014: St. Catharines, ON

Rod Peturson, and Karen Calligan, members of the Ministry of Education's Early Years Division, will host an evening workshop to discuss the resources and research supporting the pedagogical framework currently implemented in Ontario early years settings. Peturson, currently involved in the province's transition to full-day kindergarten, supports a philosophy of play, curiosity and discovery through education. Calligan brings the perspective of a Registered Early Childhood Educator who has experience working with First Nations Child Care operators and Family Support Programs. Register through the Early Childhood Community Development Centre by calling 905-646-7311 or email eccdc@eccdc.org.

<http://eyeonkids.ca/docs/files/nov13-2014.pdf>

13. Taking a Bite out of HEAL policies: Ottawa's Experience – Part 4 of the Policy Development Series

November 24, 2014: Webinar

The fourth in HC-Link's Policy Development series, this webinar will explore the City of Ottawa's implementation of the Child Care Healthy Eating and Active Living (HEAL) Guidelines. Helen Parker, a public health nurse with Ottawa Public Health, her colleague and registered dietitian, Ellen Lakusiak, and Registered Early Childhood Educator Ginette Perron will discuss their unique experiences with the policy development process, how the policy affected their specific areas of work, and its overall impact on healthy eating and active living in child care centres.

<http://hclinkontario.ca/index.php/component/jevents/icalrepeat.detail/2014/11/24/102/-/taking-a-bite-out-of-heal-policies-ottawa-s-experience-part-4-of-the-policy-development-series.html?Itemid=1>

14. Best Practice for Managing “Out of Control” Children: A Team Approach for Early Educators and Families

December 3, 2014: Webinar

This webinar, hosted by Barbara Kaiser, an expert and frequent author on the topic of challenging behaviour, is designed to help teachers and parents better understand their own limitations in order to help them address the limitations of their children or the children they work with. Through the session, Kaiser will discuss team-based strategies for creating environments that are inclusive and nurturing of students who are often labeled “out of control.” All registrants will receive a recording of the webinar even if they cannot attend the session.

<http://www.earlychildhoodwebinars.com/presentations/best-practice-for-managing-out-of-control-children-a-team-approach-for-early-educators-and-families-by-barbara-kaiser/>

15. Nourishing School Communities: From School Nutrition Policies to Reality

December 4, 2014: Webinar

The Nutrition Resource Centre is hosting a free webinar to discuss the Nourishing School Communities initiative. Partners of the initiative work with First Nations Schools, public schools, and after-school facilities and provide them with strategies and resources to promote healthy eating. A diverse panel of experts including academics, dietitians and school lunch providers will use two case studies to discuss the current state of school nutrition policies, and what lessons can be learned in working with school food providers.

<http://opha.on.ca/Nutrition-Resource-Centre/Education-events/Event-Detail.aspx?event=131>

V. RESOURCES

16. Aboriginal Ways Tried and True

(available in French)

This portal, developed as an offshoot of the Public Health Agency of Canada’s Canadian Best Practices Portal, contains successful public health practices created with or by First Nations, Inuit and Métis communities. While the interventions contained in the portal, which are referred to as Ways Tried and True (WTT) are similar to best practices in that they are founded on quality research related to public health, they differ in that “the guiding paradigm is an Aboriginal worldview as opposed to a Western one” (Public Health Agency of Canada, 2014). The selection of interventions for inclusion in the portal was supported by a set of six criteria: a foundation in the Aboriginal community, a holistic

approach to care, a focus on collaboration, an ability to nurture strengths and address needs, strong ties to the Indigenous culture and prior successful implementation. As the portal develops, it will aim to increase its selection of interventions specifically related to maternal and child health.

EN: <http://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/>

FR: <http://cbpp-pcpe.phac-aspc.gc.ca/fr/aboriginalwtt/>

17. Ontario Physical Education Safety Guidelines

(available in French)

Ophea recently updated its Ontario Physical Education Safety Guidelines, which outline the minimum requirements that school boards should meet to ensure the safety of their students. The guidelines address safety measures for physical education, sports competitions, practices, and recreational sporting events. Key changes were made specifically to the protocol addressing concussions, including the addition of sample strategies for prevention. Ophea refers parents and children seeking additional information and resources related to concussion safety to the [Ministry of Health and Long Term Care Concussion Portal](#).

EN: <http://safety.ophea.net/>

FR: <http://safety.ophea.net/fr>

18. Body Mass Index of Children and Youth, 2012 to 2013

(available in French)

Statistics Canada released several reports based on the Canadian Health Measures Survey's most recent data set, which was collected between January 9, 2012 and December 17, 2013. The focus of the survey is to acquire an understanding of the physical health of Canadians ages 3 to 79 through a series of key measurements including blood pressure, height, weight and physical fitness. Using Body Mass Index measurements collected through the survey, a fact sheet reported that, in 2012-13, 31% of children and youth 5 to 17 years of age were overweight or obese, with youth more likely to be overweight or obese than children. Statistics Canada also offers BMI data for children and youth through its CANSIM tables, providing percentages of overweight and obesity using the [CDC](#), [Cole](#) and [WHO](#) Classification systems, while noting that the WHO Classification system is currently preferred.

EN: <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14105-eng.htm>

FR: <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14105-fra.htm>

19. Heart-Mind Online

Developed by the Dalai Lama Centre, this website provides an extensive collection of posts and videos aimed at "educating the heart." The goal of Heart-Mind Online is to help parents and caregivers support children's social and emotional development which can aid children in mitigating problems with stress, anxiety, bullying and making friends. Through a series of easy-to-use filters, visitors to the Heart-Mind Online site can pinpoint resources such as interviews, quizzes, book reviews and videos revolving around a variety of issues including resilience and self-regulation. Through its information and resources, Heart-Mind Online promotes 5 core qualities: calmness and security, getting

along with others, remaining alert and engaged, demonstrating an ability for compassion and kindness, and effective problem-solving.

<http://www.heartmindonline.org/>

20. Recent videos:

- **Breastfeeding your Baby after a Caesarean Birth:** A video developed by Trillium Health Partners and the Region of Peel Public Health that showcases the experiences of women with breastfeeding after a Caesarean birth, highlighting the importance of skin-to-skin, and emphasizing that, despite possible difficulties, breastfeeding is possible and desirable.
<http://trilliumhealthpartners.ca/patientservices/womens/Pages/breastfeeding-after-caesarean-birth.aspx>
- **Helping Your Kids Succeed at School** (available in French): This engaging video developed by People for Education encourages parents to stop acting as homework monitors and suggests that focusing on test scores is not especially useful in ensuring student success. Instead, the video recommends talking to kids about school, and being specific in conversations, helping children to develop a positive attitude about school, setting high expectations, and reading together with kids for fun.
EN: https://www.youtube.com/watch?v=D0S_gLw9pXg
FR: <https://www.youtube.com/watch?v=cAcTefKbB5Q>
- **Toxic Stress:** The Alberta Family Health Initiative recently released a short video outlining the different forms of stress and their impact on an individual if experienced early in life. While good stress, the kind triggered by new experiences, can have a positive effect on a child's life, toxic stress, caused by abuse and neglect, can alter the brain's architecture and cause serious health problems. The video calls for families and caregivers to work together to prevent experiences of toxic stress.
<https://www.youtube.com/watch?v=vMseNYpOQvE&feature=youtu.be>

VI. FEATURED BEST START RESOURCES

21. The Delivery of Prenatal Education in Ontario: A Summary of Research Findings

(available in French)

To support the development of prenatal education key messages and tools, Best Start Resource Centre gathered information from multiple sources in 2014. Collectively these sources provided key information on the delivery of prenatal education in Ontario. This information explored the current status of prenatal education in Ontario and identified existing gaps and needs. This report summarizes relevant results, including recommendations for prenatal education in Ontario.

EN: http://www.beststart.org/resources/rep_health/BSRC_Prenatal_Summary_fnl.pdf
FR: http://www.meilleurdepart.org/resources/repro/BSRC_Prenatal_Summary_FR_rev.pdf

22. Prenatal Education in Ontario: Fact Sheets

(available in French)

To support the development of prenatal education key messages and tools, Best Start Resource Centre gathered information from multiple sources in 2014. Collectively these sources provided key information on the delivery of prenatal education in Ontario. This information explored the current status of prenatal education in Ontario and identified existing gaps and needs. The following fact sheets share highlights from this review, and include recommendations for prenatal education in Ontario.

English:

- [Fact Sheet 1: The Evidence for Prenatal Education](#)
- [Fact Sheet 2: Prenatal Education Class Participation](#)
- [Fact Sheet 3: A Parent's and Provider's Perspective](#)
- [Fact Sheet 4: Concerns and Needs of Prenatal Educators](#)

French:

- [Fiche d'information 1 : Données relatives à l'éducation prénatale](#)
- [Fiche d'information 2 : Participation aux cours prénataux](#)
- [Fiche d'information 3 : Point de vue des parents et des fournisseurs de services](#)
- [Fiche d'information 4 : Préoccupations et besoins des animateurs de cours prénataux](#)

For more information on Best Start's involvement in the Strengthening Prenatal Education/Information in Ontario project: <http://en.beststart.org/services/partnerships-and-projects>

23. Building Resilience in Young Children

(available in French)

This booklet is for parents and caregivers of children from birth to six years. It provides information, tips, parent stories and resource links that will help caregivers boost a child's ability to bounce back from life's challenges and thrive.

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

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

To learn tips for using the information in this resource, specifically when working with fathers, register for our workshop (in French only):

Bâtir la résilience chez les jeunes enfants – explorer le rôle du père

14 November, 2014: Sudbury, ON

Register here: <https://www.eventbrite.ca/e/billets-atelier-batir-la-resilience-chez-les-jeunes-enfants-explorer-le-role-du-pere-13223928125>

24. 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

18 November, 2014: Sault Ste. Marie, ON

27 November, 2014: Kingston, ON

11 December, 2014: Timmins, 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*.

Sault Ste Marie: <http://en.beststart.org/event/workshop-obesity-preconception-and-pregnancy-its-downstream-effects-childhood-obesity-nov18>

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

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

25. 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 résilience 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>

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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 [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.