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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.

**Please note that the Best Start Resource Centre does not endorse or recommend any events, training, resources, services, research or publications of other organizations.*

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I. News & Views

The Benefits of Downtime

Tina Albrecht from the *BC Council for Families* (2017) wrote a blog about downtime for children. She discusses how downtime allows the brain to refresh its ability to pay attention, stay motivated and be productive and creative. She suggests that a break for children could be something simple like taking part in unstructured play, goofing around, biking, reading a book, kicking a soccer ball around the back yard or even making a snack.

[Read more](#)

Framework to Manage Federal Legalization of Cannabis

In response to the federal government's plan to legalize cannabis by July 2018, the Government of Ontario (2017) committed to a framework to govern the lawful use and retail of recreational cannabis as a carefully controlled substance within the province. Key elements include:

- The proposed minimum age to use, purchase and possess recreational cannabis will be 19. It will be prohibited in public places and workplaces.
- The LCBO will oversee the legal retail of cannabis in Ontario through new stand-alone cannabis stores and an online order service.

- Approximately 150 standalone stores will be opened by 2020, including 80 by July 1, 2019, servicing all regions of the province. Online distribution will be available across the province from July 2018 onward.
- Illicit cannabis dispensaries are not and will not be legal retailers.
- Ontario will prohibit individuals under the age of 19 from possessing or consuming recreational cannabis, which will allow police to confiscate small amounts of cannabis from young people. The province's approach to protecting youth will focus on prevention, diversion, and harm reduction without unnecessarily bringing them into contact with the justice system.
- Young people and vulnerable populations will be supported through the development of an integrated prevention and harm reduction approach that would promote awareness of cannabis-related health harms and help people make informed decisions about use. The approach will also include education, health and social service providers that work with, and educate, youth and young adults (Government of Ontario 2017).

Read the news release in [English](#) or [French](#)

Bilingual Babies Listen to Language

A recent study published in the journal *Proceedings of the National Academy of Sciences* found that bilingual infants as young as 20 months of age efficiently and accurately process two languages. According to Lew-Williams: "They do not think that 'dog' and 'chien' [French] are just two versions of the same thing. They implicitly know that these words belong to different languages" (ScienceDaily 2017).

[Learn more](#)

Have Your Say in the Accessibility in Education Survey!

The Ontario Government's Accessibility in Education survey deadline has been extended until October 16th.

Don't miss your chance to share ideas about how the government can identify proposed areas of focus for a new accessibility standard for education under the Accessibility for Ontarians with Disabilities Act.

Your feedback will help determine the scope of the standard and the mandate of a Standards Development Committee working on new accessibility standards for education in Ontario.

Go to the [English survey](#) or [French survey](#)

II. Recent Reports & Research

Position Statement: Energy and Sports Drinks in Children and Adolescents

The Canadian Paediatric Society released a new position statement (Pound, Blair, CPS, & Nutrition and Gastroenterology Committee, 2017, September 26).

ABSTRACT

Sports drinks and caffeinated energy drinks (CEDs) are commonly consumed by youth. Both sports drinks and CEDs pose potential risks for the health of children and adolescents and may contribute to obesity. Sports drinks are generally unnecessary for children engaged in routine or play-based physical activity. CEDs may affect children and adolescents more than adults because they weigh less and thus experience greater exposure to stimulant ingredients per kilogram of body weight. Paediatricians need to recognize and educate patients and families on the differences between sport drinks and CEDs. Screening for the consumption of CEDs, especially when mixed with alcohol, should be done routinely. The combination of CEDs and alcohol may be a marker for higher risk of substance use or abuse and for other health-compromising behaviours.

Read the position statement in [English](#) or [French](#)

Perinatal Health Indicators for Canada 2017

This report by the Canadian Perinatal Surveillance System (2017) presents surveillance information on key indicators of maternal, fetal and infant health in Canada including:

- Rate of live births to teenage mothers
- Rate of live births to older mothers
- Rate of caesarean delivery
- Severe maternal morbidity rate
- Pregnancy-related mortality rate
- Preterm birth rate
- Post-term birth rate
- Small-for-gestational-age birth rate
- Large-for-gestational-age birth rate
- Fetal mortality rate
- Infant mortality rate
- Neonatal mortality rate
- Birth prevalence of congenital anomalies
- Multiple birth rate

The results presented are based on the most recent available data:

- Vital statistics data up to 2010 and 2011
- Hospitalization data up to 2014-2015

The report includes the following main findings:

- The rate of infant mortality remained stable and very low. The latest data (2011) show that the rate of infant mortality was 5 deaths per 1,000 live births.
- Between 2007 and 2014, the rate of live births to teenage mothers aged 18-19 years has steadily declined from 27.2 to 18.6 per 1,000 females.
- The overall rate of caesarean delivery was 28.4% of hospital deliveries in 2014-2015.

To request a PDF copy of the report, please email cpss-scsp@phac-aspc.gc.ca.

Alcohol Use and Self-Perceived Mental Health Status Among Pregnant and

Breastfeeding Women in Canada: A Secondary Data Analysis

(Lange, Quere, Shield, Rehm, & Popova 2015)

ABSTRACT

Objective:

To estimate the prevalence of alcohol consumption during pregnancy and while breastfeeding in Canada from 2003 to 2010, and to test the relation between self-perceived mental health status and alcohol consumption during pregnancy and while breastfeeding.

Design:

Secondary analysis of four cycles of the Canadian Community Health Survey, a population-based cross-sectional survey.

Setting:

Canada.

Sample:

A total of 18 612 pregnant and 15 836 breastfeeding women.

Methods:

The prevalence of alcohol consumption during pregnancy and while breastfeeding and 95% confidence intervals (CI) were calculated by province and territory, and cycle. The relation between self-perceived mental health status and alcohol consumption during pregnancy and while breastfeeding was explored using quasi-Poisson regression models.

Main outcome measures:

Alcohol consumption during pregnancy and while breastfeeding, and self-perceived mental health status.

Results:

In Canada, between 2003 and 2010, approximately one in every ten pregnant women (9.9%; 95%CI 9.2–10.5%) and two in every ten breastfeeding women (20.3%; 95%CI 19.4–21.2%) women consumed alcohol. Women with a lower self-perceived mental health status (i.e. 'good') were 1.40 (95%CI 1.18–1.67, $P < 0.001$) times more likely to have consumed alcohol during pregnancy, compared with women with an 'excellent' self-perceived mental health. There were no notable differences between the categories of mental health status in regard to alcohol consumption while breastfeeding.

Conclusion:

Despite public health efforts in Canada, a significant proportion of pregnant and breastfeeding women consume alcohol. It is imperative that a standard screening protocol be initiated among pregnant and breastfeeding women, especially in high-risk populations (e.g. women utilising substance abuse treatment programs).

Tweetable abstract:

In Canada in 2003–2010, approximately 10% of pregnant and 20% of breastfeeding women consumed alcohol.

[Read the full article](#)

Parents' and Informal Caregivers' Views and Experiences of Communication about Routine Childhood Vaccination: A Synthesis of Qualitative Evidence

(Ames, Glenton & Lewin 2017)

SUMMARY

What are parents' and informal caregivers' views and experiences of communication about routine early childhood vaccination?

The aim of this Cochrane review was to explore how parents experience communication about vaccination for children under six years of age. We searched for and analysed qualitative studies that could answer this question.

Qualitative research explores how people perceive and experience the world around them. This review of qualitative research supplements other Cochrane reviews that assess the effect of different communication strategies on parents' knowledge, attitudes and behaviour about childhood vaccination.

Key messages

We are quite confident in the evidence we found that parents want clear, timely and balanced information, but that they often find this information to be lacking. The amount of information parents want and the sources they trust appear to be linked to their acceptance of vaccination; however, our confidence in this last finding is only low to moderate.

What did we study in the review?

Childhood vaccination is an effective way of preventing serious childhood illnesses. However, many children do not receive all of the recommended immunisations. There may be different reasons for this. Some parents do not have access to the vaccine, for instance because of poor quality health services, distance from their home to a health facility or lack of money. Some parents do not trust the vaccine itself or the healthcare worker who provides it, while others do not see the need to vaccinate their children at all. Parents may not know how vaccinations work or about the diseases that they prevent. They may also have received information that is misleading or incorrect.

To address some of these issues, governments and health agencies often try to communicate with parents about childhood vaccinations. This communication can take place at healthcare facilities, at home or in the community. Communication can be two-way, for instance face-to-face discussions between parents and healthcare providers. It can also involve one-way communication, for instance information provided through text messaging, posters, leaflets, or radio or television programmes. Some types of communication allow parents to actively discuss the vaccine, its benefits and harms, and the disease it aims to prevent. Other types of communication simply give information about these issues or about when and where vaccines are available. People involved in vaccine programmes need to understand how parents experience different types of communication about vaccination and how this influences their decision to vaccinate their child.

What are the main findings of the review?

We included 38 studies in our review. Most of the studies were from high-income countries and explored mothers' perceptions of vaccine communication. Some of the studies also included the views of fathers, grandmothers and other caregivers.

In general, parents wanted more information than they were getting (high confidence). For some parents, a lack of information led to worry and regret about their vaccination decision (moderate confidence).

Parents wanted balanced information about both the benefits and risks of vaccination (high confidence), presented in a clear and simple manner (moderate confidence) and tailored to their situation (low confidence). Parents wanted vaccination information to be available outside of the health services (low confidence). They wanted this information in good time before each vaccination appointment and not while their child was being vaccinated (moderate confidence).

Parents viewed health workers as an important source of information and had specific expectations of their interactions with them (high confidence). Poor communication and negative relationships with health workers sometimes impacted on vaccination decisions (moderate confidence).

Parents generally found it difficult to know which vaccination information source to trust and found it difficult to find information that they felt was unbiased and balanced (high confidence).

The amount of information parents wanted and the sources they felt they could trust seem to be linked to their acceptance of vaccination, with parents who were more hesitant wanting more information (low to moderate confidence).

How up-to-date is this review?

We searched for studies published before 30 August 2016.

[Read more about this review](#)

Continuous Support for Women During Childbirth

(Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert 2017)

SUMMARY

What is the issue?

In the past, women have been cared for and supported by other women during labour and birth, and have had someone with them throughout, which we call 'continuous support'. However, in many countries more women are giving birth in hospital rather than at home. This has meant continuous support during labour has become the exception rather than the norm. The aim of this Cochrane Review was to understand the effect of continuous support on a woman during labour and childbirth, and on her baby. We collected and analysed all relevant studies to answer this question (search date: October 2016).

Why is this important?

Research shows that women value and benefit from the presence of a support person during labour and childbirth. This support may include emotional support (continuous presence, reassurance and praise) and information about labour progress. It may also include advice about coping techniques, comfort measures (comforting touch, massage, warm baths/showers, encouraging mobility, promoting adequate fluid intake and output) and speaking up when needed on behalf of the woman. Lack of continuous support during childbirth has led to concerns that the experience of labour and birth may have become dehumanised.

Modern obstetric care frequently means women are required to experience institutional routines. These may have adverse effects on the quality, outcomes and experience of care during labour and childbirth. Supportive care during labour may enhance physiological labour processes, as well as women's feelings of control and confidence in their own strength and ability to give birth. This may reduce the need for obstetric intervention and also improve women's experiences.

What evidence did we find?

We found 26 studies that provided data from 17 countries, involving more than 15,000 women in a wide range of settings and circumstances. The continuous support was provided either by hospital staff (such as nurses or midwives), or women who were not hospital employees and had no personal relationship to the labouring woman (such as doulas or women who were provided with a modest amount of guidance on providing

support). In other cases, the support came from companions of the woman's choice from her own network (such as her partner, mother, or friend).

Women who received continuous labour support may be more likely to give birth 'spontaneously', i.e. give birth vaginally with neither ventouse nor forceps nor caesarean. In addition, women may be less likely to use pain medications or to have a caesarean birth, and may be more likely to be satisfied and have shorter labours. Postpartum depression could be lower in women who were supported in labour, but we cannot be sure of this due to the studies being difficult to compare (they were in different settings, with different people giving support). The babies of women who received continuous support may be less likely to have low five-minute Apgar scores (the score used when babies' health and well-being are assessed at birth and shortly afterwards). We did not find any difference in the numbers of babies admitted to special care, and there was no difference found in whether the babies were breastfed at age eight weeks. No adverse effects of support were identified. Overall, the quality of the evidence was all low due to limitations in study design and differences between studies.

What does this mean?

Continuous support in labour may improve a number of outcomes for both mother and baby, and no adverse outcomes have been identified. Continuous support from a person who is present solely to provide support, is not a member of the woman's own network, is experienced in providing labour support, and has at least a modest amount of training (such as a doula), appears beneficial. In comparison with having no companion during labour, support from a chosen family member or friend appears to increase women's satisfaction with their experience. Future research should explore how continuous support can be best provided in different contexts.

[Read more](#)

“Tummy Time” for Motor Skills Development in Infants with Down Syndrome (Province of Ontario Neurodevelopmental Disorders 2017)

What is the research about?

Children with Down Syndrome (DS) are at increased risk for many health conditions, such as heart defects and obesity, and commonly have motor development delays. Since motor skills help children interact with their surroundings, they are important to the development of learning, social, and physical skills, and emotional development. So, it is important that children with DS receive focused treatment to improve their motor skills. One type of treatment that can be used is “Tummy Time” (TT), which encourages infants to move around on their stomach (the prone position). TT allows infants to develop motor skills against gravity, which is an important part of more complex motor movements.

What did the researchers do?

The researchers wanted to see if TT improved the motor skills development of infants with DS. To do so, they formed two groups of children with DS – one group of 10 infants who started TT before 11 weeks of age, and another group of 9 infants who started TT after 11 weeks of age. This plan allowed the researchers to see if starting TT earlier vs. later affects the babies' development differently. The researchers also brought together a group of 9 older infants with DS who had not received TT in the past, to see if the treatment, in general, was more helpful than no TT at all. Parents were taught how to do TT with their infants, and throughout the study did so for 90 minutes a day over a 12-month period. To measure the effect of TT on the motor development of the infants, the Bayley III Motor Scales were used by the researchers during monthly home assessments.

What did the researchers find?

The researchers found that compared to infants with DS who did not get TT, the infants

who did receive the treatment showed significantly better motor development during the 12-month study period. Also, the group of infants with DS who started TT before 11 weeks of age showed better motor development than the group who started after 11 weeks. So, starting TT early during infancy may be helpful for the motor development in infants with DS.

Take home message

Infants with DS struggle to develop their motor skills, so focused treatments are needed. Although therapists could help provide Tummy Time treatments, they usually cannot spend enough time with infants to meet all their learning needs. So, early interventions that can be done by caregivers are ideal. It is important to note that further, perhaps different treatment will be needed as the babies get older and their motor skills needs become more complex.

[Read the abstract \(Wentz 2017\)](#)

III. Current Initiatives

Some Words Can Hurt Campaign: Verbal Abuse and Children

The first public television and Internet awareness campaign on the impact of parental verbal abuse on children in France was launched. Without realizing it, often under the influence of anger, many parents say words that hurt and can leave indelible traces.

[See the video with text in English](#)

IV. Upcoming Events

Lamaze International Twitter Chats

- Wellness and Mindfulness Teaching Techniques: September 28
- Advocating for Maternal Health: October 19
- Prematurity Awareness: November 16
- Teaching Postpartum/Newborn Care: December 21

[Learn more](#)

CAPPA's Annual Perinatal Conference

September 29-October 1, 2017: Portland, ME

CAPPA's annual conference and convention offers the leaders in perinatal education and support current evidenced-based practices. CAPPA's annual conference is enjoyed by

doulas, childbirth educators, breastfeeding professionals, midwives, nurses, obstetricians, and others who have an interest in the prenatal and postpartum periods.

[Learn more](#)

Early Childhood Education Professional Development Webinar Series 2017

- Documenting Outdoor Play: Outdoor Learning Matters Too!: October 10
- Pedagogy of Place and Educator Attitudes: October 17
- Pillars: How Respectful Relationships, Inspiring Spaces and Constructivist Experiences Enhance Professional Practice: October 26
- Notching Up Outdoor Play: November 2
- Changing Childhoods: November 9
- The World of Coding with Children: November 21
- Winter is a Magical Time for Children's Outdoor Play: December 12

[Learn more about the webinars](#)

Perinatal Mood Disorders: Building Communities Supporting Wellness

October 18, 2017: Burlington

The Central West Perinatal Mood Disorders Network is hosting keynote speakers Dr. Cindy Lee Dennis and Dr. Ryan Van Lieshout. Panelists will discuss community initiatives in the morning and lived experiences in the afternoon.

[Register](#)

30th Anniversary of Health Promotion Ontario Conference

November 23, 2017: Toronto

Health Promotion Ontario is hosting a conference for students, practitioners and researchers to come together and discuss issues and ideas in and around the field of health promotion. This year's conference theme is the celebration of 30 years of health promotion in Ontario. The organizer invites presentations and workshops that:

- Apply our Pan-Canadian Health Promoter Competencies into action
- Identify challenges, lessons learned and potential solutions for applying Pan-Canadian Health Promoter Competencies effectively
- Provide opportunities for attendees to participate, build skills and network

[Learn more](#)

The 8th International Research Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder (FASD): Review, Respond and Relate – Integrating Research, Policy and Practice Around the World

April 18-21, 2018: Vancouver

This conference will focus on addressing issues related to research on adolescents and adults with FASD. This is an area with little research, but increasing relevance as the population ages. This conference welcomes professionals, researchers, students, families and individuals with FASD.

[Learn more](#)

V. Resources

Parent Resources

The *Being a Parent resources* are full of information and activities for parents of young children. These tips have been created for all parents, even those who are not participating in the *Nobody's Perfect* program. The resources have also been translated in many languages.

- Keeping your children [Safety Tip Sheets](#)
- Taking care of yourself as a [Parent Tip Sheets](#)
- Keeping your child healthy [Body Tip Sheets](#)
- Ways to guide your child's [Behaviour Tip Sheets](#)
- Building your child's brain [Mind Tip Sheets](#)

[See the resources](#)

Working with Families Experiencing Separation/Divorce

This tip sheet is designed to give service providers and parents information and practical tools about the impacts of separation/divorce on children and positive approaches to becoming effective co-parents.

Download the tip sheet in [English](#), [Punjabi](#), [Spanish](#), [Simplified Chinese](#) and [Tagalog](#)

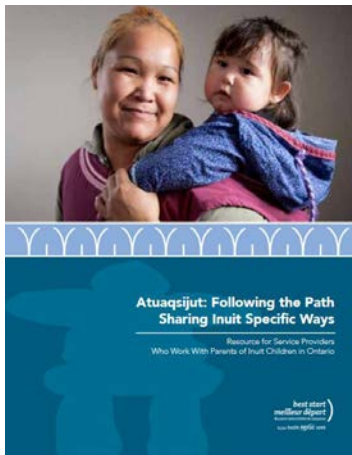
Social Determinants of Health (SDOH) Map

Public Health Ontario launched an online interactive tool that shows the distribution of upstream social determinants of health across the province, Local Health Integration Networks (LHIN) and public health units (PHU). Using data from the Ontario Marginalization Index and Statistics Canada, the Map allows you to view indicators including: income, employment, housing, government support, and immigration and ethnicity. The new tool is customizable so you can conduct your own analysis and comparison. The Map allows you to:

- select the indicators that are most relevant for your work
- outline the data specific to your LHIN and/or PHU boundary
- compare two indicators directly on the Map
- download the raw data to do your own analysis

View the [Social Determinants of Health \(SDOH\) Map](#)

VI. Featured Resources by the *Best Start Resource Centre*



Atuaqsijut: Following the Path Sharing Inuit Specific Ways

Resource for Service Providers Who Work With Parents of Inuit Children in Ontario

This resource provides Inuit specific knowledge and cultural practices regarding pregnancy and parenting. It shares best practices for service providers who work with biological, foster, and adoptive parents of Inuit children aged 0 to 6 years old. It offers information for southern service providers on the many challenges and opportunities for Inuit and non-Inuit parents raising young Inuit children in Ontario.

[Available in PDF](#)



Targeted Supports for Ontario Populations with Lower Rates of Breastfeeding

As part of a comprehensive strategy to address childhood obesity in Ontario, Health Nexus was funded by the Government of Ontario to offer targeted breastfeeding supports to populations with lower rates of breastfeeding and carried out by the Best Start Resource Centre, a key program of Health Nexus. This project was initiated in December 2013 and wrapped up in March 2016. This online report summarizes the project strategies and results as well as recommendations to build on this investment and further support breastfeeding services in Ontario.

Available in PDF in [English](#) and [French](#)



Feeding Your Baby - A Guide to Help You Introduce Solid Foods

This guide for parents provides information about feeding their baby from six months to one year. It has information and answers questions they may have about breastfeeding and starting solid foods.

Available in print in [English](#) and [French](#). Available in PDF in [English](#), [French](#), [Arabic](#), [Chinese \(Simplified\)](#), [Cree](#), [Hindi](#), [Ojibwe](#), [Punjabi](#), [Spanish](#), [Tagalog](#), [Tamil](#), and [Urdu](#).



180 Dundas Street West, Suite 301, Toronto, ON M5G 1Z8

Telephone: (416) 408-2249 | Toll-free: 1-800-397-9567 | Fax: (416)

408-2122

E-mail: beststart@healthnexus.ca



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- 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.
- **Ontario Prenatal Education Network** - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.
- **Health Promotion Today** - Our blog keeps you informed of news and topics related to health promotion.
- **The Best Start Indigenous 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.

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.