



Visit the Best Start Resource Centre's website on <u>Prenatal Education Key Messages for Ontario</u>. This bilingual website contains messages to give to future parents, supporting evidence, resources, links and references on 25 prenatal topics.



Recommend the <u>Ontario Prenatal Education Programs</u> <u>Directory</u> to future parents: Using this directory, they can search for a prenatal education program near them that meets their needs. Service providers, help us keep the directory accurate: please check your listing regularly...

In-person Events

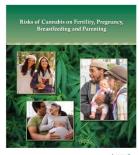
Webinar: Trajectories of Marijuana Use across a Decade: Their Predictors in Adolescence and Impact on Health, Academic, Social, and Economic Outcomes in Young Adulthood.

Legalization of recreational cannabis use in Canada is fast approaching; however, many questions remain; How much, and in what ways, are young people of reproductive age already using cannabis? What are the long-term health and social consequences of these use patterns? How do we promote health for these potential future parents in the context of legalization?

Offered by the <u>Canadian Public Health Association</u>, on **Thursday, May 17, 2018 at 12:00:00 PM EDT**, this webinar will present data from the Victoria Healthy Youth Survey, a 10-year longitudinal prospective study of Canadian youth ages 12-29 that identifies five different patterns of marijuana use among Canadian youth. This webinar will discuss these use patterns and examine how these patterns are related to health, educational and occupational outcomes in young adulthood.

Learn more <u>here</u>.

REGISTER HERE



best start meilleur départ

Looking for a resource to discuss marijuana/cannabis with future parents?

The Best Start Resource Centre summarized the current knowledge about the effects of cannabis in a resource intended for women and men, who are thinking about becoming parents, are pregnant, or who are new parents. It provides information about the effects of cannabis on fertility, pregnancy, breastfeeding, on children and adolescents when their mothers used cannabis during pregnancy and on parenting.

Discover it here (and in French here)



Substance Use workshop, Kingston, May 17th, 2018

The Champlain Maternal Newborn Regional program is offering a whole day workshop on May 17th, 2018 at the Kingston Health Sciences Centre on Substance Use. This workshop is intended for interprofessional health care providers and social service providers who care for childbearing families during pregnancy and postnatal periods. It will provide a solid foundation of theoretical and clinical knowledge to facilitate effective care of mothers and newborns who are impacted by substance use in the perinatal period.

Learn more and register here.

News



Health Quality Ontario: Call for Participation – Non-Invasive Prenatal Testing

Health Quality Ontario is currently reviewing Non-Invasive Prenatal Testing (NIPT), and whether this screening test should be more broadly funded, to issue a recommendation to the Ministry of Health and Long-Term Care. An important part of this review is to make sure a variety of perspectives and experiences are considered. In particular, the views, values, and experiences of people affected by this technology are an important source of information that will help the development of a recommendation.

Therefore, Health Quality Ontario are looking to speak to people with any of the following perspectives and experiences:

- Parents who have had a diagnosis prenatally or postpartum of: Trisomy 13, Trisomy 18, Down Syndrome, Prader Willi syndrome, Angelman syndrome, 1p36 deletion syndrome, Cri-du-chat syndrome, Jacob's syndrome or Klinefelter Syndrome.
- People who received a false positive or false negative result from NIPT.
- People who didn't access NIPT in pregnancy but would have liked to.

More information is available <u>here</u>. People interested in participating, should apply <u>here</u> or email: jenny.gilbert@hqontario.ca.

New resources



Care for People Who Have Had a Caesarean Birth and Are Planning Their Next Birth

These resources, developed by <u>Health Quality Ontario</u>, address care for people who have had a Caesarean birth and are planning their next birth. Their primary goals are to:

- Improve access to safe vaginal birth after Caesarean delivery.
- Promote informed shared decision-making.
- Increase Ontario's rate of planned vaginal births after Caesarean over time.

The resources include, for example:

- Quality standard: Know what quality care looks like, based on evidence and expert consensus (Also available in French).
- <u>Patient Reference Guide</u>: for patients to know what to ask for in their care (also available in <u>French</u>).
- <u>Recommendations for Adoption</u>: System-wide and regional requirements to help health care professionals and organizations meet the standards (also available <u>in</u> <u>French</u>).

 <u>Infographic</u>: See why we need a quality standard for vaginal birth after Caesarean in Ontario (also available in French).

Learn more here (and in French here).



Here Comes Baby video series: Postpartum Recovery

Ottawa Public Health and the Monarch Centre have released a new video in the series Here Comes

Baby, called Postpartum Recovery, that shares some of the physical and emotional changes after giving birth and some tips on what you can do about it.

Watch the video here (also available in French here)



One A Day For Active Play

Give them a try in your next prenatal class? Ophea's NEW One A Day For Active Play includes 200 creative games and activities that are fun to use for active breaks, ice-breakers, warm-ups or to support the implementation of Daily Physical Activity (DPA). Fun for all ages and abilities, the games and activities can be implemented in small or large spaces. *One A Day For Active Play* comes in a durable box with portable cards ready to use wherever and whenever you are!

The resource is available separately in English and in French.

Recent studies

Effect of Exercise During Pregnancy to Prevent Gestational Diabetes Mellitus: A Systematic Review and Meta-Analysis

Exercise showed some potential in preventing gestational diabetes mellitus. However, the

results remained controversial. A systematic review and meta-analysis was conducted to evaluate the impact of exercise during pregnancy on gestational diabetes mellitus. Six randomized controlled trials involving 2164 patients were included in the meta-analysis. Compared with control intervention, exercise intervention was associated with significantly decreased incidence of gestational diabetes mellitus, but had no effect on gestational age at birth, the number of preterm birth, glucose 2-h post-OGTT, birth weight, and Apgar score less than 7.

Learn more here.

Effectiveness of Brief Alcohol Interventions in Primary Care Populations

Excessive drinking is a significant cause of mortality, morbidity and social problems in many countries. Brief interventions aim to reduce alcohol consumption and related harm in hazardous and harmful drinkers who are not actively seeking help for alcohol problems. They usually take the form of a conversation with a primary care provider and may include feedback on the person's alcohol use, information about potential harms and benefits of reducing intake, and advice on how to reduce consumption. Such discussion inform the development of a personal plan to help reduce consumption. Brief interventions can also include behaviour change or motivationally-focused counselling.

An update to a Cochrane Review from 2007 on this topic was recently published. Aiming to assess the effectiveness of screening and brief alcohol intervention to reduce excessive alcohol consumption in hazardous or harmful drinkers in general practice or emergency care settings, authors searched for randomised controlled trials of brief interventions to reduce hazardous or harmful alcohol consumption in people attending general practice, emergency care or other primary care settings for reasons other than alcohol treatment. They found moderate-quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to minimal or no intervention. Longer counselling duration probably has little additional effect. They suggest that future studies should focus on identifying the components of interventions which are most closely associated with effectiveness.

Learn more <u>here</u>.



Looking for a resource to discuss this issue with future parents?

The Best Start Resource Centre offers many resources in various formats on the topic of alcohol and breastfeeding or pregnancy.

Discover them here (and in French here)

Maternal Caffeine Intake During Pregnancy and Childhood Growth and Overweight

To study the association between maternal caffeine intake during pregnancy and the child's weight gain and overweight risk up to 8 years, 50 943 mothers and their singleton children were recruited from 2002 to 2008, and provided information about average caffeine intake assessed at mid-pregnancy.

Compared with pregnant women with low caffeine intake (<50 mg/day), women with average (50–199 mg/day), high (≥200–299 mg/day,) and very high (≥300 mg/day) caffeine intakes had an increased risk of their child experiencing excess growth in infancy. In utero exposure to any caffeine was associated with higher risk of overweight at age 3 years and 5 years, while the association persisted at 8 years, only for very high exposures. Any caffeine intake was associated with increased body mass index from infancy to childhood. Children prenatally exposed to caffeine intake >200 mg/day had consistently higher weight. Very high caffeine exposures were associated with higher weight gain velocity from infancy to age 8 years.

In conclusion, any caffeine consumption during pregnancy is associated with a higher risk of excess infant growth and of childhood overweight, mainly at preschool ages. Maternal caffeine intake may modify the overall weight growth trajectory of the child from birth to 8 years. This study adds supporting evidence for the current advice to reduce caffeine intake during pregnancy.

Learn more here.

Massage, Reflexology and Other Manual Methods for Managing Pain in Labour

The pain of labour can be intense, with tension, anxiety and fear making it worse. Many women would like to labour without using drugs such as narcotics or epidurals, and are interested in complementary therapies to help them manage the pain of labour. A recent Cochrane review looked at whether massage, reflexology and other manual therapies would help with reducing pain and improve women's experiences of childbirth.

The authors concluded that, while massage, warm pack and thermal manual methods may have a role in reducing pain, reducing length of labour and improving women's sense of control and emotional experience of labour, the quality of evidence varies from low to very low and few trials reported on the key GRADE outcomes. Few trials reported on safety as an outcome. There is a need for further research to address these outcomes and to examine the effectiveness and efficacy of these manual methods for pain management.

Learn more here.



Visit the Best Start Resource Centre's <u>Prenatal Education Web</u> Watch for more up-to-date information!





by/par health nexus santé

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Stay connected!

- <u>Click4HP</u> 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.
- <u>Health Promotion Today</u> Our blog keeps you informed of news and topics related to health promotion.
- The Best Start Aboriginal Sharing Circle (BSASC) Network is a distribution list designed for service providers working with Indigenous 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 <u>Bulletin de santé maternelle et infantile</u> 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.
- <u>Promotion de la santé aujourd'hui</u>— Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.