***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***](#_About_This_Bulletin)***. To manage your subscription, unsubscribe from the list-serv and access the list archives,*** [***click here***](http://en.beststart.org/services/information-exchange)***.***

# July 29, 2016

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# I. News and Views

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# 1. Changes to Canada Child Benefit

(available in French)

The Government of Ontario (2016, June 17) announced that families receiving social assistance will fully benefit from the proposed new federal Canada Child Benefit (CCB), without any provincial 'clawback'. The CCB is expected to take effect July 1, 2016 and it will be paid directly to families. It will not affect the amount of, or eligibility for:

* Ontario Works benefits
* Ontario Disability Support Program benefits
* Child care subsidies under the Child Care and Early Years Act
* Healthy Smiles Ontario, the province’s dental program for low-income youth
* Rent-geared-to-income subsidies
* Portable housing benefits

EN: [news.ontario.ca/mcss/en/2016/06/ontario-ensuring-vulnerable-families-keep-full-canada-child-benefit.html?utm\_source=ondemand&utm\_medium=email&utm\_campaign=p](https://news.ontario.ca/mcss/en/2016/06/ontario-ensuring-vulnerable-families-keep-full-canada-child-benefit.html?utm_source=ondemand&utm_medium=email&utm_campaign=p)

FR: [news.ontario.ca/mcss/fr/2016/06/lontario-sassure-que-les-familles-vulnerables-gardent-lintegralite-de-lallocation-canadienne-pour-en.html](https://news.ontario.ca/mcss/fr/2016/06/lontario-sassure-que-les-familles-vulnerables-gardent-lintegralite-de-lallocation-canadienne-pour-en.html)

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# 2. Ontario Minister Urges End to Toronto’s Road Hockey Ban

Children and Youth Services Minister Michael Coteau has no jurisdiction in municipal politics but he is urging Toronto city council to lift the ban on road hockey (Benzie, 2016, July 11). He explains that there are many benefits to road hockey beyond the obvious physical health benefits. For example: “things such as communication and social skills, an understanding of social rules, relationship building, learning how to compromise with others, patience and perseverance, teamwork and a sense of belonging… Informal play can also strengthen community bonds, bring parents together, put more ‘eyes on the street’ and can reduce speeding and reckless driving on neighbourhood roads” (Benzie, 2016, July 11).

[www.thestar.com/news/queenspark/2016/07/11/ontario-minister-urges-end-to-torontos-road-hockey-ban.html](https://www.thestar.com/news/queenspark/2016/07/11/ontario-minister-urges-end-to-torontos-road-hockey-ban.html)

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# 3. Warning Sign Requirements in Ontario Grocery Stores that Sell Liquor

(available in French)

The Alcohol and Gaming Commission of Ontario’s (AGCO) website now lists grocery stores authorized to sell liquor to the public as a type of premise required to post signs warning women of the risks of drinking alcohol during pregnancy (AGCO, 2016, July 19).

The Government of Ontario has recently passed a change to Regulation 718 under the Liquor Licence Act (LLA). This will clarify and extend the requirement for certain premises licensed or authorized to sell alcohol to post signs warning women that drinking alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (also known as “Sandy’s Law” signs).

For your work on FASD prevention, please visit the Best Start Resource Centre website to access a wide range of [print and downloadable resources](http://www.beststart.org/cgi-bin/commerce.cgi?search=action&category=A00E&advanced=yes&sortkey=sku&sortorder=descending) on topics such as FASD awareness in Ontario, alcohol use and pregnancy, mocktails for mom, and mixing alcohol and breastfeeding.

Signage Requirement – Sandy’s Law:

EN: [www.agco.on.ca/en/whatwedo/signs\_sandyslaw.aspx](http://www.agco.on.ca/en/whatwedo/signs_sandyslaw.aspx)

FR: [www.agco.on.ca/fr/whatwedo/signs\_sandyslaw.aspx](http://www.agco.on.ca/fr/whatwedo/signs_sandyslaw.aspx)

The regulation can be found at the following link:

EN: [www.ontario.ca/laws/regulation/900718](https://www.ontario.ca/laws/regulation/900718)

FR <https://www.ontario.ca/fr/lois/reglement/900718>

History of Sandy’s Law: [hnhu.org/health-topic/sandys-law/](https://hnhu.org/health-topic/sandys-law/)

[bit.ly/2a5TH9M](http://bit.ly/2a5TH9M)

Application for an Authorization to Sell Beer in a Grocery Store:

EN: <http://www.agco.on.ca/en/whatwedo/beer_sales_grocerystores.aspx>

FR: [www.agco.on.ca/fr/whatwedo/beer\_sales\_grocerystores.aspx](http://www.agco.on.ca/fr/whatwedo/beer_sales_grocerystores.aspx)

Best Start resources:

EN: [www.beststart.org/cgi-bin/commerce.cgi?search=action&category=A00E&advanced=yes&sortkey=sku&sortorder=descending](http://www.beststart.org/cgi-bin/commerce.cgi?search=action&category=A00E&advanced=yes&sortkey=sku&sortorder=descending)

FR: <http://www.beststart.org/cgi-bin/commerce.cgi?search=action&category=A00F&advanced=yes&sortkey=sku&sortorder=descending>

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# 4. Newborn Screening Ontario (NSO) Announcement – The Addition of Ontario’s 30th Newborn Screen and Expanded Hours of Operation at NSO

(available in French)

NSO announced two enhancements to Ontario’s newborn screening system:

1. The addition of Ontario’s 30th screen to the newborn screening panel. At the request of the Ministry of Health and Long-Term Care, NSO will implement screening for **Critical Congenital Heart Disease (CCHD**) by pulse oximetry for all newborns in Ontario. The addition of CCHD screening is expected to allow earlier detection and improved outcomes for about 50-100 babies each year. NSO has begun the implementation process for CCHD, with full implementation anticipated for fall 2016.
2. The NSO will **extend its operations to 7-days a week**. These extended hours will enhance the screening process to better protect babies and families in Ontario by ensuring timely referral of babies with critical results. NSO has already begun to implement the process of extending their hours, and it is anticipated that full operations will also be in place by fall 2016.

EN: [www.newbornscreening.on.ca/en](https://www.newbornscreening.on.ca/en)

FR: [www.newbornscreening.on.ca/fr](https://www.newbornscreening.on.ca/fr)

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# II. Recent Reports and Research

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**\* indicates journal subscription required for full text access**

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# 5. Policy Statement: Virtual Violence

American Academy of Pediatrics. (2016). *Virtual violence*. Retrieved from [pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1298](http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1298)

ABSTRACT:

In the United States, exposure to media violence is becoming an inescapable component of children’s lives. With the rise in new technologies, such as tablets and new gaming platforms, children and adolescents increasingly are exposed to what is known as “virtual violence.” This form of violence is not experienced physically; rather, it is experienced in realistic ways via new technology and ever more intense and realistic games. The American Academy of Pediatrics continues to be concerned about children’s exposure to virtual violence and the effect it has on their overall health and well-being. This policy statement aims to summarize the current state of scientific knowledge regarding the effects of virtual violence on children’s attitudes and behaviors and to make specific recommendations for pediatricians, parents, industry, and policy makers.

[pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1298](http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1298)

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# 6. Practice Point: Meeting the Needs of Adolescent Parents and their Children

(available in French)

Thompson, G. (2016). Meeting the needs of adolescent parents and their children. *Pediatric Child Heath, 21(5)*, 273. Retrieved from[www.cps.ca/en/documents/position/adolescent-parents](http://www.cps.ca/en/documents/position/adolescent-parents)

Adolescent parents and their children present to health care practitioners as two paediatric patients, each with unique health care needs. Young parents and their children may be at risk for negative health outcomes, not directly as a consequence of maternal age but because of poverty and other inequities in the social determinants of health. The health needs of child and mother are best assessed using a nonjudgmental approach, appropriate screening tools and open questions that address both preventative and acute health issues. The dyad’s co-existing needs may be anticipated as they relate to growth and development, infant and adolescent mental health, nutrition and food security, safety, relationships, parenting, education, sexual health and the facilitation of supports and resources. Care providers who understand adolescent development and integrate medical home elements of a patient-centred ‘medical home’ into their practices are ideally positioned to facilitate positive health outcomes for both mother and child.

EN: [www.cps.ca/en/documents/position/adolescent-parents](http://www.cps.ca/en/documents/position/adolescent-parents)

FR: <http://www.cps.ca/fr/documents/position/parents-adolescents>

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# 7. Canadian Public Health Association Position Statement: Early Childhood Education

(available in French)

Canadian Public Health Association. (2016). *Early childhood education*. Retrieved from [www.cpha.ca/uploads/policy/ecec\_e.pdf](http://www.cpha.ca/uploads/policy/ecec_e.pdf)

ABSTRACT:

Early childhood education and care plays an important part in healthy childhood development and provides valuable support to families with young children. Canada, however, does not have a pan-Canadian approach to ECEC and CPHA calls on the Federal government to work with provinces and territories to establish a pan-Canadian early childhood education and care strategy.

EN: [www.cpha.ca/uploads/policy/ecec\_e.pdf](http://www.cpha.ca/uploads/policy/ecec_e.pdf)

FR: [www.cpha.ca/uploads/policy/ecec\_f.pdf](http://www.cpha.ca/uploads/policy/ecec_f.pdf)

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# 8. Shameful Neglect: Indigenous Child Poverty in Canada

Macdonald, D., & Wilson, D. (2016). Shameful neglect: Indigenous child poverty in Canada. Retrieved from <https://www.policyalternatives.ca/publications/reports/shameful-neglect>

ABSTRACT:

This report calculates child poverty rates in Canada, and includes the rates on reserves and in territories—something never before examined. The report also disaggregates the statistics and identifies three tiers of poverty for children in Canada, finding the worst poverty experienced by status First Nation children (51%, rising to 60% for children on reserve). The second tier encompasses other Indigenous children and disadvantaged groups (ranging from 22-32%), and the third tier consists of children who are non-Indigenous, non-racialized and non-immigrant, where the rate of 13% is similar to the OECD average.

The authors call for immediate action to resolve the ongoing crisis affecting Indigenous people across the country, and recommend a poverty reduction plan for reserves that would: report poverty rates on reserves and in the territories; improve direct income support; improve employment prospects on reserves; and begin to implement longer-term solutions.

[www.policyalternatives.ca/publications/reports/shameful-neglect](https://www.policyalternatives.ca/publications/reports/shameful-neglect)

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# III. Current Initiatives

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# 9. Study: Pregnant/Recently Pregnant South Asian Women and Their Health Care Providers

Researchers at McMaster University are conducting a study on the experiences of pregnant or recently pregnant South Asian Women and their health care providers.  Specifically, they would like to learn more about the types of exercise and dietary advice that are recommended to women during this time.  This information will be used to design a diet and exercise program to reduce the risk and burden of gestational diabetes in the community.

Contact: Dr. Russell de Souza at 905-525-9140 ext. 22109 [rdesouz@mcmaster.ca](mailto:rdesouz@mcmaster.ca)

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# IV. Upcoming Events

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# 10. Provincial Early Learning and Child Care Conference

September 16-17, 2016: Ottawa, ON

The theme of the conference is Shaping Our Future: Innovation, Leadership, and Advocacy in Early Learning and Child Care.Shaping Our Future is an exciting opportunity to celebrate the Early Learning and Child Care (ELCC) community and to share knowledge and experiences to help move the sector forward in Ontario. The conference’s themes are local innovation, leadership and advocacy. The ELCC sector is known for delivering vital programs that support children and families. Communities, programs and early childhood educators continue to provide these essential services even in the midst of system and funding changes. This event will allow front-line ECEs, child care workers, and all professionals who support children and families the opportunity to share their important work with colleagues and to learn about the most exciting and innovative practices in the field.

[www.aeceo.ca/provincial\_conference\_2016](http://www.aeceo.ca/provincial_conference_2016)

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# 11. Manitoba Nature Summit

September 16-18, 2016: Winnipeg, MB

The Manitoba Nature Summit is an experiential, outdoor education conference for adults who teach children. The conference is an opportunity for educators to develop skills and build community that will assist them in getting kids outside. Educators have the opportunity to stay on-site at the camp so that they can network with one another.

[www.naturesummitmb.com/](http://www.naturesummitmb.com/)

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# 12. Community Engagement in Public Health Interventions for Disadvantaged Groups: What’s the Evidence?

September 21, 2016: Webinar

Join Alison O'Mara-Eves, Research Officer, University College London, EPPI-Centre and Ginny Brunton, Senior Health Researcher, University College London, EPPI-Centre for an overview of findings from their systematic review examining the effectiveness of community engagement in public health interventions for disadvantaged groups.

O'Mara-Eves A, Brunton G, Oliver S, Kavanagh J, Jamal F, & Thomas J. (2015). [The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis](http://healthevidence.us13.list-manage.com/track/click?u=ddf18ab109a91a61343fd73a5&id=cc2cf3bf3d&e=022cb3d454). *BMC Public Health, 15*, 129.

[bit.ly/29WaKwK](http://bit.ly/29WaKwK)

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# 13. Breastfeeding: Fundamental Concepts

September 22, 2016: Ottawa, ON

This workshop is intended for all practitioners involved in the care of mothers and newborns in the community. It will cover family-centred maternity and newborn care principles, the Baby-Friendly Initiative, the benefits of breastfeeding to the mother and infant, the physiology of milk production, ways in which cultural beliefs and societal influences impact breastfeeding, and more.

[cmnrp.simplesignup.ca/en/1767/index.php?m=eventSummary](https://cmnrp.simplesignup.ca/en/1767/index.php?m=eventSummary)

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# 14. RIRO-BBT Trainer Intensive

November 7-11, 2016: Toronto

Reaching IN…Reaching OUT (RIRO) is now offering one Trainer Intensive to deliver two evidence-based resiliency skills training programs:

* RIRO Resiliency Skills Training for service providers who work with young children & their families.
* Bounce Back & Thrive (BBT) Resiliency Skills Training for parents with young children.

To find out more about how to become an authorized RIRO-BBT Trainer:

[www.reachinginreachingout.com/becometrainer.htm](http://www.reachinginreachingout.com/becometrainer.htm)

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# V. Resources

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# 15. Why Do Girls and Women Drink Alcohol?

This infographic for service providers outlines six reasons girls and women may drink during pregnancy:

1. Women are unaware they are pregnant.
2. Women are unaware of the extent of damage alcohol can cause the fetus.
3. Women underestimate the harms alcohol consumption can cause because they know other women who drank during pregnancy and their children appear healthy.
4. Alcohol use is the norm in their social group, so abstaining may be difficult.
5. Women may be using alcohol to cope with difficult life situations such as violence, depression, poverty or isolation.
6. Women may struggle with alcohol addiction.

EN: [bccewh.bc.ca/wp-content/uploads/2016/04/Infographics-Alcohol-and-Pregnancy-English.pdf](http://bccewh.bc.ca/wp-content/uploads/2016/04/Infographics-Alcohol-and-Pregnancy-English.pdf)

FR: [bccewh.bc.ca/wp-content/uploads/2016/04/Infographics-Alcohol-and-Pregnancy-French.pdf](http://bccewh.bc.ca/wp-content/uploads/2016/04/Infographics-Alcohol-and-Pregnancy-French.pdf)

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# 16. Mobile App - Saying When: How to Quit Drinking or Cut Down

The Centre for Addiction and Mental Health developed a mobile app that offers those who want to reduce or quit drinking alcohol the ability to track and manage their drinking habits. The *Saying When* app is based on CAMH’s *Saying When* program which has been actively assisting people to moderate their drinking for over 20 years. The *Saying When* app is free to download on iTunes and for iPhones/iPads.

Please promote this app widely. You can order a supply of posters and app cards using this link: [fluidsurveys.com/s/sayingwhen\_requests/](http://fluidsurveys.com/s/sayingwhen_requests/)

Video for more information: [vimeo.com/105675631](https://vimeo.com/105675631)

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# 17. Poster: Asking About Alcohol and Birth Control Use Together Can Decrease the Risk of FASD

(available in French)

The FASD ONE Prevention Work Group has just developed a poster that can be used across the province to promote the practice of screening for alcohol and birth control use with all women of childbearing years. The resource is targeted to health and social service providers to encourage them to make this a universal practice with all women of childbearing age.

Poster: [www.fasdontario.ca/cms/wp-content/uploads/2014/03/FASD\_Alcohol\_and\_Birth\_Control\_7-1.pdf](http://www.fasdontario.ca/cms/wp-content/uploads/2014/03/FASD_Alcohol_and_Birth_Control_7-1.pdf)

FR: [www.fasdontario.ca/cms/wp-content/uploads/2016/04/FASD\_Alcohol\_and\_Birth\_Control\_FR-1.pdf](http://www.fasdontario.ca/cms/wp-content/uploads/2016/04/FASD_Alcohol_and_Birth_Control_FR-1.pdf)

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# 18. FASD Videos for Service Providers

This resource provides an explanation of FASD, its impact on the brain as well as explores behavioural patterns in students with FASD. Strategies for designing classroom instruction and routines to support students with FASD are also highlighted. The resource was developed by Dr. Jacqueline Pei and her colleagues, Stephanie Hayes and Alethea Heudes as a component of Professionals without Parachutes.

* Module One provides clear explanations of how prenatal alcohol exposure affects brain development.
* Module Two explores the difference between brain structure and brain function and provides educators with strategies for becoming active problem solvers.
* Module Three explores behavioural patterns and how prenatal exposure to alcohol impacts the brain's ability to regulate mood, emotion and reactions to stress.

[www.engagingalllearners.ca/il/supporting-students-with-fasd/](http://www.engagingalllearners.ca/il/supporting-students-with-fasd/)

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# 19. Early Years Physical Activity Fact Sheets

The British Heart Foundation National Centre for Physical Activity and Health (2016) released five new fact sheets on physical activity and the early years:

* Early years and physical activity guidelines: How much physical activity should children under five be doing to benefit their health?
* Top tips for getting under-fives active: Simple ideas for getting children more active in your setting
* Currently levels of physical activity in the early years: Why is physical activity so important for children under five?
* Sedentary behaviour in the early years: What is sedentary behaviour and how can you minimise it with children under five?

[www.bhfactive.org.uk/early-years-resources-and-publications-results/18/index.html](http://www.bhfactive.org.uk/early-years-resources-and-publications-results/18/index.html)

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# 20. Timeline: Fifty Years of Men, Work and Family in Canada

(available in French)

Over the past half century, fatherhood in Canada has undergone a significant evolution as men are increasingly sharing the “breadwinning” role, embracing caring responsibilities and integrating their responsibilities at home, at work and in their communities.

To explore these trends and the social, economic, cultural and environmental contexts that shape – and are shaped by – fatherhood and family relationships, the Vanier Institute of the Family created a 50-year timeline. Some highlights include:

* **More fathers are taking time off to care for their newborn children.** More than one-quarter (27%) of all recent fathers in Canada reported in 2014 that they took (or intended to take) parental leave, up from only 3% in 2000.
* **The number of “stay-at-home” fathers is on the rise.** Fathers accounted for approximately 11% of stay-at-home parents in 2014, up from only 1% in 1976.
* **Fathers of young children are absent from work more frequently for family-related reasons.** Fathers of children under the age of 5 report missing an average 2.0 days of work in 2015 due to personal or family responsibilities, up from 1.2 days in 2009.
* **Fewer “lone fathers” are living in low income.** In 2008, 7% of persons in lone-parent families headed by men lived in low income, down from 18% in 1976.
* **Fathers are increasingly helping with housework.** Men who report performing household work devoted an average 184 minutes on these tasks in 2010, up from 171 minutes in 1998.
* **Fathers with flex are more satisfied with their work–life balance.** More than eight in 10 (81%) full-time working fathers with children under age 18 who have a flexible schedule reported in 2012 being satisfied with their work–life balance, compared with 76% for those without a flexible schedule.
* **A growing number of children find it easier to talk to dad.** In 2013–2014, 66% of 11-year-old girls and 75% of boys the same age say they find it easy to talk to their father about things that really bother them, up from 56% and 72%, respectively, two decades earlier.

EN: [vanierinstitute.ca/timeline-men-work-family-canada/](http://vanierinstitute.ca/timeline-men-work-family-canada/)

FR: [institutvanier.ca/cinquante-ans-hommes-travail-famille-canada/](http://institutvanier.ca/cinquante-ans-hommes-travail-famille-canada/)

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# VI. Featured Best Start Resources

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# ****21. When Compassion Hurts - Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers – Manual****

*Best Start Resource Centre, 2016*

(available in French)

This manual for service providers explores burnout, vicarious trauma and secondary trauma. Topics include: definitions, the biology of stress and trauma, signs and symptoms, risk factors, protective factors, resilience and self-care, reflective practice and taking action.

EN: [www.beststart.org/resources/howto/pdf/Compassion\_14MY01\_Final.pdf](http://www.beststart.org/resources/howto/pdf/Compassion_14MY01_Final.pdf)

FR: [www.meilleurdepart.org/resources/howto/pdf/Compassion\_FR\_Final\_2014.pdf](http://www.meilleurdepart.org/resources/howto/pdf/Compassion_FR_Final_2014.pdf)

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# 22. Breastfeeding in Ontario: Fact Sheets

Best Start Resource Centre, 2015

A series of five fact sheets that explore issues related to breastfeeding including trends in Ontario, the relationship between breastfeeding and socioeconomic status, strategies to address lower rates of breastfeeding among young single mothers, how peer support can help address breastfeeding barriers for women, and how breastfeeding programs and initiatives can be evaluated.

[Fact Sheet 1: Notable Trends within the Province](http://www.beststart.org/resources/breastfeeding/B15-E_Breastfeeding_factsheet_1_rev.pdf)

[Fact Sheet 2: Breastfeeding and Socioeconomic Status](http://www.beststart.org/resources/breastfeeding/B16-E_Breastfeeding_factsheet_2_rev.pdf)

[Fact Sheet 3: Breastfeeding among Young Single Mothers](http://www.beststart.org/resources/breastfeeding/B17-E_Breastfeeding_factsheet_3_rev.pdf)

[Fact Sheet 4: Breastfeeding Peer Support: An Effective Strategy to Reach and Support Populations with Lower Rates of Breastfeeding](http://www.beststart.org/resources/breastfeeding/B18-E_Breastfeeding_factsheet_4_rev.pdf)

[Fact Sheet 5: Evaluating Breastfeeding Programs and Initiatives](http://www.beststart.org/resources/breastfeeding/B25_BF_evaluation_factsheet_fnl_EN.pdf)

A collection of [evaluation forms](http://www.beststart.org/resources/breastfeeding/B25_Add_Breastfeeding%20Program%20Evaluation_ENG.docx) that have been used in various breastfeeding programs and initiatives across Ontario is also available.

[www.beststart.org/cgi-bin/commerce.cgi?search=action&category=B00E&advanced=yes&sortkey=sku&sortorder=descending](http://www.beststart.org/cgi-bin/commerce.cgi?search=action&category=B00E&advanced=yes&sortkey=sku&sortorder=descending)

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# About This Bulletin

# *The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (*[*mnchp@healthnexus.ca*](mailto: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](mailto:mnchp@healthnexus.ca) or visit

[www.beststart.org/services/information.html](http://www.beststart.org/services/information.html)

**To manage your subscription, unsubscribe from the listserv and access the MNCHP archives**:

[lists.beststart.org/listinfo.cgi/mnchp-beststart.org](http://lists.beststart.org/listinfo.cgi/mnchp-beststart.org)

**To submit items for MNCHP Bulletins**: Email [mnchp@healthnexus.ca](mailto:mnchp@healthnexus.ca)

# Contact Us

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**Health Nexus**: [en.healthnexus.ca/](http://en.healthnexus.ca/)

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**Stay connected!**

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

[**Click4HP**](https://listserv.yorku.ca/archives/click4hp.html) 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**](http://www.beststart.org/services/MNCHP.html) **-** A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[**Ontario Prenatal Education Network**](http://fluidsurveys.com/surveys/ohpe/subscriptionsopen2015-2016/) **-** A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

[**Health Promotion Today**](http://en.healthnexus.ca/)- 0ur blog keeps you informed of news and topics related to health promotion.

Follow us on[**Twitter**](https://twitter.com/Health_Nexus) to stay up to date on all things related to health promotion.

View our video resources on [**YouTube**](http://www.youtube.com/user/healthnexussante) and [**Vimeo**](https://vimeo.com/user9493317)

[**The Best Start Aboriginal Sharing Circle (BSASC) Network**](http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org) 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**](http://www.healthnexus.ca/leadershipaward) **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 bulletinfrancophone [**Le Bloc-Notes**](http://www.leblocnotes.ca/) 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**](http://www.meilleurdepart.org/services/bulletins.html) 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**](http://fr.nexussante.ca/)– Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur[**Twitter**](https://twitter.com/Nexus_Sante) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur[**YouTube**](http://www.youtube.com/user/healthnexussante) et [**Vimeo**](https://vimeo.com/user9493317)