

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](#).

May 8, 2015

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I. NEWS & VIEWS

1. Infants feel pain like adults, 1st MRI scans reveal

This article (CBC News, April 2015) reports on a study conducted by scientists at Oxford University to examine how babies respond to pain. Infants 1 to 6 days old were placed in an MRI scanner while a retracting rod was placed on their feet to create the sensation of being poked with a pencil. The reactions of the infants were compared to adults who had undergone the same procedure. The study found that 18 of the 20 brain regions that were activated in adults were also activated in infants, and that infants often retracted their leg in response to the retracting rod while adults did not. Further examining the results of the study, the researchers hope to develop a more complete understanding of infant pain as not only sensory processing, but also as an emotional or affective response.

<http://www.cbc.ca/news/health/infants-feel-pain-like-adults-1st-mri-scans-reveal-1.3042147>

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2. Primer on newborn screening in Ontario

This brief article (Wallace, April 2015) discusses the history of newborn screening in Ontario, from bedside urine screens for phenylketonuria in 1965 to the now 29 diseases, including the recently added severe combined immunodeficiency (SCID), for which infants are tested at birth. The establishment of Newborn Screening Ontario and its impact on the treatment of diseases in infants is also detailed in a concise infographic.

<http://www.thestar.com/news/canada/2015/04/13/primer-on-newborn-screening-in-ontario.html>

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3. Breast milk may alter behaviour of babies

A recent scientific paper outlines how breast milk not only nourishes a baby's body, but can also impact the development of their brain and behaviour. In this article (CBC News, April 2015) and accompanying radio interview, one of the study's co-authors, Kate Hinde explains how bacteria in an infant's gut feed on the sugars in breast milk and can send signals to the brain that influence neurodevelopment. The paper asks the question: "Is the mother then manipulating her milk to determine what those bacteria are doing?"

Read the scientific paper:

<http://emph.oxfordjournals.org/content/early/2015/04/16/emph.eov007>

Read the news article: <http://www.cbc.ca/news/technology/breast-milk-may-alter-behaviour-of-babies-1.3038265>

Listen to the radio interview: <http://www.cbc.ca/radio/quirks/quirks-quarks-for-april-18-2015-1.3037881/mother-s-milk-and-mind-control-1.3037890>

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4. Canada ranks 20th-best country in the world to be a mother

As covered by CTV News (2015), a new report uses a Mother's Index to rank countries based on the rates of maternal deaths, child mortality, access to schooling, and female representation in the government. Using this index, Canada is ranked twentieth in the world, Norway first and Somalia last. To improve conditions for mothers in Canada, Patricia Erb, CEO of Save the Children Canada, recommends focusing on three key areas: children's education, health care for mothers, and increasing the number of women in positions of political power.

<http://www.ctvnews.ca/health/canada-ranks-20th-best-country-in-the-world-to-be-a-mother-1.2359301>

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II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

5. WHO Statement on Caesarean Section Rates

World Health Organization. (2015). *WHO Statement on Caesarean Section Rates*. Author: Geneva. Retrieved from http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf?ua=1

EXECUTIVE SUMMARY:

Caesarean section rates at the population level

WHO conducted two studies: a systematic review of available studies that had sought to find the ideal caesarean rate within a given country or population, and a worldwide country-level analysis using the latest available data. Based on this available data, and using internationally accepted methods to assess the evidence with the most appropriate analytical techniques, WHO concludes:

- Caesarean sections are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons.
- At population level, caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates.
- Caesarean sections can cause significant and sometimes permanent complications, disability or death particularly in settings that lack the facilities and/or capacity to properly conduct safe surgery and treat surgical complications. Caesarean sections should ideally only be undertaken when medically necessary.
- Every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate.
- The effects of caesarean section rates on other outcomes, such as maternal and perinatal morbidity, paediatric outcomes, and psychological or social well-being are still unclear. More research is needed to understand the health effects of caesarean section on immediate and future outcomes.

http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf?ua=1

Related articles:

- **A better birth experience for moms and their babies born by caesarean:**
This article (Machold, 2015) details a new program at Sunnybrook Health Sciences Centre that allows mothers to hold their babies skin-to-skin after a cesarean section while still in the operating room
http://www.thestar.com/life/health_wellness/2015/04/24/a-better-birth-experience-for-moms-and-their-babies-born-by-caesarean.html
- **Ontario hospitals strive to cut C-section rates:**
As reported in this article (CBC News, 2015), Ontario obstetricians are attempting to reduce rates of C-sections not only to provide improved care for pregnant women but also to cut costs.
<http://www.cbc.ca/news/health/ontario-hospitals-strive-to-cut-c-section-rates-1.3041094>

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6. When to perform a Health Impact Assessment (HIA)

(Available in French)

St-Pierre, L. (2015). *When to perform a health impact assessment (HIA)?* Montréal: National Collaborating Centre for Healthy Public Policy. Retrieved from http://www.ncchpp.ca/docs/2015_EIS-HIA_WhenToPerformAHIA_En.pdf

FOREWORD:

The practice of health impact assessment (HIA) is gaining popularity in Canada. HIA is different from, but also similar to, common public health practices. This not only feeds confusion about HIA, but also leads to its association with similar practices that have different aims. Although HIA is a powerful tool for promoting and protecting health, as well as a means of improving equity, its use is not relevant in all situations. Recognizing the conditions that make HIA an appropriate choice for a given situation is an issue central to the consolidation of the practice in Canada. This briefing note aims to clarify the specificity of HIA as compared to similar public health practices.

EN: http://www.ncchpp.ca/67/new-publications.ccnpps?id_article=1457

FR: http://www.ccnpps.ca/88/nouvelles-publications.ccnpps?id_article=1456

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7. The effectiveness of exercise for the prevention and treatment of antenatal depression: Systematic review with meta-analysis

Daley, A. J., Foster, L., Long, G., Palmer, C., Robinson, O., Walmsley, H., & Ward, R. (2015). The effectiveness of exercise for the prevention and treatment of antenatal depression: Systematic review with meta-analysis. *BJOG: An International Journal of Obstetrics and Gynaecology*, 122(1), 57-62. DOI:10.1111/1471-0528.12909

ABSTRACT:

Background

Antenatal depression can have harmful consequences for the mother and fetus. Exercise may be a useful intervention to prevent and treat antenatal depression.

Objectives

This systematic review aims to establish whether there is sufficient evidence to conclude that exercise is an effective intervention for preventing and treating antenatal depression.

Search strategy

Searches using electronic databases from MEDLINE, Cochrane Library, CINAHL, EMBASE, AMED and PsycINFO were performed.

Selection criteria

Randomised controlled trials (RCT) that compared any type of exercise intervention with any comparator in pregnant women were eligible for inclusion.

Data collection and analysis

Meta-analysis was performed calculating standardised mean differences (SMD).

Main results

Six trials (seven comparisons) were eligible for inclusion. Meta-analysis showed a significant reduction in depression scores (SMD -0.46, 95% CI -0.87 to -0.05, $P = 0.03$, $I^2 = 68\%$) for exercise interventions relative to comparator groups. The test for subgroup

differences in women who were non-depressed (one trial) (SMD -0.74 , 95%CI -1.22 to -0.27 , $P = 0.002$) and depressed (five trials) (SMD -0.41 , 95% CI -0.88 to 0.07 , $P = 0.09$) at baseline was not significant ($P = 0.32$). The test for subgroup differences between aerobic (one trial) and non-aerobic exercise (five trials) was also nonsignificant ($P = 0.32$).

Authors' conclusions

We found some evidence that exercise may be effective in treating depression during pregnancy but this conclusion is based on a small number of low-moderate quality trials with significant heterogeneity and wide confidence intervals.

<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.12909/full>

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8. Effect of cobedding twins on coregulation, infant state and twin safety*

Hayward, K. M., Johnston, C. C., Campbell-Yeo, M. L., Price, S. L., Houk, S. L., Whyte, R. K., White, S. D., Caddell, K. E. (2015). Effect of cobedding twins on coregulation, infant state, and twin safety. *JOGNN*, 44(2), 193-202. doi: 10.1111/1552-6909.12557

ABSTRACT:

OBJECTIVE:

To evaluate the efficacy of cobedding on twin coregulation and twin safety.

DESIGN:

Randomized controlled trial (RCT).

SETTING:

Two university affiliated Level III neonatal intensive care units (NICUs).

PARTICIPANTS:

One hundred and seventeen sets ($N = 234$) of stable preterm twins (<37 weeks gestational age at birth) admitted to the NICU.

METHODS:

Sets of twins were randomly assigned to be cared for in a single cot (cobedded) or in separate cots (standard care). State response was obtained from videotaped and physiologic data measured and recorded for three, 3-hour sessions over a one-week study period. Tapes were coded for infant state by an assessor blind to the purpose of the study.

RESULTS:

Twins who were cobedded spent more time in the same state ($p < .01$), less time in opposite states ($p < .01$), were more often in quiet sleep ($p < .01$) and cried less ($p < .01$) than twins who were cared for in separate cots. There was no difference in physiological parameters between groups ($p = .85$). There was no difference in patient safety between groups (incidence of sepsis, $p = .95$), incidence of caregiver error ($p = .31$), and incidence of apnea ($p = .70$).

CONCLUSIONS:

Cobedding promotes self-regulation and sleep and decreases crying without apparent increased risk.

<http://onlinelibrary.wiley.com/doi/10.1111/1552-6909.12557/abstract>

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9. Association of maternal diabetes with autism in offspring*

Xiang, A. H., Xinhui Wang, M. S., Martinez, M. P., Walthall, J. C., Curry, E. S., Page, K., Buchanan, T. A., Coleman, K. J., Getahun, D. (2015). Association of maternal diabetes with autism in offspring. *JAMA*, 313(14), 1425-1434. doi:10.1001/jama.2015.2707

ABSTRACT:

Importance: Information about the association of maternal diabetes and autism spectrum disorders (ASDs) in offspring is limited, with no report on the importance of timing of exposure during gestation.

Objective: To assess ASD risk associated with intrauterine exposure to preexisting type 2 diabetes and gestational diabetes mellitus (GDM) by gestational age at GDM diagnosis.

Design, Setting, and Patients: Retrospective longitudinal cohort study including 322 323 singleton children born in 1995-2009 at Kaiser Permanente Southern California (KPSC) hospitals. Children were tracked from birth until the first of the following: date of clinical diagnosis of ASD, last date of continuous KPSC health plan membership, death due to any cause, or December 31, 2012. Relative risks of ASD were estimated by hazard ratios (HRs) using Cox regression models adjusted for birth year.

Exposures: Maternal preexisting type 2 diabetes (n = 6496), GDM diagnosed at 26 weeks' gestation or earlier (n = 7456) or after 26 weeks' gestation (n = 17 579), or no diabetes (n = 290 792) during the index pregnancy.

Main Outcomes and Measures: Clinical diagnosis of ASD in offspring.

Results: During follow-up, 3388 children were diagnosed as having ASD (115 exposed to preexisting type 2 diabetes, 130 exposed to GDM at ≤ 26 weeks, 180 exposed to GDM at >26 weeks, and 2963 unexposed). Unadjusted annual ASD incidences were 3.26, 3.02, 1.77, and 1.77 per 1000 among children of mothers with preexisting type 2 diabetes, GDM diagnosed at 26 weeks or earlier, GDM diagnosed after 26 weeks, and no diabetes, respectively. The birth year-adjusted HRs were 1.59 (95% CI, 1.29-1.95) for preexisting type 2 diabetes, 1.63 (95% CI, 1.35-1.97) for GDM diagnosed at 26 weeks or earlier, and 0.98 (95% CI, 0.84-1.15) for GDM diagnosed after 26 weeks relative to no exposure. After adjustment for maternal age, parity, education, household income, race/ethnicity, history of comorbidity, and sex of the child, maternal preexisting type 2 diabetes was not significantly associated with risk of ASD in offspring (HR, 1.21; 95% CI, 0.97-1.52), but GDM diagnosed at 26 weeks or earlier remained so (HR, 1.42;

95% CI, 1.15-1.74). Antidiabetic medication exposure was not independently associated with ASD risk. Adjustment for a mother or older sibling with ASD in the full cohort and for maternal smoking, prepregnancy body mass index, and gestational weight gain in the subset with available data (n = 68 512) did not affect the results.

Conclusions and Relevance: In this large, multiethnic clinical cohort of singleton children born at 28 to 44 weeks' gestation, exposure to maternal GDM diagnosed by 26 weeks' gestation was associated with risk of ASD in offspring.

<http://pediatrics.aappublications.org/content/early/2015/03/25/peds.2014-1880.full.pdf+html>

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III. CURRENT INITIATIVES

10. Children's Mental Health Week

This past week, organizations worked to increase awareness surrounding issues related to children's mental health for Children's Mental Health Week. As 1 in 5 children and youth in Ontario has a mental health problem, it is crucial to reduce the stigma surrounding mental health and promote avenues for families to seek help. Children's Mental Health Ontario succinctly promotes the week, writing: "the more we talk about this, the more we reduce the associated shame and stigma so that young people can get the help they need when they need it most."

http://www.kidsmentalhealth.ca/news_and_events/cmhw2015.php

Related resources:

- **Change the View 2015 Winning Videos:** These short videos submitted by Ontario youth are designed to change perspectives regarding mental health and spark conversation.
http://www.kidsmentalhealth.ca/news_and_events/ctv2015winners.php
- **Children's Mental Health Ontario 2015 Report Card** (Available in French): This highly visual report features key statistics and information related to mental health treatment, issues and plans for action.
EN: http://issuu.com/kidsmentalhealth/docs/cmho_report_card_2015
FR : http://issuu.com/kidsmentalhealth/docs/cmho_report_card_2015_french
- **Mental Health: The Basics:** This one-stop-shop for up-to-date, evidence-based information regarding mental health contains frequently asked questions from health providers, signs of mental health issues, and what to expect when you seek help.
<http://www.kidsmentalhealth.ca/parents/introduction.php>
- **How bullied children face long-term hits to mental health:** This article (CBC News, 2015) details the results of a recent study that suggests children who were

bullied by peers may experience more significant depression or anxiety than those abused by adults.

<http://www.cbc.ca/news/health/how-bullied-children-face-long-term-hits-to-mental-health-1.3051255>

- **Mental Health Videos:** This series of videos from Caring For Kids features Canadian paediatricians discussing how to promote positive mental health and improve your child's self-esteem.

<http://www.caringforkids.cps.ca/parent-community/youtube>

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11. Safe Kids Week

(Available in French)

Parachute Canada's Safe Kids Week, which was celebrated from May 4-10, aims to promote safety awareness and encourages ways to stay active and healthy while remaining safe. Parachute emphasizes that preventable injuries kill more children than disease. Road safety is the theme of this year's Safe Kids Week and Parachute promotes easy solutions, including helmet use, to protect children as vulnerable road users. To learn more, download Parachute's [campaign resources](#).

EN: <http://www.parachutecanada.org/safekidsweek>

FR : <http://www.parachutecanada.org/programmes/theme/C203>

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12. National Immunization Awareness Week

(Available in French)

During National Immunization Awareness Week, which took place from April 25 to May 2, Canadians were encouraged to protect themselves and stay up-to-date on immunizations. Immunization tracking can be facilitated by the ImmunizeCA app which provides information related to immunization schedules, reliable information about immunizations, appointment reminders and more. Campaign resources include a poster regarding the pain of vaccinations in babies and a brochure that promotes immunization for all children.

EN: <http://immunize.ca/en/events/niaw.aspx>

FR : <http://immunize.ca/fr/events/niaw.aspx>

Related links:

- **Immunization:** This web page from the Canadian Paediatric Society contains links to news articles, practice tools and guidelines, programs, and pamphlets for parents all related to vaccination.

EN: <http://www.cps.ca/en/issues-questions/immunization>

FR : <http://www.cps.ca/fr/issues-questions/vaccination>

- **A Parent's Guide to Vaccination:** This easy to understand document can be given to parents to help them to better understand the importance of vaccination.

EN: <http://phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/index-eng.php>

FR : <http://phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/index-eng.php>

- **For First Nations and Inuit – Vaccines: How they Protect Children:** This website summarizes key information regarding the benefits of vaccination for First Nations and Inuit families.
EN: <http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/children-enfants/first-premieres-nations-protect-protege-eng.php>
FR : http://canadiensensante.gc.ca/healthy-living-vie-saine/immunization-immunisation/children-enfants/first-premieres-nations-protect-protege-fra.php?_ga=1.16175088.716096374.1429538259
- **Pilot project lets parents submit immunization records through mobile app:** This news article (Surges, 2015) promotes a project recently launched by Ottawa Public Health that allows families to submit child immunization records to Ottawa Public Health through the Immunize CA app.
<http://ottawacitizen.com/news/local-news/pilot-project-lets-parents-submit-immunization-records-through-mobile-app>

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IV. UPCOMING EVENTS

13. PHO Grand Rounds: Adapting to a changing world – Examining knowledge change associated with prenatal education programs in Ontario

May 12, 2015: Toronto, ON & Webinar

This workshop will outline the results of a recent study designed to explore whether the method of delivery (either online or in-person) of prenatal education programs impacts knowledge retention. The study was undertaken as part of the Healthy Pregnancies Project without PHO's Locally Driven Collaborative Projects program. The workshop will be presented both in-person and via webinar by the study's coordinators, Dr. Gillian Alton and Natalie Bourdages.

<http://www.eventbrite.com/e/pho-grand-rounds-adapting-to-a-changing-world-examining-knowledge-change-associated-with-prenatal-tickets-16469196811>

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14. Screen use for Children Under 3: Research-based Guidelines for Screen Sense, by Rachel Barr and Claire Lerner

May 13, 2015: Webinar

While research clearly suggests that children learn better from play in the “real” world, as technology becomes increasingly prevalent, it becomes almost impossible to shield children from play with screens. Instead of preventing screen use, authors of Zero to Three's report “[Screen Sense: Setting the Record Straight – Research-Based Guidelines for Screen Use for Children Under 3 Years Old](#)” encourage parents and caregivers to

make screen use an interactive, shared experience. This webinar will discuss strategies and guidelines to encourage productive screen play with children.

<http://www.earlychildhoodwebinars.com/presentations/screen-use-for-children-under-3-research-based-guidelines-for-screen-sense-by-rachel-barr-and-claire-lerner/>

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15. Child Care Matters to Everyone Regional Conferences

May 23, 2015: Windsor, ON

May 30, 2015: York Region, ON

June 13, 2015: Thunder Bay, ON

This one-day conference presented by the Ontario Coalition for Better Child Care and the Association of Early Childhood Educators Ontario is designed to provide educators, service providers, parents, students and policy makers the opportunity to share their views on the importance of child care and early childhood educators. Through the conference, participants will have the opportunity to engage in dialogue with local leaders regarding individual experiences with child care and other concerns as well as participate in one of a selection of workshops on a specific childcare topic. The same conference will be offered in three different communities.

http://www.aeceo.ca/childcare_matters

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16. Shame, Guilt and Fear: Understanding & Working with the Complex Feelings of Mothers of Substance-Exposed Newborns

June 9, 2015: Webinar

The fourth workshop in AIA's 2015 Webinar Series, this presentation will allow participants to learn about the guilt, shame and fear often experienced by mothers with substance-use disorders. The presentation will feature the experiences of presenters Eda Spielman and Amy Sommer working with mothers in Project NESST (Newborns Exposed to Substances: Support and Therapy) as well as strategies for working with mothers in recovery that can be implemented in the future.

<http://aia.berkeley.edu/training/online/webinars/2015-aia-webinar-series/#Webinar%204>

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17. Screening Children and Youth New to Canada: Practical Resources

June 10, 2015: Webinar

Through this webinar, participants will learn about the key health issues facing newcomer children and youth, how these issues differ from those facing children born in Canada, and how practitioners can work to prevent and manage these issues. The workshop will specifically feature resources on the [Caring for Kids New to Canada](#) website including a new screening [e-Checklist](#).

http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=363%3Acreening-children-and-youth-new-to-canada-practical-resources-&Itemid=6&lang=en

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18. Families in Canada Conference

June 10-11, 2015: Ottawa, ON

This two-day conference will explore the experiences of and issues facing Canadian families with leaders in diversity, social justice, mental health, community engagement and child rights. Conference workshops will revolve around issues related to key three themes associated with families: love, care and support. Specific topics discussed will include families and health, coupling and uncoupling, trauma and resilience, diversity and disability, empathy and families at a distance. The conference will also feature a community showcase where partner organizations will display their contributions to better understanding families.

http://www.vanierinstitute.ca/families-in-canada-conference-2015_index

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V. RESOURCES

19. Helping Your Child Travel the 'Road of Life' with Resilience

This new brochure for parents on resilience from Reaching IN... Reaching OUT provides tips to promote resilience in infants and young children. Suitable for use in daycares, schools, health care and home visiting programs and new parent groups, the brochure contains concise, easy to read information on developing caring relationships, role modeling resilience, encouraging self-control and developing confidence.

<http://www.reachinginreachingout.com/documents/Brochure-ResiliencyTips-newbornhearingscreening-FINALPDFDec31-14.pdf>

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20. InBrief: The Science of Resilience and Resilience Videos

This handout and series of three videos summarize the working paper, [Supportive Relationship and Active Skill-Building Strengthen the Foundations of Resilience](#), from the National Scientific Council of the Developing Child. The resources discuss how some children are able to demonstrate resilience and adapt to the experiences of serious hardship. Each video discusses different features of resilience, including how it is manifested, the science behind the concept and how it can be developed.

http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_resilience/

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21. Eating for a Healthy Pregnancy My Menu Planner

This tool to help pregnant women make healthy food choices is the latest in EatRight Ontario's series of menu planners that allows users to download a personalized menu package, print customizable weekly food plans, receive regular healthy eating tips, and find recipes and shopping lists. The Eating for a Healthy Pregnancy planner is specifically designed for women in their 2nd and 3rd trimester looking to provide a healthy start for their babies.

<http://menuplanner.eatrightontario.ca/MenuPlanner/en/TellUsAboutYourself.aspx>

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22. Breastfeeding Information for Parents

This interactive website provides parents and caregivers with clear, easy to understand, evidence-based information on breastfeeding. Designed to resemble a photo album, users are invited to click tabs along the side of the album to explore topics including the importance of breastfeeding, common concerns related to breastfeeding and how to get help. Clicking on a picture in the album will launch a video or activity related to a specific breastfeeding topic. The site was designed by Durham Region Health Department and the University of Ontario Institute of Technology with a phase one Community Breastfeeding Projects grant.

<http://breastfeedinginfoforparents.ca/>

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23. FASCETS Canada

This new website from Fetal Alcohol Spectrum Consultation Education and Training Services (FASCETS) provides information on services, events and resources related to a neurobehavioural approach to Fetal Alcohol Spectrum Disorder. FASCETS offers training designed to improve understanding of FASD as a physical brain-based disability, and ultimately improve daily experiences for individuals living with FASD.

<http://www.fascetscanada.com/>

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24. Recent videos:

- **We Are Teen Moms:** This short video from the Sudbury District Health Unit features stories and perspectives from eight teen mothers and brings to light the alienating experiences many of them feel.
<https://www.youtube.com/watch?v=00uknp09UbU&feature=youtu.be>
- **Dr. Zach Ferraro on Exercise in Pregnancy:** This is a recording of a recent webinar given by Dr. Zach Ferraro to a class of kinesiology students in which he dispels several myths related to exercise and pregnancy.

<http://blogs.plos.org/obesitypanacea/2015/04/22/will-exercising-during-pregnancy-cook-the-baby/>

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VI. FEATURED BEST START RESOURCES

25. It Takes a Village: Taking Action for Healthy Children

This course is for service providers who want a better understanding of how to support the healthy growth and development of children. The focus is on healthy weights in children, in the context of healthy child development.

This online course is designed for service providers who work with children aged 2 through 11, and/or their parents.

Each module takes approximately 40 minutes to complete. All the modules will give you practical information and implementation ideas for improving the health of kids.

<http://www.beststart.org/TakingAction/>

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26. Feeding Your Baby

(Available in French)

This resource, adapted from Peel Public Health, is designed to help parents introduce their infants to solid foods. It was recently revised to include updated content to match newly released NHTI guidelines, pictures to illustrate different food textures and a comprehensive section on allergies.

EN: http://www.beststart.org/resources/nutrition/pdf/BSRC_FeedingYourBaby_2015.pdf

FR : http://www.meilleurdepart.org/resources/nutrition/pdf/CRMD_NourrirVotreBebe_2015.pdf

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27. How to Feed Your Growing Child

(Available in French)

This low-literacy brochure was adapted from Vancouver Coastal Health. It provides information on feeding children from age two to five. The booklet was recently revised. Is now available in a larger, easier to print booklet format and includes sample meal suggestions and additional information on physical activity and oral health.

EN: <http://www.beststart.org/resources/nutrition/pdf/HTFC-ENG.pdf>

FR: <http://www.meilleurdepart.org/resources/nutrition/pdf/HTFC-FRN.pdf>

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28. Best Start Resource Centre Breastfeeding Web Watch

Use this new tool from the Best Start Resource Centre to help you stay abreast of the breastfeeding world. Visit web watch, available from our [Breastfeeding Resources](#) page, to monitor news, scholarly journal articles, best practices and social media updates related to breastfeeding and the Baby-Friendly Initiative.

Through the web watch, you'll find:

- Updates from key breastfeeding websites and blogs
- Breastfeeding news sources
- Feeds from top scholarly journals
- Recent breastfeeding-related tweets

N.B. The web watch works best when viewed in Google Chrome

Watch this short video to learn more about the web watch:

<https://www.youtube.com/watch?v=v21CLBtMoU0&feature=youtu.be>

Visit the web watch: <http://www.netvibes.com/beststartbreastfeeding#General>

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About This Bulletin

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

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

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

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

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

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.