

MNCHP Network Bulletin



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meilleur départ

by/par health **nexus** santé

The MNCHP Bulletin is a bi-weekly 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 & resources from around the world. Wherever possible, we include resources that are available for free. For more information about this Bulletin, [click here](#).

March 15, 2013

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I. NEWS & VIEWS

1. Worldwide Cost of Drinking Alcohol during Pregnancy Could Be Far Higher Than Expected

Dr. Svetlana Popova, a senior scientist with the Centre for Addiction and Mental Health in Toronto, says that the often cited statistic that about one in 100 people in Canada have some type of Fetal Alcohol Spectrum Disorder (FASD) may be outdated (Ellis, 2013, February 27). The World Health Organization has launched an international study to count the true number of children exposed to alcohol before birth. Researchers will look at elementary school-aged children in more than 10 countries. They will first identify children with learning disabilities, behavioural problems and below-average size who will proceed to the next stage of more detailed diagnostic testing to identify FASD (Ellis, 2013, February 27). Mothers will be asked about nutrition, stress, tobacco and alcohol use (Ellis, 2013, February 27). The study will be conducted in Canada, Ukraine, Poland, Belarus, Moldova, Africa, Asia and Latin America.

<http://www.vancouversun.com/health/Worldwide+cost+drinking+alcohol+during+pregnancy+could+higher+than+expected/8025487/story.html#ixzz2MmJPzZ6t>

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

2. Doxylamine-Pyridoxine Combo Prevents Nausea in Pregnancy

Society for Maternal-Fetal Medicine (SMFM) 33rd Annual Meeting: Abstract 31.
Presented February 14, 2013.

Caroline Maltepe, BA, from the Hospital for Sick Children in Toronto, Ontario, Canada, presented study results at the Society for Maternal-Fetal Medicine 33rd Annual Meeting. The researchers found a greater reduction in the recurrence of hyperemesis gravidarum in those who used the doxylamine-pyridoxine combination preemptively than in those who took the drug when symptoms began (43% vs 17%) (Harrison, 2013, February 30).

<http://www.medscape.com/viewarticle/779592>

3. A Parent-Focused Intervention to Reduce Infant Obesity Risk Behaviors: A Randomized Trial

Campbell, K. J., Lioret, S., McNaughton, S. A., Crawford, D. A., Salmon, J., Ball, K.,...Hesketh, K. D. (2013). *Pediatrics*. doi: 10.1542/peds.2012-2576

Objective: To assess the effectiveness of a parent-focused intervention on infants' obesity-risk behaviors and BMI.

Methods: This cluster randomized controlled trial recruited 542 parents and their infants (mean age 3.8 months at baseline) from 62 first-time parent groups. Parents were offered six 2-hour dietitian-delivered sessions over 15 months focusing on parental knowledge, skills, and social support around infant feeding, diet, physical activity, and television viewing. Control group parents received 6 newsletters on nonobesity-focused themes; all parents received usual care from child health nurses. The primary outcomes of interest were child diet (3 × 24-hour diet recalls), child physical activity (accelerometry), and child TV viewing (parent report). Secondary outcomes included BMI z-scores (measured). Data were collected when children were 4, 9, and 20 months of age.

Results: Unadjusted analyses showed that, compared with controls, intervention group children consumed fewer grams of noncore drinks (mean difference = -4.45; 95% confidence interval [CI]: -7.92 to -0.99; $P = .01$) and were less likely to consume any noncore drinks (odds ratio = 0.48; 95% CI: 0.24 to 0.95; $P = .034$) midintervention (mean age 9 months). At intervention conclusion (mean age 19.8 months), intervention group children consumed fewer grams of sweet snacks (mean difference = -3.69; 95% CI: -6.41 to -0.96; $P = .008$) and viewed fewer daily minutes of television (mean difference = -15.97; 95% CI: -25.97 to -5.96; $P = .002$). There was little statistical evidence of differences in fruit, vegetable, savory snack, or water consumption or in BMI z-scores or physical activity.

Conclusions: This intervention resulted in reductions in sweet snack consumption and television viewing in 20-month-old children.

<http://pediatrics.aappublications.org/content/early/2013/02/26/peds.2012-2576.full.pdf+html>

* 4. Reasons for Earlier Than Desired Cessation of Breastfeeding

Odom, E. C., Li, R., Scanlon, K. S., Perrine, C. G., & Grummer-Strawn, L. (2013). *Pediatrics*, 131(3), 726-732.

ABSTRACT:

Objective: To describe the prevalence and factors associated with not meeting desired breastfeeding duration.

Methods: Data were analyzed from 1177 mothers aged ≥ 18 years who responded to monthly surveys from pregnancy until their child was 1 year old. When breastfeeding stopped, mothers were asked whether they breastfed as long as they wanted (yes or no) and to rate the importance of 32 reasons for stopping on a 4-point Likert scale. Multiple logistic regressions were used to examine the association between the importance of each reason and the likelihood of mothers not meeting their desired breastfeeding duration.

Results: Approximately 60% of mothers who stopped breastfeeding did so earlier than desired. Early termination was positively associated with mothers' concerns regarding: (1) difficulties with lactation; (2) infant nutrition and weight; (3) illness or need to take medicine; and (4) the effort associated with pumping milk.

Conclusions: Our findings indicate that the major reasons why mothers stop breastfeeding before they desire include concerns about maternal or child health (infant nutrition, maternal illness or the need for medicine, and infant illness) and processes associated with breastfeeding (lactation and milk-pumping problems). Continued professional support may be necessary to address these challenges and help mothers meet their desired breastfeeding duration.

<http://pediatrics.aappublications.org/content/131/3/e726.abstract>

5. Postpartum Anxiety and Maternal-Infant Health Outcomes

Paul, I. M., Downs, D. S., Schaefer, E. W., Beiler, J. S., & Weisman, C. S. (2013). *Pediatrics*. Advance online publication. doi: 10.1542/peds.2012-2147

Objective: Postpartum anxiety screening does not typically occur, despite changes in life roles and responsibility after childbirth. We sought to determine the prevalence of postpartum anxiety during the maternity hospitalization and its associations with maternal and child outcomes. We further aimed to compare correlates of anxiety with correlates of depression.

Methods: For a randomized controlled trial of mothers with "well" newborns ≥ 34 weeks' gestation comparing 2 post-hospital discharge care models, mothers completed baseline in-person interviews during the postpartum stay and telephone surveys at 2 weeks, 2 months, and 6 months to assess health care use, breastfeeding duration, anxiety, and depression. All participants intended to breastfeed. State anxiety scores ≥ 40 on the State Trait Anxiety Inventory (STAI) and depression scores ≥ 12 on the Edinburgh Postnatal Depression Survey (EPDS) were considered positive.

Results: A total of 192 (17%) of 1123 participating mothers had a positive baseline STAI; 62 (6%) had a positive EPDS. Primiparity was associated with a positive STAI (20% vs 15%, $P = .02$), but not a positive EPDS (4% vs 7%, $P = .05$). Positive STAI scores were associated with cesarean delivery (22% vs 15%, $P = .001$), reduced duration of breastfeeding ($P = .003$), and increased maternal, but not infant total unplanned health care utilization within 2 weeks of delivery ($P = .001$). Positive STAI

scores occurred more frequently than positive EPDS scores at each assessment through 6 months postpartum.

Conclusions: Postpartum state anxiety is a common, acute phenomenon during the maternity hospitalization that is associated with increased maternal health care utilization after discharge and reduced breastfeeding duration. State anxiety screening during the postpartum stay could improve these outcomes.

<http://pediatrics.aappublications.org/content/early/2013/02/26/peds.2012-2147>

III. CURRENT INITIATIVES

6. National LGBT Health Awareness Week: March 26-30

LGBT Health Awareness Week is a call to action for community members, advocates, service providers, and governmental officials to recognize health and wellness as an essential part of the social justice movement for lesbian, gay, bisexual and transgender individuals, families and the wider community (American Psychological Association, 2012).

<http://lgbthealth.webolutionary.com/content/national-lgbt-health-awareness-week>

7. National Nutrition Month: Plan Shop Cook Enjoy!

(available in French)

This year's Nutrition Month Campaign is dedicated to serving up practical advice on navigating the grocery store from dietitians. The campaign website includes fact sheets, an i-Phone App, campaign summary, etc.

<http://www.dietitians.ca/Your-Health/Nutrition-Month/Nutrition-Month-2013.aspx>

8. Eat Well Campaign

(available in French)

The Government of Canada (2013, March 4) and the Retail Council of Canada launched a national *Eat Well* campaign to promote healthy eating and healthy weights. It provides information for parents so they can make healthy choices at home, at the grocery store, and when eating out as well as easy-to-use tips for busy parents to help them make changes in their day-to-day lives. The campaign focuses on how planning can contribute to healthier food choices.

News: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-30-eng.php

FR: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-30-fra.php

Campaign factsheet: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-30fs-eng.php

FR: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-30fs-fra.php

IV. UPCOMING EVENTS

9. Community Connections Count! Working Together on Social Determinants of Health and Well-being

March 20, 2013: Gravenhurst, ON

At this forum, you will hear about the positive influence of social connectedness on our health and well-being and the relationship between social determinants of health and well-being. You will also learn about why women may be at a greater disadvantage when facing determinants of health. This event features a keynote presentation by Dr. Rosanna Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit, and an engaging drumming circle led by Barry Hayward. The purpose of this event is to bring people together involved in building healthy communities in Muskoka, Simcoe, Haliburton, City of Kawartha Lakes, Northumberland County and Peterborough regions to share ways to address social determinants of health and build more connected communities.

<http://cccount.eventbrite.ca/>

10. Kim Meawasige FASD Memorial Lecture - Webinar

March 24, 2013: Online

FASD ONE and the Aboriginal Working group alongside staff from the Ontario Federation of Indian Friendship Center would like to invite you to participate in this webinar on Sunday March 24th from 6:00pm – 8:00 pm. We would like to celebrate Kim's life by providing an inspiring 2 hours of acknowledgement and education. It was Kim's passion and personal devotion to deliver opportunities like these and so it was with great honor that we are able to provide such an opportunity as this for the community. For the first part of this webinar Kim will be honored in a very cultural, spiritual and respective way. In conclusion there will be a panel of parents/caregivers/an adult living with FASD who will answer questions as it relates to what has worked best in their lives and share stories of success and triumph.

<http://www1.webcastcanada.ca/online/fasd.php>

11. Rainbow Health Ontario 2014

February 5-7, 2014: Toronto, ON

The biennial RHO Conference is the only conference in Canada focused on the health and wellness of LGBT communities. The 2014 Conference will provide opportunities for strategic partnership, learning, networking and planning for the future. The conference draws leaders from academic, practice and community sectors to share new scientific knowledge, evolving models of clinical service, relevant policy tools and grass-roots

innovations. The goals of the conference are to showcase excellence and innovation and to strengthen participants' ability to work together in building a healthier Ontario for LGBT individuals, families and communities.

<http://www.cwhn.ca/en/node/45775>

V. RESOURCES

12. Video Series to Promote Breastfeeding

The Newfoundland and Labrador Breastfeeds educational and promotional video series may be used in prenatal education and support programs, physician offices and waiting areas, and secondary school programs. The videos feature local families, health professionals, and media personalities and are intended to increase awareness and to promote and support breastfeeding. They are part of a larger public education and awareness campaign by the Baby-Friendly Council of NL to protect, promote and support breastfeeding in an effort to increase provincial breastfeeding initiation and duration rates. The videos feature the perspectives of a range of individuals from young children to grandmothers. The intent is to inform and create opportunities to address the barriers and challenges that arise when women think about how they will feed their babies. All participants share in an open, honest and often humorous manner their personal experiences or perspectives about breastfeeding. It is hoped that these videos will encourage the families of pregnant women and the communities in which they live to support new mothers and give them the confidence they need to breastfeed successfully.

<http://www.babyfriendlynl.ca/>

13. Get Updates on Preconception Health

The Maternal and Infant Health Branch of the Division of Reproductive Health at the CDC will conduct routine, comprehensive searches of the PubMed database, as well as a media search for scientific and news articles on preconception and inter-conception health. They will send the updates biweekly or monthly. Please contact Meg Bertram at vwc4@cdc.gov to be added to the distribution list.

VI. FEATURED BEST START RESOURCES

The following resources may be useful during LGBT Health Awareness Week March 26-30 and National Nutrition Month.

14. Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families from Preconception to Preschool

The focus of this resource is on issues related to sexual orientation and gender identity, as they apply to preconception, prenatal and child health. It asks you to think about and take action to better serve families that are led by people who identify as lesbian, gay, bisexual, trans and/or queer (LGBTQ). It also asks you to consider the needs of children who are sometimes called gender variant – children whose dress, behaviour or identity does not match traditional gender norms. This resource is about the diversity that exists amongst people and how, as service providers, we can make our programs for families, parents and children, into spaces that honour and celebrate this diversity.

15. Healthy Eating for a Healthy Baby / Bien manger pour avoir un bébé en santé - livret

(available in [English](#), [French](#), [Arabic](#), [Filipino](#), [Hindi](#), [Punjabi](#), [Spanish](#), [Simplified Chinese](#), [Tamil](#), [Urdu](#))

This 36 page booklet provides information for pregnant women on nutrition in pregnancy, based on Eating Well with Canada's Food Guide. It addresses current concerns and questions such as alcohol and fish consumption, food safety, weight gain and physical activity. A nutrition quiz, charts and recipes are also included. In English this booklet has a reading level of grade 5 - 6 according to the Flesch-Kincaid reading level.

<http://beststart.org/resources/nutrition/index.html>

Ce livret de 36 pages contient des informations pour les femmes enceintes concernant la nutrition durant la grossesse, basées sur « Bien Manger avec le Guide alimentaire canadien ». Il répond aux inquiétudes et aux questions contemporaines sur la consommation d'alcool, de café, de poisson, les aliments sécuritaires, la prise de poids et l'activité physique. Il propose également un questionnaire sur la nutrition, des tables de référence et quelques recettes simples. Selon scolarius.com le niveau de lecture de cette ressource est d'environ 6e année.

The Best Start Resource Centre has a variety of other resources on nutrition. For more information, please see the Best Start Resource Centre website.

EN: <http://beststart.org/resources/nutrition/index.html>

FR: <http://www.meilleurdepart.org/resources/nutrition/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.

Other Health Nexus communications:

OHPE - 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 - An open, facilitated public listserv, 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. <https://listserv.yorku.ca/archives/click4hp.html>

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. <http://www.beststart.org/services/MNCHP.html>

Health Promotion Today / Promotion de la santé aujourd'hui - Our bilingual blog keeps you informed of news and topics related to health promotion. <http://www.blogs.healthnexussante.ca/>

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

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

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. <http://www.healthnexus.ca/leadershipaward>

NEW ! 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. <http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org>

En français:

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. <http://www.leblocnotes.ca/>

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. <http://www.meilleurdepart.org/services/bulletins.html>

Promotion de la santé aujourd'hui / Health Promotion Today – Notre blogue bilingue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé. <http://www.blogs.healthnexussante.ca/>

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

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

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. <http://www.nexussante.ca/prixdeleadership>