

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

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The next bulletin will be released January 13, 2012.

In this week's issue:

I. NEWS & VIEWS

1. [Latest Product Recalls](#) disponible en français
2. [Delaying cord cutting reduces iron deficiencies, study finds](#)
3. [Trusting Relationships Are Central to Children's Learning](#)
4. [Placental, pregnancy conditions account for most stillbirths](#)
5. [Childhood Mistreatment Causes Reduced Brain Volume](#)
6. [Stress May Cut Pregnancy Short](#)
7. [Birth Control Patch Should Stay on Market, Panel Says](#)
8. [Targets needed to improve maternal outcomes](#)

II. RECENT REPORTS AND RESEARCH

9. [Cesarean deliveries now account for 32% of births in California](#)
10. [Ontario Public Health Convention: "Staying Ahead of the Curve"](#) disponible en français
11. [Knowledge and use of folic Acid in women of reproductive age](#)
12. [Why young dads matter...and how to reach them.](#)
13. [Lactational mastitis and breast abscess - Diagnosis and management in general practice.](#)

III. CURRENT INITIATIVES

14. [Merck for Mothers and PATH collaborate to identify innovations that save mothers' lives](#)
15. [Needs Assessment - Newcomer Populations](#)

IV. UPCOMING EVENTS

16. [Early Bird Conference Rate Reminder: Best Start 2012 Annual Conference](#)
17. [Ontario Public Health Convention: "Staying Ahead of the Curve"](#)
18. [The Early Years Conference 2012: The Development of Children's Mental Health: How Do We Become Who We Are?](#)

V. RESOURCES

19. [Mind in the Making: The Seven Essential Life Skills Every Child Needs](#)
20. [The Encyclopedia on Early Child Development](#)
21. [Prevention of Fetal Alcohol Spectrum Disorder FASD: Who is responsible?](#)
22. [24Hr Cribside Assistance: A Site for Dads, By Dads](#)
23. [Free Child Development Ebooks Downloads](#)
24. [On Track guide is now available in French](#) disponible en français

[VI. FEATURED BEST START RESOURCES](#)

25. [On Track Online Tool](#)

I. NEWS & VIEWS

1. Latest Product Recalls

- **Bumbo™ "Baby Sitter" Seats**

If the seat is placed on a table, countertop, chair, or other elevated surface, young children can arch their backs, flip out of the Bumbo seat, and fall onto the floor, posing a risk of serious head injuries.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1475

- **Sièges « Baby Sitter » de Bumbo**

Si le siège est mis sur une table, un comptoir, une chaise ou n'importe quelle surface surélevée, les jeunes enfants peuvent incliner leur tête vers l'arrière et tomber hors du siège Bumbo et contre le sol, ce qui peut engendrer des blessures graves à la tête.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1475&searchstring=&searchcategory=&searchyear=&startIndex=1¤t=true

- **Yu Wei Drop-Side Crib**

The drop-side rails on the crib can malfunction, detach or unexpectedly fall down, causing part of the drop-side to fall out of position. When this happens, a space is created into which an infant or toddler can roll and become wedged or entrapped, which can lead to strangulation or suffocation. A child can also fall out of the crib. Drop-side incidents can also occur due to incorrect assembly and due to age-related wear and tear.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1477

- **Lits d'enfant à côté abaissable Yu Wei**

La traverse du côté abaissable peut devenir défectueuse, se détacher et tomber, ce qui peut nuire au bon positionnement du côté abaissable. Le nourrisson ou le tout petit peut rester coincé dans l'espace ainsi créé et risquer de s'étrangler ou de s'étouffer. L'enfant peut également tomber du lit. Des incidents peuvent également survenir si le côté abaissable n'a pas été bien monté ou si les pièces se sont usées avec le temps.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1477&searchstring=&searchcategory=&searchyear=&startIndex=1¤t=true

2. Delaying cord cutting reduces iron deficiencies, study finds

For most obstetricians, the best time to cut the umbilical cord is right after birth.

But a large Swedish study has found that waiting at least three minutes before clamping the cord reduces the chances of iron deficiency at four months.

BMJ 2011; 343 doi: 10.1136/bmj.d7157 (Published 15 November 2011)

<http://www.bmj.com/content/343/bmj.d7157>

3. Trusting Relationships Are Central to Children's Learning

This blog by Ellen Galinsky continues her series to share the research of child development researchers and neuroscientists who have inspired the author and provided evidence in the writing of 'Mind in the Making'.

http://www.huffingtonpost.com/ellen-galinsky/trusting-relationships-ar_b_1123524.html

4. Placental, pregnancy conditions account for most stillbirths

Half of all stillbirths result from pregnancy disorders and conditions affecting the placenta, according to results reported by a National Institutes of Health network established to find the causes of stillbirth as well as ways to prevent or reduce its occurrence.

The NIH network researchers also found that most stillbirths could not be accounted for by pregnancy history and other maternal characteristics at the time the women in the study learned they were pregnant. However, the researchers found that some characteristics were associated with an increase in risk for stillbirth. These include a previous stillbirth, being a first-time mother, a history of miscarriage in earlier pregnancies, gestational diabetes, AB blood type, drug addiction, smoking three months before getting pregnant and maternal overweight and obesity.

<http://www.nih.gov/news/health/dec2011/nichd-13.htm>

5. Childhood Mistreatment Causes Reduced Brain Volume

An article released this week in the December issue of Archives of Pediatrics & Adolescent Medicine, one of the JAMA/Archives journals, outlines evidence for poor upbringing in children leading to reduced brain volume. Specifically, researchers have found that cerebral gray matter changes due to bad treatment, and "early life stress" seems to inhibit the development of the brain.

<http://www.medicalnewstoday.com/articles/238663.php>

6. Stress May Cut Pregnancy Short

Major stress early in a pregnancy may increase the chances of preterm delivery, researchers found. In a study of Chilean women pregnant during a major earthquake, those who were in their second or third month of pregnancy had shorter pregnancies and an increased likelihood of delivering before 37 weeks' gestation, according to Florencia Torche, PhD, and Karine Kleinhaus, MD, MPH, of New York University in New York City.

<http://www.medpagetoday.com/OBGYN/Pregnancy/30105>

7. Birth Control Patch Should Stay on Market, Panel Says

An FDA advisory panel has voted 19-5 that the benefits of the Ortho Evra norelgestromin/ethinyl estradiol transdermal patch outweigh potential blood clot risks, but panel members think those risks should be more clearly stated on the label.

The FDA's Advisory Committee for Reproductive Health Drugs and a drug safety committee voted Friday to recommend that the FDA should allow the patch to remain a contraceptive option, especially for women who can't or don't take birth control pills at the same time every day.

<http://www.medpagetoday.com/OBGYN/Pregnancy/30139>

8. Targets needed to improve maternal outcomes

A three-part Metroland investigation shows the provincial and federal government has virtually no hard targets that would allow it to gauge success or failure when it comes to monitoring maternal health, while an analysis of 535,000 provincial birth records has identified poor birth outcomes in Ontario neighbourhoods and communities where incomes and educational achievements are low and poverty is high.

<http://www.cottagecountrynow.ca/community/health/article/1258544--targets-needed-to-improve-maternal-outcomes>

II. RECENT REPORTS AND RESEARCH

9. Cesarean deliveries now account for 32% of births in California

In California, surgical delivery of babies, also known as cesarean delivery, has jumped 50% over the last decade with no demonstrated improvement in outcomes over normal vaginal childbirth, according to a new study released today.

Cesarean deliveries now account for 32% of births in California, raising the potential for increased rates of surgical complications, infections, risks in future pregnancies, and much higher costs to patients and society, the report said.

While cesarean deliveries are often performed for medically necessary reasons, the report from the California Maternal Quality Care Collaborative (CMQCC) identified dramatic geographic variation with rates ranging from 9% to 51% among low-risk women having their first baby. This large variation among California regions and hospitals cannot be explained by medical factors alone and therefore suggests that labor management practices and local attitudes help drive the use of cesareans during labor.

Reasons for the increase also include: physicians' concerns about medical liability and avoidance of risk, as well as specific labor practices such as the increased reliance on labor induction, early labor admission, lack of patience in labor, and the virtual disappearance of vaginal birth after a prior cesarean, the report found.

"Over the last 15 years, cesarean deliveries have become so common that in some hospitals and communities they are considered 'normal births' despite the increased risks," said Dr. Elliott Main, medical director of the CMQCC and a practicing obstetrician.

"The most serious and often overlooked risk for a woman having a first cesarean is the increased likelihood of having a cesarean delivery in subsequent pregnancies. Currently, in California, if a woman has her first birth by cesarean, over 90% of all her subsequent births will also be by cesarean, each with escalating risks," said Dr. Main.

Undergoing multiple cesarean deliveries markedly increases the chances for complications, such as life-threatening hemorrhage due to placental implantation problems.

There is also strong evidence that babies born by cesarean delivery, without the contractions of labor (i.e., scheduled), have significantly higher rates of neonatal respiratory problems than those born vaginally.

The cost of a cesarean is nearly double that of a vaginal birth — \$24,700 compared to \$14,500. The Pacific Business Group on Health (PBGH), a co-author of the study, estimates that these additional cesareans cost public and private payers in California at least \$240 million in 2011 alone. An effort to reduce cesareans could save California between \$80 million and \$441.5 million a year, depending on the number of cesareans prevented.

However, the study says that reducing cesarean deliveries will not be easy and a multi-pronged set of strategies will be required. The study recommends that hospitals, doctors, and insurance companies (including Medi-Cal, which pays for over half of the births in California) band together to develop quality improvement efforts to reduce first-birth cesareans among low-risk women.

The program would need to include sharing best practices with real-time benchmarking; public reporting on a balanced set of quality measures; payment reforms to eliminate incentives for cesarean delivery; and broad-based, statewide educational outreach to foster a balanced view of cesarean delivery and its short- and long-term consequences.

With planning grant funds from the California HealthCare Foundation (CHCF), which also funded this report, CMQCC is leading an effort to develop a California Maternal Data Center to achieve these goals. The project has recently received major funding for statewide implementation from the US Centers for Disease Control and Prevention's Division of Reproductive Health.

"To help hospitals and doctors in their efforts to improve pregnancy outcomes, we need a robust source of timely maternity care data," said Dr. Main. "Once the data are vetted, we will want to share the results with women so they can make informed decisions."

The report, *Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality*, is available on the CMQCC website.

http://www.cmqcc.org/white_paper

10. Health, Not Health Care – Changing the Conversation

2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario.

In her 2010 annual report to the legislative assembly, Dr. King says that good health starts in childhood, in our homes, in our schools, our workplaces and our communities. Health care systems exist to help people after they get sick or injured and cannot be held solely responsible for improving the overall health of our population.

http://www.health.gov.on.ca/en/public/publications/ministry_reports/cmoh_10/cmoh_10.pdf

Parlons de santé et non plus de soins de santé Dans son Rapport annuel de 2010 à l'Assemblée législative, la D^{re} King rappelle qu'une bonne santé commence dès l'enfance, à la maison, à l'école, au travail et dans nos collectivités. Les systèmes de soins de santé sont là pour aider les gens lors d'une maladie ou d'une blessure et on ne saurait leur imposer toute la responsabilité d'améliorer la santé générale de notre population.

http://www.health.gov.on.ca/fr/public/publications/ministry_reports/cmoh_10/cmoh_10.aspx

11. Knowledge and use of folic Acid in women of reproductive age

Folic acid reduces the risk of neural tube defects. As approximately 50% of pregnancies are unintended, women of reproductive age should be aware of the importance of folic acid. We reviewed the existing

literature on these women's knowledge of folic acid and neural tube defects. Databases searched were PubMed, CINAHL, and Health Reference Center Academic. We used terms such as "folic acid knowledge" and "folic acid awareness" to search articles published from 1998 to 2010. Awareness of the benefits of folic acid before conception and during pregnancy was low, although knowledge levels were associated with education and household income. Women who were already knowledgeable about folic acid cited health care professionals, magazines and newspapers, and radio and television as common sources of information. Effective knowledge translation is needed to ensure that women are informed about the benefits of folic acid during the reproductive years. This knowledge will allow them to make informed decisions about folic acid consumption. Health care professionals play an influential role in promoting folic acid knowledge among women of childbearing age. Lower levels of knowledge among women with lower levels of education and/or household income must be addressed.

[Can J Diet Pract Res](#). 2011 Winter;72(4):197-200.

12. Why young dads matter...and how to reach them.

Abstract

Most maternity services address themselves squarely to mothers, but evidence suggests that engaging with fathers can be an important way of achieving better outcomes, both for children and their mothers. This article debunks some of the commonly heard myths about young fathers (for example that they are not 'around' or interested in fatherhood), summarises key aspects of their importance and suggests approaches which maternity professionals might find useful when trying to engage with them.

[Pract Midwife](#). 2011 Jul-Aug;14(7):22-4.

13. Lactational mastitis and breast abscess - Diagnosis and management in general practice.

Abstract

Background Lactational mastitis is common, affecting one in 5 breastfeeding women. As well as causing significant discomfort, it is a frequent reason for women to stop breastfeeding. **Objective** This article outlines an evidence based approach to the diagnosis and management of lactational breast infections in general practice. **Discussion** Lactational mastitis is usually bacterial in aetiology and can generally be effectively managed with oral antibiotics. Infections that do not improve rapidly require further investigation for breast abscess and nonlactational causes of inflammation, including the rare cause of inflammatory breast cancer. In addition to antibiotics, management of lactational breast infections include symptomatic treatment, assessment of the infant's attachment to the breast, and reassurance, emotional support, education and support for ongoing breastfeeding.

[J Public Health Manag Pract](#). 2012 Jan;18(1):36-42.

III. CURRENT INITIATIVES

14. Merck for Mothers and PATH collaborate to identify innovations that save mothers' lives

Merck has awarded a grant to PATH, a global health nonprofit, to identify game-changing technologies with potential to save the lives of women during pregnancy and childbirth in low-resource settings.

<http://www.merckformothers.com/home.html#2>

15. Needs Assessment - Newcomer Populations

The Best Start Resource Centre is planning some initiatives to meet the needs of service providers working with a culturally diverse population. As a first step, we have developed a survey to find out what would best support your work. The survey can be accessed through the link below and will be available until January 6th, 2012. It should take 5-10 minutes to fill out.

http://www.surveymonkey.com/s/Newcomer_Populations

IV. UPCOMING EVENTS

16. Early Bird Conference Rate Reminder: Best Start 2012 Annual Conference

Register by January 20/12 and save \$50

Best Start 2012 Annual Conference~Toronto ON, February 28-March 1

Conférence annuelle de Meilleur départ 2012, 28 février au 1er mars, 2012

The 2012 Best Start Resource Centre Annual Conference addresses preconception through to child health and includes sessions relevant to your work and areas of interest.

Join us and acquire the latest information, learn about implementing innovative programs and strategies and connect with new colleagues

Follow this link to see the full program and registration details:

<http://www.beststart.org/events/detail/bsannualconf12/index.htm>

17. Ontario Public Health Convention: “Staying Ahead of the Curve”

April 2-4, 2012, Toronto, ON

Preliminary Program now available.

<http://www.tophc.ca/Pages/home.aspx>

18. The Early Years Conference 2012: The Development of Children's Mental Health: How Do We Become Who We Are?

February 2-4, 2012, Vancouver, BC
Conference Brochure and Registration now available.
<http://www.interprofessional.ubc.ca/EarlyYears/>

V. RESOURCES

19. Mind in The Making: The Seven Essential Life Skills Every Child Needs

Galinsky (Six Stages of Parenthood; Ask the Children) has spent her career observing and analyzing how children learn. Collaborating with top researchers in the science of childhood brain development for the past decade, she identifies seven life skills that help children reach their full potential and unleash their passion to learn. The skills are presented in a readable and accessible volume enlivened by parents' narratives about what works and what doesn't, hints and tips, and over a hundred suggestions (games and family activities) for involving kids in the pursuit of learning.
<http://mindinthemaking.org/>

20. The Encyclopedia on Early Child Development

Three new topics have been added to the website: Emotions, Divorce and Separation and Immigration. The sections on Fetal Alcohol Spectrum Disorders and Prenatal and Perinatal Stress
<http://www.child-encyclopedia.com/en-ca/home.html>

21. Prevention of Fetal Alcohol Spectrum Disorder FASD: Who is responsible?

Sterling Clarren (Editor), Amy Salmon (Editor), Egon Jonsson (Editor),
ISBN: 978-3-527-32997-7
Hardcover, 384 pages, May 2011, CDN \$142.95
http://ca.wiley.com/WileyCDA/WileyTitle/productCd-3527329978_descCd-authorInfo.html

22. 24Hr Cribside Assistance: A Site for Dads, By Dads

The 24 Hour Cribside Assistance for New Dads is a project of the Father Involvement Initiative - Ontario Network. Committed to strong, healthy children by affirming and valuing the bond between fathers and their children, FII-ON works to provide relevant and well-crafted information for fathers and for individuals, agencies, and programs working with fathers.
www.newdadmanual.ca/index.php

23. Free Child Development Ebooks Downloads

Over 6000 documents found for child development
<http://search-ebooks.eu/c/child-development>

24. On Track guide is now available in French

The Best Start Resource Centre is pleased to announce that the On Track guide is now available online. Le guide « Sur la bonne voie » est un guide de référence en ligne pour les intervenants travaillant avec des enfants de 0 à 6 ans et leurs familles. Les objectifs du guide sont de :

- * Soutenir le développement sain de tous les enfants, selon leur rythme et leur contexte.
- * Identifier les indicateurs que pourraient mettre un enfant à risque.
- * Offrir des stratégies pour aider les enfants et ceux qui travaillent avec eux et ont soin d'eux.
- * Fournir de l'assistance aux intervenants pour aiguiller les enfants aux services locaux disponibles.

www.meilleurdepart.org/resources/develop_enfants

VI. FEATURED BEST START RESOURCES

25. Other Best Start Resources: On Track Online Tool

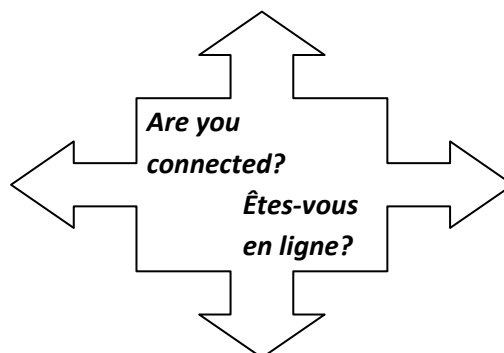
The On Track guide is an online reference guide for service providers working with children from 0 - 6 and their families. The objectives of the guide are to:

- Support healthy development of all children within their own pace and context
- Provide identification of indicators that may put a child at risk
- List strategies to support children and those who work with and care for them
- Assist service providers in connecting to local services for children.

http://www.beststart.org/resources/hlthy_chld_dev/index.html

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.



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In English:

- [OHPE](http://www.ohpe.ca/) - 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. <http://www.ohpe.ca/>
- [Click4HP](https://listserv.yorku.ca/archives/click4hp.html) - An open, facilitated public listserv, is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion. <https://listserv.yorku.ca/archives/click4hp.html>
- [Health Nexus Today](http://www.blogs.healthnexusante.ca/) - Health Nexus Today is our Blog on health promotion. Find the latest on health promotion including breaking news, highlights, studies, and issues in health promotion and the determinants of health in Canada and internationally. <http://www.blogs.healthnexusante.ca/>

In French:

- [French distribution list](http://www.meilleurdepart.org/index_fr.html) – The free distribution list offers information in French on maternal, newborn, and child health promotion topics. http://www.meilleurdepart.org/index_fr.html
- [Le Bloc-Notes](http://leblocnotes.ca/) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>