

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

April 20, 2012

The next bulletin will be released May 4, 2012.

In this week's issue:

I. NEWS & VIEWS

1. [Doctors launch campaign to tackle obesity](#)
2. [An important policy gap: mental health in early childhood](#)
3. [Maternal obesity, diabetes associated with autism, other developmental disorders](#)
4. [Week of the Young Child is themed "Early Years are Learning Years." From April 22-28](#)
5. [Can Fido and Whiskers Enrich Children's Lives](#)
6. [Pregnancy risk: Pre-eclampsia higher in certain immigrant groups](#)
7. [Antidepressants Can Raise Blood Pressure During Pregnancy](#)
8. [Breastfeeding As Civil Right: Seattle Council Protects Public Nursing](#)
9. [Study: Pesticides may affect pregnancy length and birth weight](#)
10. [Cumulative Social Risk and Obesity in Early Childhood](#)
11. [Federal Court sides with native groups in discrimination case against native children in Canada](#)

II. RECENT REPORTS AND RESEARCH

12. [Effective Analgesia Using Physical Interventions for Infant Immunizations](#)
13. [Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups](#)
14. [Poverty And Obesity: Breaking The Link](#)
15. [Birth defects in children conceived by in vitro fertilization and intracytoplasmic sperm injection: a meta-analysis](#)
16. [Cost effectiveness of alternative planned places of birth in woman at low risk of complications: evidence from the Birthplace in England national prospective cohort study](#)
17. [Sudden Unexpected Infant Deaths: Sleep Environment and Circumstances](#)
18. [Maternal Depressive Symptoms, Dysfunctional Cognitions, and Infant Night Waking: The Role of Maternal Nighttime Behavior](#)

III. CURRENT INITIATIVES

19. [Prenatal book for First Nations women in Ontario: Best Start Resource Centre looking for input and advisory group members](#)
20. [Request for Proposals: Breastfeeding Resource for First Nations Women in Ontario](#)
21. [Immigrant Family Separation Study Recruitment Opportunity](#)

IV. UPCOMING EVENTS

22. [Invest In Our Future: Early Learning & Child Care For The 21st Century](#)
23. [Understanding And Responding To The Mental Health Needs Of Infants And Toddlers](#)
24. [Minding Our Bodies Forum: Healthy Eating and Physical Activity for Women's Mental Health, London, ON](#)
25. [Motivational Interviewing for Health Practitioners \(Level 1 and Level 2\), Toronto, ON](#)
26. [Trainer "Intensive" for BOUNCE BACK & THRIVE! Resiliency Skills Training For Parents](#)

V. RESOURCES

27. [American Academy of Pediatrics Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment](#)
28. [Baby Friendly rap](#)
29. [Canadian Best Practices Portal/Portail canadien des pratiques exemplaires](#)

VI. FEATURED BEST START RESOURCES

30. [A Healthy Start for Baby and Me/ Un départ en santé pour mon bébé et moi](#)

I. NEWS & VIEWS

1. Doctors launch campaign to tackle obesity

The Academy of Royal Medical Colleges (AoMRC), the body that represents every doctor in the country, is beginning a three-month evidence-gathering inquiry to look for research and strategies that work in preventing or reducing obesity.

The inquiry will look at action that can be taken by individuals, including diet, exercise and parenting, as well as the impact of advertising, food labelling and sponsorship.

It will also examine clinical interventions, financial measures such as taxation and minimum pricing and education.

<http://www.telegraph.co.uk/health/healthnews/9205260/Doctors-launch-campaign-to-tackle-obesity.html>

2. An important policy gap: mental health in early childhood

Mental health in early childhood (from birth to primary school age) deserves far more attention, according to a policy brief recently released by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne.

Australia has seen significantly increased awareness of mental illness and a major increase in funding available to try to address the issue. However, mental health in early childhood – that is from birth to primary school age – remains a poor cousin to adult and youth mental health.

<http://blogs.crikey.com.au/croakey/2012/04/16/an-important-policy-gap-mental-health-in-early-childhood/>

3. Maternal obesity, diabetes associated with autism, other developmental disorders

Maternal obesity, diabetes associated with autism, other developmental disorders

A major study conducted by researchers affiliated with the UC Davis MIND Institute has found strong links between maternal diabetes and obesity and the likelihood of having a child with autism spectrum disorder (ASD) or another developmental disorder.

The study, which investigated the relationships between maternal metabolic conditions and the risk of neurodevelopmental disorders, found that mothers who were obese were 67 percent more likely to have a child with ASD than normal-weight mothers without diabetes or hypertension, and were more than twice as likely to have a child with another developmental disorder.

<http://www.ucdmc.ucdavis.edu/publish/news/mindinstitute/6166>

4. Week of the Young Child is themed “Early Years are Learning Years.” From April 22-28

Earlier this spring, I had the privilege of welcoming business and community leaders to a bus tour hosted by Durham’s Partnership for Children that allowed them to see Durham’s early childhood system in action. Attendees were able to visit some high-quality centers and see firsthand the kind of early childhood experience our future workforce is getting. They learned about the evidence-based practices the Partnership’s program partners use, and witnessed the children who benefit from Partnership programs thriving in environments supportive of learning and growth. What they saw left many questioning, what can we do to help? The simple answer is to “advocate for a comprehensive, high-quality early childhood system in your local community and state, and spread the word on the importance of early learning for every child.”

Read more: [The Herald-Sun - Investing in young children benefits all](#)

5. Can Fido and Whiskers Enrich Children’s Lives?

..researchers are looking at a range of questions, in normal child development, in childhood obesity, in traumatized children and in autism. Dogs, you might say, are having their day.

<http://well.blogs.nytimes.com/2012/04/09/can-fido-and-whiskers-enrich-childrens-lives/#>

6. Pregnancy risk: Pre-eclampsia higher in certain immigrant groups

A new study suggests women from certain immigrant communities are at an elevated risk of developing a severe form of pre-eclampsia in which blood pressure becomes dangerously high during pregnancy.

<http://www.theglobeandmail.com/life/health/new-health/conditions/heart-and-stroke/blood-pressure/pregnancy-risk-pre-eclampsia-higher-in-certain-immigrant-groups-study-finds/article2400090/>

7. Antidepressants Can Raise Blood Pressure During Pregnancy

Taking antidepressants during pregnancy raises the risk of high blood pressure in expectant mothers, a new study shows.

Antidepressants are one of the most commonly used medications in pregnancy, and hypertension can cause problems for both mother and child. About one in five women suffer from depression during pregnancy, and up to 14 percent of those women end up using an antidepressant medication to treat it. <http://well.blogs.nytimes.com/2012/04/09/antidepressants-can-raise-blood-pressure-during-pregnancy/>

8. Breastfeeding As Civil Right: Seattle Council Protects Public Nursing

It's already against Washington state law to discriminate against public breastfeeding, but the Seattle City Council on Monday specifically made it illegal for businesses and other entities to ask nursing moms to stop, cover up or move to a different location in public areas.

The council unanimously approved a measure that adds a mother's right to breastfeed her child to a list of protected civil rights, such as race, color, disability and religion – allowing the city's office of civil rights to enforce the law and educate the public about the issue.

"The bottom line is, it's a health issue for our community," said Councilman Bruce Harrell, who sponsored the bill. "It's very clear the benefits of breastfeeding. What we want to do is move the needle in terms of community acceptance of breastfeeding by having our local civil office of rights enforcing the law."

<http://www.huffingtonpost.com/2012/04/09/breastfeeding-as-civil-right-1413508.html>

9. Study: Pesticides may affect pregnancy length and birth weight

A new study by a Simon Fraser University researcher says exposure of pregnant women to [organophosphate](#) (OP) pesticides – a widely used class of pesticides in North American agriculture – may affect both length of pregnancy and birth weight.

<http://www.sfu.ca/pamr/media-releases/2012/study-pesticides-may-affect-pregnancy-length-and-birth-weight.html>

10. Cumulative Social Risk and Obesity in Early Childhood

When young girls live in a stressful home where violence, depression or other disruptions are common they are more likely to become obese by age 5, compared to children raised in more stable homes. And when preschool girls witness a couple of bad events at once, they have an even higher risk of becoming obese, according to research presented in this week's medical journal *Pediatrics*.

The study did not find the same obesity patterns in boys. Researchers aren't sure why, but suspect that it's because boys may cope with stress, in part, by being more physically active.

<http://pediatrics.aappublications.org/content/early/2012/04/11/peds.2011-2456>

11. Federal Court sides with native groups in discrimination case against native children in Canada

Justice Anne Mactavish issued a ruling Wednesday that found the Canadian Human Rights Tribunal's chair erred when she dismissed a 2007 case from the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations.

As a result, Mactavish set aside the Tribunal's original 2011 decision and granted three applications for judicial review. She ordered that a "differently constituted panel" hear the case.

The First Nations groups allege the federal government discriminates against aboriginal children by consistently underfunding services on reserves, leading — they contend — to poverty, poor housing, substance abuse and a vast over-representation of aboriginal children in state care.

<http://www.canada.com/life/Federal+Court+sides+with+native+groups+discrimination+case/6478242/story.html>

II. RECENT REPORTS AND RESEARCH

12. Effective Analgesia Using Physical Interventions for Infant Immunizations

John W. Harrington, MD et al

BACKGROUND

To measure the analgesic effectiveness of the 5 S's (swaddling, side/stomach position, shushing, swinging, and sucking) alone and combined with sucrose, during routine immunizations at 2 and 4 months.

METHODS

We conducted a prospective, randomized, placebo-controlled trial with 2- and 4-month-old infants during well-child visits. Patients were assigned into 4 groups (2 × 2) receiving either 2 mL of water or 2 mL of 24% oral sucrose and then either standard-of-care comfort measures by parents or intervention with the 5 S's immediately postvaccination. The Modified Riley Pain Score was used to score the infants' pain at 15-second intervals for 2 minutes, then every 30 seconds up to 5 minutes postvaccination. Repeated-measures analysis of variance examined between group differences and within-subject variability of treatment effect on overall pain scores and length of crying.

RESULTS

Two hundred thirty infants were enrolled. Results revealed significantly different mean pain scores between study groups with the exception of the 5S's and 5S's with sucrose groups. These 2 groups had lower similar mean scores over time, followed by sucrose alone, then control. The same trend was found with the proportion of children crying as with the mean pain score outcome measure.

CONCLUSION

Physical intervention of the 5 S's (swaddling, side/stomach position, shushing, swinging, and sucking) provided decreased pain scores on a validated pain scale and decreased crying time among 2- and 4-month-old infants during routine vaccinations. The use of 5S's did not differ from 5S's and sucrose.

<http://pediatrics.aappublications.org/content/early/2012/04/11/peds.2011-1607.abstract>

13. Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups

Key findings

- The U.S. teen birth rate declined 9 percent from 2009 to 2010, reaching a historic low at 34.3 births per 1,000 women aged 15–19; the rate dropped 44 percent from 1991 through 2010.
- Teen birth rates by age and race and Hispanic origin were lower in 2010 than ever reported in the United States.
- Fewer babies were born to teenagers in 2010 than in any year since 1946. If the teen birth rates observed in 1991 had not declined through 2010 as they did, there would have been an estimated 3.4 million additional births to teens during 1992–2010.
- Teen birth rates fell in all but three states during 2007–2010. Teen birth rates by state vary significantly, reflecting in part differences in the population composition of states by race and Hispanic origin.

<http://www.cdc.gov/nchs/data/databriefs/db89.htm>

14. Poverty And Obesity: Breaking The Link

To address this (obesity) health crisis, attention must be focused on a key issue that lies at the core of the epidemic: the social inequities of obesity. A significant body of scientific evidence links poverty with higher rates of obesity. Findings from the National Health and Nutrition Examination Survey (NHANES), the most comprehensive study conducted thus far to document the nutritional status of the U.S. population, has found that low-income children and adolescents are more likely to be obese than their higher income counterparts

http://www.huffingtonpost.com/susan-blumenthal/poverty-obesity_b_1417417.html?ref=politics

15. Birth defects in children conceived by in vitro fertilization and intracytoplasmic sperm injection: a meta-analysis

Juan Wen, et al., State Key Laboratory of Reproductive Medicine, Nanjing Medical University, Nanjing, People's Republic of China

<http://dx.doi.org/10.1016/j.fertnstert.2012.02.053>

Objective

To conduct a meta-analysis of studies assessing the effect of IVF and intracytoplasmic sperm injection (ICSI) on birth defects.

Design

Meta-analysis.

Setting

Centers for reproductive care.

Patient(s)

Patients treated by IVF and/or ICSI.

Intervention(s)

We identified all studies published by September 2011 with data related to birth defects in children conceived by IVF and/or ICSI compared with spontaneously conceived children, or birth defects in the children conceived by IVF compared with those by ICSI. Risk ratios from individual studies were pooled with the fixed and random effect models.

Main Outcome Measure(s)

Risk of birth defects in children conceived by IVF and/or ICSI.

Result(s)

Of 925 studies reviewed for eligibility, 802 were excluded after screening titles and abstracts, 67 were excluded for duplicated data, data unavailable, or inappropriate control group, 56 were included in the final analysis. Among the 56 studies, 46 studies had data on birth defects in children conceived by IVF and/or ICSI (124,468) compared with spontaneously conceived children. These studies provided a pooled risk estimation of 1.37 (95% confidence interval [CI]: 1.26–1.48), which is also evident in subgroup analysis. In addition, 24 studies had data on birth defects in children conceived by IVF (46,890) compared with those by ICSI (27,754), which provided an overall no risk difference.

Conclusion(s)

Children conceived by IVF and/or ICSI are at significantly increased risk for birth defects, and there is no risk difference between children conceived by IVF and/or ICSI.

<http://www.sciencedirect.com/science/article/pii/S0015028212002877>

16. Cost effectiveness of alternative planned places of birth in woman at low risk of complications: evidence from the Birthplace in England national prospective cohort study

BMJ 2012; 344 doi: 10.1136/bmj.e2292 (Published 19 April 2012)

Elizabeth Schroeder, Health Economist, National Perinatal Epidemiology Unit, Department of Public Health, University of Oxford UK et al.

Objectives

To estimate the cost effectiveness of alternative planned places of birth.

Design

Economic evaluation with individual level data from the Birthplace national prospective cohort study.

Setting

142 of 147 trusts providing home birth services, 53 of 56 freestanding midwifery units, 43 of 51 alongside midwifery units, and a random sample of 36 of 180 obstetric units, stratified by unit size and geographical region, in England, over varying periods of time within the study period 1 April 2008 to 30 April 2010.

Participants

64 538 women at low risk of complications before the onset of labour.

Interventions Planned birth in four alternative settings: at home, in freestanding midwifery units, in alongside midwifery units, and in obstetric units.

Main outcome measures

Incremental cost per adverse perinatal outcome avoided, adverse maternal morbidity avoided, and additional normal birth. The non-parametric bootstrap method was used to generate net monetary

benefits and construct cost effectiveness acceptability curves at alternative thresholds for cost effectiveness.

Results

The total unadjusted mean costs were £1066, £1435, £1461, and £1631 for births planned at home, in freestanding midwifery units, in alongside midwifery units, and in obstetric units, respectively (equivalent to about €1274, \$1701; €1715, \$2290; €1747, \$2332; and €1950, \$2603). Overall, and for multiparous women, planned birth at home generated the greatest mean net benefit with a 100% probability of being the optimal setting across all thresholds of cost effectiveness when perinatal outcomes were considered. There was, however, an increased incidence of adverse perinatal outcome associated with planned birth at home in nulliparous low risk women, resulting in the probability of it being the most cost effective option at a cost effectiveness threshold of £20 000 declining to 0.63. With regards to maternal outcomes in nulliparous and multiparous women, planned birth at home generated the greatest mean net benefit with a 100% probability of being the optimal setting across all thresholds of cost effectiveness.

Conclusions

For multiparous women at low risk of complications, planned birth at home was the most cost effective option. For nulliparous low risk women, planned birth at home is still likely to be the most cost effective option but is associated with an increase in adverse perinatal outcomes.

<http://www.bmj.com/content/344/bmj.e2292>

17. Sudden Unexpected Infant Deaths: Sleep Environment and Circumstances

Patricia G. Schnitzer, PhD, Sinclair School of Nursing, University of Missouri et al.

Objectives

We sought to describe the characteristics and sleep circumstances of infants who die suddenly and unexpectedly and to examine similarities and differences in risk factors among infants whose deaths are classified as resulting from sudden infant death syndrome (SIDS), suffocation, or undetermined causes.

Methods

We used 2005 to 2008 data from 9 US states to assess 3136 sleep-related sudden unexpected infant deaths (SUIDs).

Results

Only 25% of infants were sleeping in a crib or on their back when found; 70% were on a surface not intended for infant sleep (e.g., adult bed). Importantly, 64% of infants were sharing a sleep surface, and almost half of these infants were sleeping with an adult. Infants whose deaths were classified as suffocation or undetermined cause were significantly more likely than were infants whose deaths were classified as SIDS to be found on a surface not intended for infant sleep and to be sharing that sleep surface.

Conclusions

We identified modifiable sleep environment risk factors in a large proportion of the SUIDs assessed in this study. Our results make an important contribution to the mounting evidence that sleep environment hazards contribute to SUIDs.

(Am J Public Health. Published online ahead of print April 19, 2012: e1-e9.
doi:10.2105/AJPH.2011.300613)

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300613?prevSearch=safe+sleep&searchHistoryKey=>

18. Maternal Depressive Symptoms, Dysfunctional Cognitions, and Infant Night Waking: The Role of Maternal Nighttime Behavior

Douglas M. Teti, Brian Crosby, The Pennsylvania State University

Article first published online: 17 APR 2012

[DOI: 10.1111/j.1467-8624.2012.01760.x](https://doi.org/10.1111/j.1467-8624.2012.01760.x)

Mechanisms were examined to clarify relations between maternal depressive symptoms, dysfunctional cognitions, and infant night waking among 45 infants (1–24 months) and their mothers. A mother-driven mediational model was tested in which maternal depressive symptoms and dysfunctional cognitions about infant sleep predicted infant night waking via their impact on mothers' bedtime and nighttime behavior with infants (from video). Two infant-driven mediational models were also examined, in which infant night waking predicted maternal depressive symptoms, or dysfunctional cognitions, via their impact on nighttime maternal behavior. Stronger support for the mother-driven model was obtained, which was further supported by qualitative observations from video-recordings. This study provides important insights about maternal depression's effects on nighttime parenting, and how such parenting affects infant sleep.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2012.01760.x/abstract>

III. CURRENT INITIATIVES

19. Prenatal book for First Nations women in Ontario: Best Start Resource Centre looking for input and advisory group members

The resource will share culturally relevant information, and will use the prenatal health information contained in the plain language book 'A Healthy Start for Baby and Me'. The book will include information about pregnancy, labour, birth and issues in the first few weeks after the baby born. The new book will be developed by adjusting the content, adding culturally relevant information, and by changing the images and design. We expect that the book will be used by First Nation and Aboriginal women across Ontario.

The success of this project depends on input from the community, including people with knowledge of culture, tradition, customs, ceremony and teachings related to healthy pregnancy. The project also needs input from front-line community workers and experts with knowledge and experience of the needs and concerns of First Nation women. We welcome your comments and suggestions! You could

comment on the draft table of contents or share key information. We are also looking for advisory committee members, key informants and reviewers.

The advisory committee will provide advice, guidance and suggestions about changes needed to create a prenatal resource that focuses on First Nation women. The advisory will be an important part of the review process for this work. The project is also seeking input from key informants, including traditional people and Elders, about the teachings, customs, and traditions related to pregnancy, childbirth, breastfeeding and family life. Front-line service providers and experts are needed to review the draft book to ensure that it provides the information that meets the needs of First Nations women in Ontario.

A small honorarium will be provided to the people selected to participate in the advisory group, key informants and traditional people, for their contribution to the development of the manual.

This is an exciting project – and a much needed resource. If you are interested in contributing to this important work, either on the advisory group, as a key informant, or traditional advisor, or if you have information you wish to share with the project such as best practice, examples of healthy pregnancy resources for First Nation and Aboriginal women, or have information about current research in this area, please contact Nancy Sagmeister at sagmesiter@bell.net or Wendy McAllister at w.mcallister@healthnexus.ca

20. Request for Proposals: Breastfeeding Resource for First Nations Women in Ontario

Deadline for Proposals: April 30, 2012, 5:00 p.m. EST

The Best Start Resource Centre is seeking a researcher/writer to develop a resource on breastfeeding for First Nations women in Ontario.

This resource will be developed for First Nations women who are breastfeeding, or planning to breastfeed. It will be written in a manner that is strength-based and respectful of cultural values and beliefs. This draft resource will be reviewed by topic experts and by breastfeeding First Nations women. The resource will be produced in English. The main content of the resource will be approximately 4,000 to 8,000 words in length.

The text for this resource will be completed by August 15, 2012. The resource will be available in print format, as well as through the Best Start Resource Centre website. It will be promoted through listservs and e-bulletins.

Approach:

This resource will be based on the breastfeeding content in Breastfeeding Matters, available online at: <http://beststart.org/resources/breastfeeding/index.html>

The researcher/writer will:

- Reduce the literacy level of the content in Breastfeeding Matters by focusing on key messages, and using plain language
- Adjust and add text for cultural relevancy
- Make suggestions for design, photos and layout

Best Start Resource Centre has \$4,000 available for this contract, including taxes and all related costs. The successful applicant will demonstrate strong research and writing skills. Applicant will have demonstrated experience and skills in developing plain language resources related to First Nation health. Applicant will be knowledgeable regarding breastfeeding content.

Interested groups/individuals are requested to submit a brief proposal. The proposal should demonstrate the applicant's knowledge, skills and experience to successfully fulfill this contract; identify approach that the applicant will take in drafting the resource; and the fee. All proposals will be held in confidence.

Deadline for Applications: April 30, 2012 at 5:00 p.m. (EST)

Completion date: August 15, 2012

Submit proposal by email, fax or mail to: w.mcallister@healthnexus.ca

We thank all applicants for their interest. Only those selected for an interview will be contacted.

Best Start Resource Centre is a key program of Health Nexus and is funded by the Government of Ontario.

21. Immigrant Family Separation Study Recruitment Opportunity

Toronto, ON.

As part of a York University Infant and Child Mental Health Lab collaboration with Aisling Discoveries Child and Family Centre, we are offering a home visit treatment program free of charge to Caribbean, African, South Asian, and Chinese mothers and children (under 10 years of age) who have experienced a separation of a year or longer, and are now reunited.

PURPOSE:

To better understand the strengths and challenges faced by reunited families after having experienced a separation of a year or longer

To help parents better understand their child and family, and respond to questions about parenting and their child's behaviour

FORMAT:

Length of time: 6 private confidential sessions (language interpreters available)

Location:

- Aisling Discoveries Child and Family Centre, 325 Milner Avenue, Suite 110, Scarborough, ON
- York University Psychology Clinic (YUPC) Behavioral Sciences Building, Reception Room 104, 4700 Keele Street, Toronto, ON
- Home visits are also available to families for all sessions

Upon completion of your involvement, participants will receive a \$50 grocery store gift certificate as a thank you.

For any additional information, please contact Natasha Whitfield, Ph.D. Candidate, Clinical Developmental Psychology, York University, Toronto

nwhit@yorku.ca or 416-736-2100, ext. 33406.

IV. UPCOMING EVENTS

22. Invest In Our Future: Early Learning & Child Care For The 21st Century

Wednesday, April 25/12, 5:00 PM (Light refreshments will be available)
OISE/UofT Library, Toronto, 252 Bloor Street West

Honourable Margaret Norrie McCain, Co-Author "Early Years Study 3" and Chair, Margaret & Wallace McCain Family Foundation
Kerry McCuaig, Fellow Early Childhood Policy, Atkinson Centre, OISE/University of Toronto

The Toronto Caucus consists of representatives of the six CFUW (Canadian Federation of University Women) clubs in Toronto. We have been advocating with politicians on issues such as affordable housing, employment insurance and poverty reduction.

We are now focused on the need for adequate, not-for-profit early learning and child care in our city. We hope to make this a national effort on the part of all clubs across Canada.

Our study of this topic shows there is considerable evidence that early-learning child care is good for children. Our studies have also convinced us that early learning is an economic investment that strengthens the Canadian fabric and that all levels of government should understand it as a wise use of taxpayer dollars. The social benefits of investing in early education and high-quality child care make it a wise use of tax dollars. A recent Canadian study on the cost-benefit of public investment in quality childcare shows a return of \$2.54 for every dollar invested.

To focus on this discussion we would like to invite you to an evening with the Hon. Margaret Norrie McCain and Kerry McCuaig. Their newly published Early Years Study 3: Making Decisions, Taking Action will be the discussion topic for the evening.

Early Years Study 3 available at <http://earlyyearsstudy.ca/en/>

RSVP (by April 20) TO: Margaret McGovern mjmcgovern@sympatico.ca

23. Infant Mental Health Promotion: Understanding And Responding To The Mental Health Needs Of Infants And Toddlers

Part 1 - Monday May 14, 2012 / Part 2 – Monday May 28, 2012
Toronto (onsite), via webcast or OTN Videoconferencing

Part 1 - Monday May 14, 2012

Formulating Infant Developmental Status

Presenters: Mary Rella, B.A. Dip.C.S., Manager, Assessment, Training and Consultation, Thistletown Regional Centre, INTERFACE Program, Ministry of Children and Youth Services & Mary Motz, Ph.D., C.Psych., Clinical Psychologist, Mothercraft, Early Intervention Department

This day will provide an overview of typical and atypical social and emotional development in infants and toddlers including the type and sources of information required to formulate developmental status. Presenters will discuss various constructs that define a child's mental health, as well as the connections between the constructs that can be used to identify a child's specific developmental needs. Theoretical frameworks which consider the child, mother-child relationship and specific developmental challenges will be discussed, including exposure to trauma and the influence of the attachment relationship. The information gathered through the process of formulating an infant's developmental status can then be used to guide professionals and caregivers in identifying necessary supports, resources and services.

Part 2 – Monday May 28, 2012

Responding To Vulnerability Using Developmental Program Plans For Infants

Presenter: Chaya Kulkarni, BAA, M.Ed, Ed.D., Director, Infant Mental Health Promotion (IMHP)

Day 2 of this series will focus on using the information gathered about an infant, toddler or preschooler's developmental status and the context of the relationships surrounding the child to create an individualized developmental program plan for the child. Developmental program plans can be used as an interim strategy to support development while awaiting clinical services. The Developmental Plans provide caregivers with activities to foster a child's development based on the child's individual needs. The plans are developed and informed by the screening and formulation outlined in part 1. This day will highlight the new IMHP "Help Me Grow: Developmental Program Plan" tools and describe how they can be used to foster a child's development with special thought given to mental health needs. The plans can also be implemented in care and therapeutic access, with foster families and more.

Advance registration is required. Please note - Participants MUST register for both sessions.

Registration Fees: TWO-DAY

In-Person Registration - \$220 (Members), \$275 (Non-Members)

Group Webcast or OTN Videoconferencing - \$860 (Member), \$1075 (Non-Member)

Individual Webcast \$280 (Members), \$350 (Non-member)

Dates/ Time:

Part 1 Monday May 14, 2012, 9 am to 4 pm (EST)

Part 2 Monday May 28, 2012 9 am to 4 pm (EST)

Location:

The Hospital for Sick Children, 555 University Ave., Toronto, ON

1st Floor, Daniels Hollywood Theatre

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

24. Minding Our Bodies Forum: Healthy Eating and Physical Activity for Women's Mental Health

Friday May 4/12 8:30 am- 4:00 pm

Location: Stoney Creek Community Centre & YMCA

920 Sunningdale Rd E. London, Ontario

This event will bring together peers, program leaders and practitioners from the community mental health, nutrition, and physical activity sectors who work with women.

* Celebrate the success of health promotion programs for women * Learn about the connection between physical and mental health * Share ideas and programming experiences with others * Strengthen partnerships and build new connections between sectors

On the agenda:

* Local physical activity and healthy eating programs in action - Panel of program leaders will share their experience, challenges, and successes.

* Interactive sessions - Engaging activities including dialogue, yoga, theatre performance, and drumming.

* Keynote presentations - Researchers will share current evidence on the connection between physical and mental health

Space is limited; Please register online:

<http://mindingourbodieswomensforum.eventbrite.com>

Registration \$20 (includes breakfast and lunch); subsidized tickets available.

For more information about the project visit <http://www.mindingourbodies.ca> or call 1-800-875-6213 ext. 4094

25. Workshops: Motivational Interviewing for Health Practitioners (Level 1 and Level 2)

Level 1: June 15, 2012/ Level 2: Sept 21, 2012

Hilton Garden Inn Toronto/Vaughan

For Details and Registration: www.MonarchSystem.com

<http://www.eventbrite.ca/event/2562249758>

Funding Support Note: Allied health professionals (including dietitians) are encouraged to apply for reimbursement funding via the Allied Health Professional Development Fund provided through Health Force Ontario. Please go to www.ahpdf.ca for complete information.

26. Trainer "Intensive" for BOUNCE BACK & THRIVE! Resiliency Skills Training For Parents

Toronto, ON

August 20-24/12

BOUNCE BACK & THRIVE!, is a new resiliency skills training for parents of children under eight. This free training is a federally-funded initiative. Participants will be selected based on their level of prior professional experience as well as their location. We are seeking representation from across Canada and have reserved 2 spaces per province and territory until May 15th. Space is very limited, so please apply before May 15, 2012. Successful applicants will be notified by June 1, 2012

For more information and to download an application form:

<http://www.reachinginreachingout.com/becometrainer.htm>

V. RESOURCES

27. American Academy of Pediatrics Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment

Despite a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics (AAP) released its recommendation in 1992 that infants be placed for sleep in a nonprone position, this decline has plateaued in recent years. Concurrently, other causes of sudden unexpected infant death that occur during sleep (sleep-related deaths), including suffocation, asphyxia, and entrapment, and ill-defined or unspecified causes of death have increased in incidence, particularly since the AAP published its last statement on SIDS in 2005. It has become increasingly important to address these other causes of sleep-related infant death. Many of the modifiable and nonmodifiable risk factors for SIDS and suffocation are strikingly similar. The AAP, therefore, is expanding its recommendations from focusing only on SIDS to focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS. The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, room-sharing without bed-sharing, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

<http://pediatrics.aappublications.org/content/128/5/1030.full>

28. Baby Friendly rap

The Massachusetts Breastfeeding Coalition along with the Breastfeeding Coalition of Oregon have produced a Baby Friendly rap which is now live at

http://www.youtube.com/watch?v=N9KptD3t110&feature=youtube_gdata_player

29. Canadian Best Practices Portal/Portail canadien des pratiques exemplaires

The Canadian Best Practices Portal (CBPP) is a compendium of community interventions related to chronic disease prevention and health promotion that have been evaluated, shown to be successful, and have the potential to be adapted and replicated by other health practitioners working in similar fields. The Portal is one part of your solution to improving public health program decision-making by enabling front-line health practitioners to access well evaluated and effective chronic disease prevention and health promotion interventions. It is easily searchable by category or population.

<http://www.cbpp-pcpe.phac-aspc.gc.ca/index-eng.html>

Le Portail canadien des pratiques exemplaires (PCPE) est un recueil d'interventions communautaires liées à la prévention des maladies chroniques et à la promotion de la santé qui ont été évaluées, qui se

sont avérées efficaces et qui peuvent être adaptées et reproduites par d'autres professionnels de la santé œuvrant dans des domaines semblables. Le Portail constitue un élément de la solution qui vous est offerte pour améliorer la prise de décisions touchant les programmes de santé publique, en permettant aux professionnels de la santé de première ligne d'accéder à des interventions efficaces et bien évaluées en matière de prévention des maladies chroniques et de promotion de la santé.

<http://www.cbpp-pcpe.phac-aspc.gc.ca/index-fra.html>

VI. FEATURED BEST START RESOURCES

30. A Healthy Start for Baby and Me/ Un départ en santé pour mon bébé et moi, 2011

A low literacy prenatal book suitable for women who have difficulty reading due to literacy or language. Includes information about pregnancy, labour, delivery, postpartum and early infant care.

Available In print and PDF download

To

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

Livre facile à lire au sujet de la grossesse et de la naissance. Inclut des renseignements sur la grossesse, le travail et la naissance, la période post-partum et les soins du nouveau-né.

Disponible en format imprimé et télécharger en format PDF

<http://www.meilleurdepart.org/resources/repro/index.html>

About 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.healthnexussante.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.healthnexussante.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/>