

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

November 18, 2011

The next bulletin will be released December 2, 2011.

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I. NEWS & VIEWS

1. Latest Product Recalls

- **Toulouse-LapTrec magnetic sketchboards/ Ardoises à dessin magnétiques Toulouse-LapTrec**

The magnetic tip can separate from the pen, posing a choking hazard for young children.
http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1452

L'embout magnétique du crayon peut s'en détacher, ce qui présente un risque d'étouffement pour les jeunes enfants.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1452&searchstring=&searchcategory=&searchyear=&startIndex=1¤t=true

- **Twist N' Sort Toy/ Jouet Twist N' Sort**

The small pegs on three of the four posts can detach, posing a choking hazard to young children.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1457

Les petites chevilles se trouvant sur trois des quatre poteaux peuvent se détacher, ce qui présente un risque d'étouffement pour les jeunes enfants.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1457&searchstring=&searchcategory=&searchyear=&startIndex=1¤t=true

2. Gap in CFIA rules allow formula health claims on labeling

Internal records from the Canadian Food Inspection Agency indicate it's at an impasse with Health Canada when it comes to policing claims on two products marketed by Mead Johnson Nutrition, one of the largest makers of infant formula. And the issue may extend to other infant-formula makers as well.

<http://www.canada.com/health/Government+allows+infant+formula+claims+despite+acceptable+evidence/5692445/story.html>

3. Hamilton OEYC “Check It Out” Program in the News

Paul Bowman wondered how well his two-year-old grandson was developing, so he went to the drop-in at the local Ontario Early Years Centre to “check it out.”

The drop-in clinic is actually called “Check it Out.” Four early childhood development professionals are available to answer questions, screen a young child or make referrals to other professionals such as pediatricians, speech pathologists and nutritionists.

<http://www.thespec.com/news/local/article/624994--checking-out-your-child-s-development>

4. Sensing Mom's Psychological State From Within The Womb

As a fetus grows, it's constantly getting messages from its mother. It's not just hearing her heartbeat and whatever music she might play to her belly; it also gets chemical signals through the placenta. A new study, which will be published in *Psychological Science*, a journal of the Association for Psychological Science, finds that this includes signals about the mother's mental state. If the mother is depressed, that affects how the baby develops after it's born. <http://www.medicalnewstoday.com/releases/237510.php>

Soon to be released: <http://www.psychologicalscience.org/>

5. The US National Campaign to Prevent Teen and Unplanned Pregnancy: Bedsider project uses humor & web campaign to reach 18-29 year olds

Bedsider.org (Bedsider) is a free support network for birth control for women 18-29 operated by The US National Campaign to Prevent Teen and Unplanned Pregnancy. Launched in beta form in 2010, the goal is to help women find the method of birth control that's right for them and learn how to use it consistently and effectively.

<http://bedsider.org/>

II. RECENT REPORTS AND RESEARCH

6. Crossing Growth Percentiles in Infancy and Risk of Obesity in Childhood

Elsie M. Taveras, MD, MPH; Sheryl L. Rifas-Shiman, MPH; Bettylou Sherry, PhD, RD; Emily Oken, MD, MPH; Jess Haines, PhD, MHSc, RD; Ken Kleinman, ScD; Janet W. Rich-Edwards, ScD; Matthew W. Gillman, MD, SM

Crossing upwards 2 or more major weight-for-length percentiles in the first 24 months of life is associated with later obesity. Upward crossing of 2 weight-for-length percentiles in the first 6 months is associated

with the highest prevalence of obesity 5 and 10 years later. Efforts to curb excess weight gain in infancy may be useful in preventing later obesity.

Archives of Pediatrics and Adolescent Medicine, 2011;165(11):993-998.
doi:10.1001/archpediatrics.2011.167

<http://archpedi.ama-assn.org/cgi/content/abstract/165/11/993?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=Taveras&earchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

7. Monroe Carell Jr. Children's Hospital at Vanderbilt researchers find breastfeeding problems can be linked to a tied tongue

Monroe Carell Jr. Children's Hospital at Vanderbilt doctors and researchers have streamlined a process to quickly diagnose and treat tongue-tie, also known as ankyloglossia, before new mothers abandon breastfeeding, according to Dale Tylor, M.D., assistant professor of Pediatric Otolaryngology.

"The goal is to increase public awareness among surgeons and pediatricians, and, more importantly, among parents who can then advocate for themselves." Tylor said her initial research findings show that well over two-thirds of women are able to begin successfully breastfeeding their babies after a tongue-tie-clipping procedure, known as a frenotomy, is performed on the baby.

<http://www.mc.vanderbilt.edu/news/releases.php?release=2272>

8. Effects of breast massage on breast pain, breast-milk sodium, and newborn suckling in early postpartum mothers, Journal of the Korean Academy of Nursing, 2011

Aug;41(4):451-9. doi: 10.4040/jkan.2011.41.4.45
Ahn S, Kim J, Cho J.

PURPOSE:

In this study the effects of breast massage on breast pain, breast-milk sodium, and newborn suckling in early postpartum mothers were investigated.

METHODS:

The design was a non-synchronized non-equivalent control group pretest-post-test design. Sixty postpartum mothers who were admitted to a postpartum care center and had problems with breastfeeding were recruited. Of these mothers, 44 were assigned to the intervention group and received two 30-minute breast massages within 10 days of postpartum period. The others were assigned control group and received only routine care. Breast pain was measured using a numeric pain scale and number of times newborns suckled was observed throughout breastfeeding. Breast milk was self-collected to evaluate breast-milk sodium.

RESULTS:

Mean age of postpartum mothers was 30 years old. Compared to the control group, women in the intervention group reported significant decreases in breast pain ($p < .001$), increases in number of times newborns suckled after the first and second massage ($p < .001$), and a decrease in breast-milk sodium after the first massage ($p = .034$).

CONCLUSION:

Breast massage may have effects on relieving breast pain, decreasing breast-milk sodium, and improving newborn suckling. Breast massage can be used to solve breast problems. Further research is needed to validate our findings.

<http://www.ncbi.nlm.nih.gov/pubmed/21964220>

9. Women with a history of hypertensive pregnancy disorders are at increased risk for future cardiovascular and renal disease: a population-based cohort study.

Garovic V, et al, 2011

Development of a hypertensive pregnancy disorder was associated with greater risks of adverse cardiovascular and renal outcomes for the mother later in life, researchers affirmed. The result is consistent with previous research linking hypertensive pregnancy disorders with greater risks of cardiovascular and renal disease, Dr. Garovic reported at the American Society of Nephrology meeting in Philadelphia this week.

<http://www.medpagetoday.com/MeetingCoverage/ASN/29620>

10. Maternal use of folic acid supplements during pregnancy and childhood respiratory health and atopy: the PIAMA birth cohort study M.B.M. Bekkers et al., 2011

Previous studies have suggested possible adverse side effects of maternal use of folic acid containing supplements (FACs) during pregnancy on wheeze and asthma in early childhood.

Data on maternal use of FACs, collected during pregnancy, were available for 3,786 children participating in the Prevention and Incidence of Asthma and Mite Allergy (PIAMA) birth cohort study. Questionnaire data on children's respiratory and allergic symptoms were collected annually and allergic sensitization and bronchial hyperresponsiveness (BHR) were measured at 8 years.

No overall (from 1 to 8 years) associations were observed between maternal use of FACs and (frequent) asthma symptoms, wheeze, lower respiratory tract infection (RTI), frequent RTI and eczema. Maternal folic acid use was associated with wheeze at 1 year (prevalence ratio: 1.20 (95% Confidence Interval: 1.04–1.39), but not with wheeze at later ages. Prenatal exposure to FACs was not associated with sensitization and BHR. Apart from a small increased risk of early wheeze, we observed no adverse respiratory or allergic outcomes associated with prenatal FACs exposure in our study population.

<http://erj.ersjournals.com/content/early/2011/10/26/09031936.00094511.abstract?sid=95aa8f36-964a-42e9-9fcb-e2595d77d273>

11. Developmental Trajectories of Body Mass Index in Early Childhood and Their Risk Factors: An 8-Year Longitudinal Study, Archives of Pediatrics and Adolescent Medicine

2011;165(10):906-912. doi:10.1001/archpediatrics.2011.153

Laura E. Pryor, MSc; Richard E. Tremblay, PhD; Michel Boivin, PhD; Evelyne Touchette, PhD; Lise Dubois, PhD; Christophe Genolini, PhD; Xuecheng Liu, PhD; Bruno Falissard, MD, PhD; Sylvana M. Côté, PhD

A study from the University of Montreal shows that by the age of three it is possible to identify children who will be overweight or obese later in life. These patterns are more common among those whose mothers were overweight or smoked during pregnancy. A paper published in the Archives of Pediatrics and Adolescent Medicine looked at data on about 2,000 children in Quebec born in 1997 and 1998.

It analyzed their weights in proportion to height between the ages of five months and eight years. While the patterns of weight gain were relatively similar for most children in their first few years, clear differences were shown after that among those who would ultimately be considered overweight or obese by the time they were eight.

<http://archpedi.ama-assn.org/cgi/content/abstract/165/10/906>

12. Which event matters: exploring the relationship between life events, socioeconomic status and psychological distress in mothers of infants

Annemarie Nicol, Department of Families, Housing, Community Services and Indigenous Affairs, Australia

Abstract

Psychological distress is an important component of the overall health and wellbeing of individuals. It also represents a risk factor for illnesses such as depression. In mothers, psychological distress has been linked with poorer outcomes, both for the mother and her child. This study explored the relationship between stressful events and psychological distress in mothers of infants. Using 4,247 mothers of infants from the Longitudinal Study of Australian Children, it was found that certain subpopulations of Australian mothers, such as young mothers, lone mothers and unemployed mothers, were at an increased risk of reporting psychological distress. In addition, mothers with high distress were more likely than mothers with low distress to report experiencing at least one stressful event within the past 12 months. The study also found that although the number of stressful events predicted the likelihood of psychological distress, certain events were more strongly associated with high distress than others. These included relationship separation, work disappointment and financial crisis.

http://www.fahcsia.gov.au/about/publicationsarticles/research/austsocialpolicy/aust_social_policy_journal_no_10/Documents/article_2.pdf

III. CURRENT INITIATIVES

13. Text4baby mobile service shows positive results for new moms

Researchers at UC San Diego Health System's Department of Reproductive Medicine and the National Latino Research Center (NLRC) at Cal State San Marcos University recently presented data at the American Public Health Association Conference in Washington D.C., demonstrating the impact of text4baby, a free mobile service that provides pregnant women and new mothers in San Diego with

maternal, fetal and newborn health information via text messages and connects them to national health resources.

http://www.eurekaalert.org/pub_releases/2011-11/uoc--tms111411.php

14. Ontario Government Encourages Ontarians To Protect Themselves This Flu Season

Ontario is encouraging everyone to avoid getting sick this flu season by getting their annual flu shot. The flu shot is a safe and effective way to stay healthy. Anyone six months of age and older who lives, works or attends school in Ontario can get the flu shot free of charge. The vaccine is available through doctors' offices, workplace and community-based flu clinics and at some pharmacy locations.

For more information: <http://news.ontario.ca/mohlrc/en/2011/11/stay-healthy-with-your-free-flu-shot.html>

Le gouvernement de l'Ontario incite toute la population à éviter d'être malade pendant la saison de la grippe en obtenant le vaccin annuel gratuit contre la grippe. Le vaccin antigrippal constitue un moyen sûr et efficace de rester en bonne santé. Dès l'âge de six mois, toute personne qui habite, travaille ou étudie en Ontario a droit au vaccin gratuit contre la grippe. Le vaccin est offert en cabinet médical, à l'occasion de séances de vaccination en milieu de travail et au sein de la communauté et par un certain nombre de pharmacies.

Pour plus amples information: <http://news.ontario.ca/mohlrc/fr/2011/11/restez-en-bonne-sante-grace-au-vaccin-gratuit-contre-la-grippe.html>

15. Federal Children's Arts Tax Credit/Un nouveau crédit d'impôt fédéral pour les activités artistiques des enfants

The federal government is introducing a 15 per-cent non-refundable Children's Arts Tax Credit to better recognize the costs associated with children's artistic, cultural, recreational and developmental activities. The Children's Arts Tax Credit is available for a wide range of activities that contribute to a child's development, but which are not eligible for the Children's Fitness Tax Credit. The credit is provided for up to \$500 of eligible fees per child in respect of which children's programs qualify, and will otherwise be based on eligibility conditions for the Children's Fitness Tax Credit.

<http://www.actionplan.gc.ca/initiatives/eng/index.asp?mode=5&initiativeID=249&clientid=3>

Le gouvernement fédéral instaure un crédit d'impôt non remboursable de 15 % pour les activités artistiques des enfants afin de mieux tenir compte des coûts relatifs aux activités artistiques, culturelles, récréatives et aux activités d'épanouissement des enfants.

Le crédit d'impôt pour les activités artistiques des enfants s'appliquera à un vaste éventail d'activités contribuant à l'épanouissement de ces derniers, mais qui ne sont pas visées par le crédit pour la condition physique des enfants. Le nouveau crédit est accordé en fonction d'un montant maximal de 500 \$ de frais admissibles par enfant au titre de programmes admissibles destinés aux enfants; les autres conditions seront les mêmes que celles du crédit pour la condition physique des enfants.

<http://www.actionplan.gc.ca/initiatives/fra/index.asp?mode=5&initiativeID=249&clientid=3>

IV. UPCOMING EVENTS

16. Have You Registered Yet?

Best Start 2012 Annual Conference~Toronto ON, February 28-March 1
Conférence annuelle de Meilleur départ 2012, 28 février au 1er mars, 2012

The pre-conference day on February 28 on Healthy Babies, Healthy Children (HBHC) will offer practical suggestions for Public Health Nurses in key areas of their work. *Networking* and *resource sharing opportunities* will complement the presentations. **Dr. Patricia O’Gorman** will deliver an interactive workshop on how to engage clients identified with risk and sustain a working relationship with them. During her workshop she will cover resiliency, addictions, trauma and intergenerational trauma, strength based engagement, motivational interviewing and self-care of those who work with these clients.

Angela Mashford-Pringle is an urban Algonquin woman from Temiskaming First Nation in Quebec. She is a PhD candidate specializing in the area of Aboriginal health at the Dalla Lana School of Public Health, University of Toronto.

Angela will be speaking about on the second day of the conference at a workshop titled: ***Robbing Our Future Gifts – Aboriginal Children and Poverty***. In this presentation, participants will examine the demographics, the social determinants of health as they pertain to Aboriginal children and their families, and reflect on how policy and programming may lead to improvements in Aboriginal children’s lives.

Marie-Anne Saucier, RECE, BA, Directrice Générale à Trent Child Care Inc presente un atelier ***Devenir francophone tout en jouant***. Cet atelier fera un bref examen des conditions idéales pour favoriser l’apprentissage du français langue première et offrira aux participant(e)s l’occasion de développer des stratégies pour favoriser l’apprentissage du français par le jeu dans les divers centre d’apprentissage de la garderie ainsi que dans les diverses pièces de la maison.

For more information/Pour plus amples renseignements :

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

17. Infant Mental Health Promotion (IMHP)- Self Regulation Special Presentation

Infant Mental Health Promotion (IMHP) and The Infant Psychiatry Program of The Hospital for Sick Children (SickKids) are pleased to present as an ongoing series of Infant Mental Health Rounds presentations a special presentation by Dr. Stuart Shanker, Tuesday, Dec. 6, 2011 on the subject of Self-Regulation.

These presentations are free to attend and/or access via webcast. No registration is required to attend in person. Please mark your calendars and plan to attend! Most presentations are also available via Ontario Telemedicine Network Videoconferencing, Live and Archived Webcast. (contact imp.mail@sickkids.ca for more details)

Time: 11 a.m. to 1 p.m. (EST)

Location: The Hospital for Sick Children, 555 University Ave., Toronto, ON
1st Floor, Daniels Hollywood Theatre

For more information on upcoming presentations visit:

<http://www.imhpromotion.ca/Events/IMHPEvents.aspx>

18. Webinar: Bringing the Outdoors Back "In" - Reconnecting Families with Nature

American author Richard Louv's influential book *Last Child in the Woods* has ignited action globally to reconnect children and families with the natural world. Parks and Recreation Ontario is pleased to offer a 60-minute webinar on reconnecting families with nature.

In this webinar, learn about the science behind Louv's book, including research that shows why being active in nature can help reduce obesity, improve overall physical and mental health and significantly contribute to personal wellbeing. You'll come away armed with resources and practical tools that will help you and your community.

This webinar will take place on November 30th at 1 pm. All that is needed to participate is a computer, phone and internet connection. This webinar is a great opportunity to learn from the comfort of your own desk.

To register: http://www.prontario.org/index.php?ci_id=7339 (PDF download)

19. Upcoming STARSS webinars for CHCs and PHUs

Do you work with women who smoke and aren't yet ready or able to quit? Not sure how to bring it up, or what to say? STARSS can help! Action on Women's Addictions-Research & Education (AWARE) and our partners from Ontario's Community Health Centres and Public Health Units are offering a series of Webinars to enhance:

- Understanding the role that smoking plays in the lives of women who smoke
- Support for women who smoke, in particular those with young children
- Professional practice through increased understanding of **STARSS** philosophy, strategies and resources
- Capacity to incorporate **STARSS** into existing programs
- Exchange of ideas and next steps to implement **STARSS**

Webinar #1 will provide an overview of **STARSS**.

Upcoming webinars will illustrate sample **STARSS** scenarios and offer **STARSS** implementation strategies for varying levels of capacity depending upon the service setting.

In order to be as responsive as possible, each Webinar will be offered by region across Ontario and each is open to staff of Community Health Centres (health promoters, community health workers, nurses) and Public Health Units (child & family health teams, CPNP staff).

The dates for Webinar #1 are:

- Thursday, December 1, 11:00 to Noon EST – Central region
- Tuesday, December 6, 1:00 to 2:00 EST – North region
- Friday, December 9, 11:00 to Noon EST – West region
- Tuesday, December 13, 1:00 to 2:00 EST – Eastern region

Registration is required for this event. If you are working in Ontario's Community Health Centres or Public Health Units, and you wish to attend, please send your email address to:

info@aware.on.ca

Instructions for logging into the webinar will be sent to registrants prior to the event.

Financial contribution from Healthy Communities Fund, Ministry of Health Promotion & Sport.

Find out more about **STARSS** on our website at <http://aware.on.ca/starss>

V. RESOURCES

20. Healthy Babies are Worth the Wait: HBWW: Preventing Preterm Births through Community-based Interventions: An Implementation Manual

In the past 2 decades, the United States has seen a 30 percent increase in preterm birth (before 37 completed weeks gestation), reaching an all-time high of 12.8 percent in 2006. The increase is due primarily to increases in rates of late preterm birth (34 to 36 weeks gestation). In response, the March of Dimes and the Johnson & Johnson Pediatric Institute collaborated with the Kentucky Department for Public Health to launch an innovative, community-based preterm birth prevention initiative called Healthy Babies are Worth the Wait.

http://www.marchofdimes.com/professionals/medicalresources_hbww.html

21. A New Way to Talk About the Social Determinants of Health

When the Robert Wood Johnson Foundation went through a restructuring in 2003, it organized all the programs that worked at the community level to advance health into a new programming group called the Vulnerable Populations Portfolio. The newly created portfolio included a vast array of programs focused on areas as disparate as long-term care, school-based health and chronic homelessness. What emerged from that analysis was an understanding that the programs and projects were united in that they each worked within the context of the social determinants of health.

Robert Wood Johnson Foundation., 2010

<http://www.rwjf.org/files/research/vpmessageguide20101029.pdf>

24. Best Start Videos now available on Health Nexus Santé YouTube Channel/Vidéos de Meilleur Départ disponible à YouTube

The Best Start Resource Centre is excited to provide online access to our popular videos via the Health Nexus Santé YouTube Channel.

Life with a new baby: Dealing with Postpartum Mood Disorders, 2006

This 17-minute video introduces the topic of postpartum mood disorders. Interviews with real mothers and their families make this an appealing resource for pregnant and new mothers. It can be used in prenatal or parenting classes, hospitals or home visits. A facilitator's guide with a handout for clients is included. 2006

La vie avec un nouveau bébé et les troubles post-partum, 2006

Cette vidéo bilingue introduit le sujet des troubles post-partum. Les entretiens avec les mères et leur familles font de cette ressource attirante auprès des femmes enceintes et des nouvelles mères. Cette vidéo comprenant 19 minutes de version française peut être utilisée dans les classes prénatales ou parentales, les hôpitaux et les visites à domicile. Un guide est aussi inclut pour les clients.

Supporting Change: Effective Practices in Screening for Alcohol Use in Pregnancy, 2005

This video informs health care providers about alcohol use in pregnancy and appropriate screening and assessment of their pregnant patients.

<http://www.youtube.com/user/healthnexussante#p/u>

25. HC Link: Your Resource for Healthy Communities/Réseau CS: Le lien pour des communautés en santé

As of October 12 the Healthy Communities Consortium will be known as HC Link with a new logo and website. HC Link will continue to support professionals and their important community work and link them to the services, resources and organizations to help build healthy, resilient and vibrant communities.

HC Link is four organizations that collaboratively support community organizations and partnerships in Ontario to build healthy communities. Members of the Consortium are Health Nexus, Parent Action on Drugs (PAD), Ontario Healthy Communities Coalition (OHCC), and the Ontario Public Health Association (OPHA). HC Link provides services in both official languages.

Services include consultation, learning events and the coordination of information portals such as listservs, e-bulletins, and educational resources.

Their services cover a wide range of topics, including:

- Program development, planning, implementation, and evaluation
- Partnership building, coalition development and network mapping
- Policy development

Content related to key areas of health promotion and the determinants of health, as well as specific priorities areas such as physical activity, sport and recreation; healthy eating; tobacco use and exposure; injury prevention; substance and alcohol misuse; and mental health promotion.

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

Dès le 12 octobre le Consortium pour la promotion des communautés en santé sera désormais connu sous le nom Réseau CS. Les nouveaux nom et logo traduisent notre rôle de soutien des liens qui créent une synergie pour bâtir des communautés en santé en Ontario.

Réseau CS regroupe quatre organismes qui se concertent pour appuyer les organisations et partenariats communautaires en Ontario pour bâtir des communautés en santé. Les membres du Réseau CS sont Nexus Santé, Parent Action on Drugs (PAD), Coalition des communautés en santé de l'Ontario (CCSO) et l'Association pour la santé publique de l'Ontario (OPHA)

Nos services sont offerts en anglais et en français et comprennent des consultations, des événements d'apprentissage, des ressources telles que des listes de distribution, des bulletins électroniques et du matériel éducatif.

Nos services couvrent un vaste choix de sujets dont :

- création, planification, mise en œuvre et évaluation de programmes
- création de partenariats et de coalitions, cartographie et analyse de réseaux
- élaboration de politiques

Contenu relié aux domaines prioritaires en promotion de la santé et des déterminants de la santé ainsi que de ceux liés étroitement aux domaines suivants : activité physique, sports et loisirs; alimentation saine; tabagisme et exposition au tabac; prévention des blessures; toxicomanie et alcoolisme; et promotion de la santé mentale.

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

VI. FEATURED BEST START RESOURCES

26. Prenatal Education Modules: Ready to Download!

The Best Start Resource Centre is very pleased to announce the release of a set of **Prenatal Education Modules**. This resource is intended to be used by Prenatal Educators working in Ontario who deliver face-to-face prenatal education sessions to the general population. There are 11 modules covering the main topics of prenatal education, from prenatal care to newborn care, and including labour and delivery. Each module can be used independently, depending on your organizational mandate.

You can access the modules at:

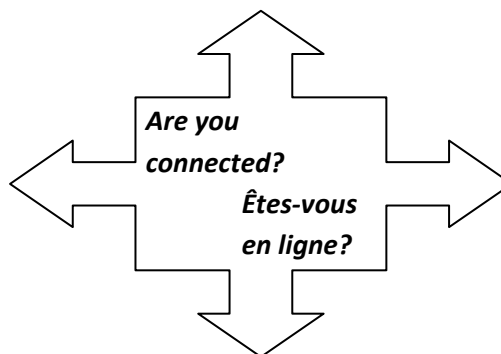
http://www.beststart.org/resources/rep_health/modules.php.

* Short webinars on the development process and the use of the modules will be available in the next few months and will be announced on the MNCHP listserv.

* The French version is well underway and should be available by February.

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.



Click here to access Health Nexus' other e-bulletins and listservs:

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/>