

MNCHP Network Bulletin



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by/par health **nexus** santé

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

February 7, 2014

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I. NEWS & VIEWS

1. Toronto Gets Daycare Funding Boost from Queen's Park

The city of Toronto received an additional \$21 million in provincial child-care funding, which will allow for an additional 668 new daycare fee subsidies for infants, toddlers and preschoolers. The 7.6% increase in provincial funding will also help to finance additional infant and toddler day care spaces and ensure that the fee subsidies cover the full cost of care (Monsebraaten, 2014, February 7).

http://www.thestar.com/news/gta/2014/01/08/toronto_gets_daycare_funding_boost_from_queens_park.html

2. Lack of Outdoor Play Said to Hurt Children's Development

This article published in the CBC news (2014) reports that children do not spend enough time engaged in outdoor, unstructured play. The Ontario Ministry of Health recommends that children between the ages of one and five get 60 minutes of unstructured play each day. For the past two years the Ministry has provided school boards with additional funding for outdoor education. The funding for all publicly funded school boards is to be used to provide students with outdoor educational experiences led by adults. It is believed that outdoor play is useful for the development of social skills as well as problem-solving, negotiation and decision-making skills that are built in part by imaginative play.

<http://www.cbc.ca/news/canada/windsor/lack-of-outdoor-play-said-to-hurt-children-s-development-1.2497526>

3. CrossFit for Kids? If Done Properly, Trainers Say it Can Have Huge Benefits

The CrossFit regime consists of varied functional movements done at a relatively high intensity. Exercises like running, burpees, chin-ups, sit-ups, push-ups and weightlifting are combined in different ways to create a mixed-workout regimen. Much of CrossFit can be categorized as neuromuscular training exercises that help build joints and muscles. Many gyms are now offering CrossFit programs for children. Children's workouts centre on functional movements such as rolling, jumping, pushing and pulling. Some experts claim that CrossFit style exercises can strengthen children's muscles and joints, as well as decrease their chances of getting injured.

<http://www.ctvnews.ca/health/crossfit-for-kids-if-done-properly-trainers-say-it-can-have-huge-benefits-1.1634845#ixzz2ruf8JFiuThe>

4. Children with Mental Illness Facing Long Wait Times for Diagnosis, Care

Despite the fact that the best intervention for mental problems and mental illness is early intervention, children in Canada who are suffering from mental illness are facing long delays in receiving care. Surveys indicate that approximately 1.2 million children in Canada are affected by mental illness, but only one in four get timely and appropriate care. Mental health services are currently underfunded, and as a result wait times of up to one year for psychiatric assessments and treatments have been reported.

<http://www.ctvnews.ca/health/children-with-mental-illness-facing-long-wait-times-for-diagnosis-care-1.1656699>

5. Full-day Kindergarten Registration Now Underway. Program Getting Results, rollout Complete this September Across the Province

(available in French)

Ontario parents are encouraged to register their four and five year old children for full day kindergarten this upcoming September. Registration is currently underway at many of Ontario's elementary schools. By this fall, full-day kindergarten will be available for all four and five year olds in Ontario, completing the province-wide rollout of this program. A recent study showed that compared to those who participated in half-day programs, students who were enrolled in full-day kindergarten programs are better prepared to enter grade 1 and to be more successful in school.

EN: <http://news.ontario.ca/edu/en/2014/1/full-day-kindergarten-registration-now-underway.html>

FR: <http://news.ontario.ca/edu/fr/2014/01/les-inscriptions-au-programme-dapprentissage-a-temps-plein-de-la-maternelle-et-du-jardin-denfants-so.html>

6. The Issue is Not Poor Children but Family Poverty

In this opinion piece written by Dennis Raphael in the Hamilton Spectator (2014), child poverty is reframed as an issue of family poverty. Dr. Raphael claims that family poverty is a result of the unequal distribution of income and wealth that exists among Canadians. He claims that reducing in the imbalances in power and influence that exist is the best way to reduce child and family poverty.

<http://www.thespec.com/opinion-story/4299112-the-issue-is-not-poor-children-but-family-poverty/>

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

7. How Siblings Interact Tied to Younger Child's Development*

Prime, H., Pauker, S., Plamondon, A., Perlman, M., & Jenkins, J. (2014). Sibship size, sibling cognitive sensitivity, and children's receptive vocabulary. *Pediatrics*, 133(2), 394-401.

ABSTRACT:

Objectives: The aim of the current study was to examine the relationship between sibship size and children's vocabulary as a function of quality of sibling interactions. It was hypothesized that coming from a larger sibship (ie, 3+ children) would be related to lower receptive vocabulary in children. However, we expected this association to be moderated by the level of cognitive sensitivity shown by children's next-in-age older siblings.

Methods: Data on 385 children (mean age = 3.15 years) and their next-in-age older siblings (mean age = 5.57 years) were collected and included demographic questionnaires, direct testing of children's receptive vocabulary, and videos of mother-child and sibling interactions. Sibling dyads were taped engaging in a cooperative building task and tapes were coded for the amount of cognitive sensitivity the older sibling exhibited toward the younger sibling.

Results: Hierarchical regression analyses were conducted and showed an interaction between sibship size and sibling cognitive sensitivity in the prediction of children's receptive vocabulary; children exposed to large sibships whose next-in-age older sibling exhibited higher levels of cognitive sensitivity were less likely to show low vocabulary

skills when compared with those children exposed to large sibships whose siblings showed lower levels of cognitive sensitivity.

Conclusions: Children who show sensitivity to the cognitive needs of their younger siblings provide a rich environment for language development. The negative impact of large sibships on language development is moderated by the presence of an older sibling who shows high cognitive sensitivity.

<http://pediatrics.aappublications.org/content/133/2/e394.abstract>

News article: http://www.huffingtonpost.com/2014/01/27/older-siblings-improve-kids-vocabulary_n_4674430.html

8. Maternal-Preterm Skin-to-Skin Contact Enhances Child Physiologic Organization and Cognitive Control Across the First 10 Years of Life*

Feldman, R., Rosenthal, Z., & Eidelman, A. (2014). Maternal-preterm skin-to-skin contact enhances child physiologic organization and cognitive control across the first 10 years of life. *Biological Psychiatry*, 75(1), 56-64.

ABSTRACT:

Background: Maternal–newborn contact enhances organization of the infant’s physiological systems, including stress reactivity, autonomic functioning, and sleep patterns, and supports maturation of the prefrontal cortex and its ensuing effects on cognitive and behavioural control. Premature birth disrupts brain development and is associated with maternal separation and disturbances of contact-sensitive systems. However, it is unknown whether the provision of maternal–preterm contact can improve long-term functioning of these systems.

Methods: We used the Kangaroo Care (KC) intervention and provided maternal–newborn skin-to-skin contact to 73 premature infants for 14 consecutive days compared with 73 case-matched control subjects receiving standard incubator care. Children were then followed seven times across the first decade of life and multiple physiologic, cognitive, parental mental health, and mother–child relational measures were assessed.

Results: KC increased autonomic functioning (respiratory sinus arrhythmia, RSA) and maternal attachment behaviour in the postpartum period, reduced maternal anxiety, and enhanced child cognitive development and executive functions from 6 months to 10 years. By 10 years of age, children receiving KC showed attenuated stress response, improved RSA, organized sleep, and better cognitive control. RSA and maternal behaviour were dynamically interrelated over time, leading to improved physiology, executive functions, and mother–child reciprocity at 10 years.

Conclusions: These findings are the first to demonstrate long-term effects of early touch-based intervention on children’s physiologic organization and behavioural control and have salient implications for the care practices of premature infants. Results demonstrate the dynamic cascades of child physiological regulation and parental provisions in shaping developmental outcome and may inform the construction of more targeted early interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/24094511>

9. Flu Shots While Pregnant Tied to Lower Preterm Birth Risk

Legge, A., Dodds, L., MacDonald, N. E., Scott, J., & McNeil, S. (2014). Rates and determinants of seasonal influenza vaccination in pregnancy and association with neonatal outcomes. *Canadian Medical Association Journal*. doi: 10.1503/cmaj.130499

Background: There is growing evidence that seasonal influenza vaccination in pregnancy has benefits for mother and baby. We determined influenza vaccination rates among pregnant women during the 2 nonpandemic influenza seasons following the 2009 H1N1 pandemic, explored maternal factors as predictors of influenza vaccination status and evaluated the association between maternal influenza vaccination and neonatal outcomes.

Methods: We used a population-based perinatal database in the province of Nova Scotia, Canada, to examine maternal vaccination rates, determinants of vaccination status and neonatal outcomes. Our cohort included women who gave birth between Nov. 1, 2010, and Mar. 31, 2012. We compared neonatal outcomes between vaccinated and unvaccinated women using logistic regression analysis.

Results: Overall, 1958 (16.0%) of 12 223 women in our cohort received the influenza vaccine during their pregnancy. Marital status, parity, location of residence (rural v. urban), smoking during pregnancy and maternal influenza risk status were determinants of maternal vaccine receipt. The odds of preterm birth was lower among infants of vaccinated women than among those of nonvaccinated women (adjusted odds ratio [OR] 0.75, 95% confidence interval [CI] 0.60–0.94). The rate of low-birth-weight infants was also lower among vaccinated women (adjusted OR 0.73, 95% CI 0.56–0.95).

Interpretation: Despite current guidelines advising all pregnant women to receive the seasonal influenza vaccine, influenza vaccination rates among pregnant women in our cohort were low in the aftermath of the 2009 H1N1 pandemic. This study and others have shown an association between maternal influenza vaccination and improved neonatal outcomes, which supports stronger initiatives to promote vaccination during pregnancy.

<http://www.cmaj.ca/content/early/2014/01/13/cmaj.130499.full.pdf+html?sid=378cf7d4-9c4f-4f07-bf5b-7b94684910c5>

News article: <http://www.cbc.ca/news/health/flu-shots-while-pregnant-tied-to-lower-preterm-birth-risk-1.2485613>

10. Maternal Vitamin D Status and the Risk of Mild and Severe Preeclampsia*

Bodnar, L. M., Simhan H. N., Catov J. M., Roberts J. M., Platt, R. W., Diesel J. C., & Klebanoff, M. A. (2014). Maternal vitamin D status and the risk of mild and severe preeclampsia. *Epidemiology*. doi: 10.1097/EDE.0000000000000039.

ABSTRACT:

Background: We sought to determine the association between maternal vitamin D status at ≤ 26 weeks' gestation and the risk of preeclampsia by clinical subtype.

Methods: We conducted a case-cohort study among women enrolled at 12 US sites from 1959 to 1966 in the Collaborative Perinatal Project. In serum collected at ≤ 26 weeks' gestation (median 20.9 weeks) from 717 women who later developed preeclampsia (560 mild and 157 severe cases) and from 2986 mothers without preeclampsia, we measured serum 25-hydroxyvitamin D, over 40 years later, using liquid chromatography-tandem mass spectrometry.

Results: Half of women in the subcohort had 25-hydroxyvitamin D (25(OH)D) > 50 nmol/L. Maternal 25(OH)D 50 to 74.9 nmol/L was associated with a reduction in the absolute and relative risk of preeclampsia and mild preeclampsia compared with 25(OH)D < 30 nmol/L in the crude analysis but not after adjustment for confounders, including race, prepregnancy body mass index, and parity. For severe preeclampsia, 25(OH)D ≥ 50 nmol/L was associated with a reduction in three cases per 1000 pregnancies (adjusted risk difference = -0.003 [95% confidence interval = -0.005 to 0.0002]) and a 40% reduction in risk (0.65 [0.43 to 0.98]) compared with 25(OH)D < 50 nmol/L. Conclusions were unchanged (1) after restricting to women with 25(OH)D measured before 22 weeks' gestation or (2) with formal sensitivity analyses for unmeasured confounding.

Conclusions: Maternal vitamin D deficiency may be a risk factor for severe preeclampsia but not for its mild subtypes. Contemporary cohorts with large numbers of severe preeclampsia cases would be needed to confirm or refute these findings.

<http://www.ncbi.nlm.nih.gov/pubmed/24457526>

11. Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario

Public Health Ontario (2013) has prepared a three-part report related to child and youth obesity. It outlines risk factors associated with overweight and obesity in children and youth, the effectiveness (and cost-effectiveness) of interventions to prevent and treat overweight and obesity in children and youth, and programs or initiatives implemented by other jurisdictions and Ontario public health units.

http://www.publichealthontario.ca/en/eRepository/Addressing_Obesity_Children_Youth_Sept2013.pdf

12. Systematic Review: School Health Promotion Interventions Targeting Physical Activity and Nutrition can Improve Academic Performance in Primary- and Middle School Children*

Pucher K. K., Boot N. M. W. M., & De Vries, N. K. (2013). Systematic review: School health promotion interventions targeting physical activity and nutrition. *Health Education, 113*(5), 372-391.

ABSTRACT:

Purpose: A systematic review of effects and mediators was conducted to determine whether school health promotion interventions (SHPIs) can enhance children's academic performance (AP).

Design/Methodology/Approach: PubMed and PsycINFO database searches and subsequent reference list reviews were conducted for papers published before 18 January 2012 with a standard form of eligibility criteria encompassing standardized measures of AP (e.g. grade-point averages, end of year marks) and methodology sound studies (e.g. randomized controlled trials, cross-over controlled trials, quasi-experimental designs with pre- and posttest) of interventions addressing healthy lifestyles in the general school population. Information for the study description was extracted from the original article (e.g. country, study purpose, research design, effects on AP measures, components of Health Promoting School, author's explanations for observed effects). Effect sizes were calculated for effects on AP measures.

Findings: Remaining SHPIs targeted exclusively the maintenance of energy balance (physical activity (PA) and nutrition) and had small to large positive effects on AP; no negative effects were reported. Effects of different kinds of interventions varied across academic domains. One PA intervention reported large effects of vigorous activity on mathematics; another PA intervention had small to medium impact on language scores. Small to medium effects were found for interventions combining nutrition and PA elements; one affected mathematics and another both mathematics and language scores. Slight improvements in language scores were observed for breakfast provision in schools.

Limitations: The small number of interventions, little homogeneity in intervention components (content, length and measurement instruments), reporting bias and some inconsistent results should be considered when interpreting our results. Our review did not allow definite conclusions concerning mechanisms responsible for effects of SHPIs on AP.

Practical Implications: Planned development of school health promotion will need to be based on evidence. Measures of AP should be included in evaluations of SHPIs. Schools and health professionals should be made aware of the importance of these measures.

Originality/ Value: We provide evidence that SHPIs promoting energy balance can affect AP, also if they do not target children at risk or with specific symptoms, nor employ elements directly connected to school education.

<http://www.healthevidence.org/lfe.aspx?x=umvqfybezqdnhcjpcfu&r=25496>

III. CURRENT INITIATIVES

13. Ontario's Healthy Kids Strategy (available in French)

In 2012, the Ministry of Health and Long-Term Care assembled a group of experts to serve on its Healthy Kids Panel and provide advice on how to achieve the government's

goal of reducing childhood obesity. In response to the panel's recommendations, the government created Ontario's Healthy Kids Strategy. The strategy is focused on three priorities: Healthy Start - supporting healthy pregnancy and early years to build the foundation for healthy childhood and beyond, Healthy Food - initiatives to promote healthy eating, achieving healthy weights and healthy childhood development and Healthy Active Communities - building healthy environments for kids in their communities (Government of Ontario, 2014, January 24).

EN: <http://news.ontario.ca/mohltc/en/2014/01/ontarios-healthy-kids-strategy.html>

FR: <http://news.ontario.ca/mohltc/fr/2014/01/strategie-pour-la-sante-des-enfants-de-lontario.html>

14. Helping Children Get a Healthier Start in Life-Government Launches the Healthy Kids Community Challenge

(available in French)

The Healthy Kids Community Challenge was recently launched in Ontario. This initiative will help children to be more active and healthy so that they can reach their full potential. Ontario will provide 30 communities with funding, training, advice, social marketing tools and other resources over four years so that they may develop and implement community-based programs and activities that promote healthy habits. Communities are encouraged to partner with schools, public health organizations and other local organizations and businesses to submit an application to participate in the challenge. If selected, communities will plan and implement initiatives together that promote healthy eating, physical activity and adequate sleep (Government of Ontario, 2014, January 24).

EN: <http://news.ontario.ca/opo/en/2014/01/helping-children-get-a-healthier-start-in-life.html>

FR: <http://news.ontario.ca/opo/fr/2014/01/aider-les-enfants-a-prendre-un-depart-plus-sain-dans-la-vie.html>

IV. UPCOMING EVENTS

15. Exercise During Pregnancy: Update on Research, Guidelines and Clinical Relevance-Simultaneous Webinar and In-Person Workshop

February 12, 2014: Online and in-person in Stoney Creek, Ontario

The updated 2013 *PARmed-X for Pregnancy* is a Canadian tool that can be used for medical pre-screening to ensure a low risk pregnancy and to provide guidelines for exercise during pregnancy. Promotion of active living during pregnancy is imperative and women with a low risk pregnancy can continue or start an exercise program. Some of the benefits of being physically active during pregnancy include prevention of gestational diabetes, hypertension and excessive pregnancy weight gain, improvement in heart and lung health and stamina for labour and birth with improved recovery after delivery.

<https://www.ophea.net/webinar-registration/parc-workshops>

16. Webinar Series: Family-Based Approaches for Building Resiliency in Children and Youth. Part 2: Learning from the Field

February 19, 2014: Online

Part Two of this webinar series will explore the use of family-based programs for building resiliency through mental health promotion and other substance misuse prevention activities and will feature community partners who deliver family-based programming. A panel of practitioners will discuss successes and lessons learned, and will reflect on the existing evidence in this area of practice. There will be substantial opportunities for discussion among webinar participants.

<http://hclinkontario.ca/index.php/component/jevents/icalrepeat.detail/2014/02/19/79/-/webinar-series-family-based-approaches-for-building-resiliency-in-children-and-youth-part-2-learning-from-the-field.html?Itemid=1>

17. 2014 Annual Ontario Association on Developmental Disabilities Conference- 25 Years of Innovation: Meeting Challenges and Building Successes.

April 8-11, 2014: Kingston, Ontario

A variety of disability related topics will be discussed in the various concurrent sessions, such as: special education for children and youth with developmental disabilities, effective practices for working with adults living with Fetal Alcohol Spectrum Disorder and current research related to children impacted by severe developmental disabilities.

http://www.oadd.org/Schedule_235.html

18. Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families: From Preconception to Preschool, Best Start

February 20, 2014: Oakville, Ontario

This interactive workshop is for service providers who work with young children, with parents of young children, or who have the opportunity to influence the health and development of young children. This workshop explores what it means to effectively work with LGBTQ+ families, and to support a broad range of gender expression and creativity in children. Based on a new resource from the Best Start Resource Centre, the workshop addressed issues for those working with families from preconception to preschool. Participants will learn how service providers can make their programs for families, parents and children, into spaces that honour and celebrate this diversity, reflect on personal and organizational beliefs about LGBTQ+ individuals and willingly challenge these beliefs in order to be an LGBTQ+ positive professional and learn successful strategies and best practices to build an organizational commitment for LGBTQ+ inclusivity.

<http://beststart.org/events/2014/LGBTQ/index.html>

19. Engagement of Newcomers Consultation Event

February 11, 2014: Mississauga, Ontario

Members of the Peel community (including faith/community leaders) who work directly with newcomers or parents of young children are invited to offer their input on the experiences of newcomer parents of young children. Topics to be discussed include: services and programs that parents access for their young children ages 0-6 years old, barriers faced in accessing services and programs, and how best to reach out and

connect with newcomer families.

http://www.pcyi.org/news-releases?news_id=106

20. The Rocky Mountain Early Childhood Conference

March 14-15, 2014: Denver, Colorado

This conference aims to support and solidify the growing understanding of the importance of investing in our youngest children. The Rocky Mountain Early Childhood Conference provides an opportunity for teachers, practitioners and advocates to learn, share and connect. Keynote speakers, hundreds of workshops and exhibitors, and networking opportunities will be offered.

<http://www.ecconference.com/>

21. Webinar-The Baby-Friendly Initiative: Evidence-Based Key Messages and Resources

February 19, 2014: Online

This one-hour, free webinar is for anyone working in hospitals or community settings seeking to implement the Baby-Friendly Initiative (BFI). The Best Start Resource Centre developed this resource in partnership with The Baby-Friendly Initiative Ontario to support service providers on their BFI implementation journey. The webinar will highlight how this resource can be used to support service providers in using a common language, agreeing on key messages, understanding the evidence base, and accessing resources to support the practical aspects of BFI implementation. Time will be allotted for questions and discussion.

http://www.beststart.org/events/2014/webinar_BFI/BFI_Jan29.html

22. HBHC Pre-Conference open to all service providers: Support client's efforts to modify risk behaviours!

February 26-28, 2014: Toronto, Ontario

The 2014 Healthy Babies Healthy Children day is relevant to all service providers who want to learn skills and strategies to support client's efforts to modify risk behaviours, although content has been tailored to be of primary interest to public health nurses working in the Healthy Babies Healthy Children program. Since there is some space remaining in this session, we are pleased to announce that this session is now open to **ALL** service providers who work in preconception health, prenatal health and early child development! Early Bird Rates are still available for this pre-conference session but there is limited space. Register early to avoid disappointment!

This full day pre-conference session will be hosted by [Dr. Steve Hotz](#), *Adjunct Professor, Community Medicine at the University of Ottawa*. It will offer practical suggestions for service providers in key areas of their work. This workshop addresses skills and strategies to support client's efforts to modify risk behaviours. It presents a brief counselling model and techniques based on an integration of the Transtheoretical Model of behaviour change (Prochaska et al., 2012) and Motivational Interviewing (Miller & Rollnick, 2008, 2012).

Participants will learn to:

- Assess motivation and the barriers to health behaviour change

- Help clients make fully informed choices about treatments
- Facilitate commitment to change and build skills that support adoption and maintenance of treatment
- Strengthen existing counselling by using specific skills to tailor interventions to client level of readiness

<http://www.beststart.org/events/2014/bsannualconf14/index.htm>

V. RESOURCES

23. Healthy Schools, Healthy Communities: How You Can Make a Difference

This is an illustrated video developed by Ophea's Physical Activity Resource Centre (PARC) that is designed to support individuals and communities in working towards healthy schools.

<http://www.ophea.net/healthy-schools-communities>

24. Congenital Anomalies in Canada 2013: A Perinatal Health Surveillance Report (available in French)

This report (Public Health Agency of Canada, 2013) provides an overview of congenital anomalies in Canada, focusing on six important categories including: Down syndrome, neural tube defects, congenital heart defects, oral facial clefts, limb deficiency defects and gastroschisis. Each chapter presents national estimates on birth prevalence, temporal trends, as well as provincial, territorial and international comparisons. Risk factors, impacts of prenatal diagnosis and preventive measures are also discussed. Methods of primary and secondary prevention and management and treatment options for selected congenital anomalies are described.

EN: <http://www.phac-aspc.gc.ca/ccasn-rsac/cac-acc-2013-eng.php>

FR: <http://www.phac-aspc.gc.ca/ccasn-rsac/cac-acc-2013-fra.php>

25. Documentary: Doc Zone-The Motherload

This documentary takes an in-depth look at the subject of working mothers. Current issues, challenges and triumphs are explored. Canadian women's lives are compared to those of their American counterparts and the negative impact of struggling with work-life balance on health is explored.

<http://www.cbc.ca/doczone/episodes/motherload>

26. Canada's Low-Risk Alcohol Drinking Guidelines

Canada's Low-Risk Alcohol Drinking Guidelines were developed by a team of independent Canadian and international experts, on behalf of the National Alcohol Strategy Advisory Committee (NASAC). These guidelines, intended for Canadians of legal drinking age who choose to drink alcohol, aim to provide consistent information across the country to help Canadians moderate their alcohol consumption and reduce

their immediate and long-term alcohol-related harm. It is recommended that the safest choice for women who are pregnant, planning to become pregnant or about to breastfeed is to drink no alcohol at all. A low-risk alcohol drinking guideline on women and alcohol will be made available on the Canadian Centre on Substance Abuse's website on February 7, 2014.

<http://www.ccsa.ca/Eng/Priorities/Alcohol/Canada-Low-Risk-Alcohol-Drinking-Guidelines/Pages/default.aspx>

VI. FEATURED BEST START RESOURCES

27. 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.

http://www.beststart.org/resources/howto/pdf/LGBTQ_Resource_fnl_online.pdf

28. The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources

This resource was developed in partnership with BFI Ontario. It provides key supports for agencies that are implementing or maintaining the standards of the *Baby-Friendly initiative (BFI)*. It highlights the key points regarding each of the *10 Steps to Successful Breastfeeding* and the *WHO Code of Marketing of Breastmilk Substitutes* and explains them with evidence-informed language. The additional online, linked resources can be used when implementing each of the 10 Steps or requirements of the Code, make this resource practical and user-friendly. It is equally applicable in hospital and community settings.

http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

29. Growing Up in a New Land – A Guide for Newcomer Parents

This booklet is for newcomer parents with children 0-6. It contains information on community and government support organizations as well as resources and tips for adjusting to a new land while honouring one's culture. The literacy level of this booklet has been assessed with Flesh-Kincaid at a reading level of about 6.

http://www.beststart.org/resources/hlthy_chld_dev/Growing_up_Parents_EN_online_Final.pdf

30. Putting Health Promotion into Action: A Resource for Early Learning and Child Care Settings

This resource provides an introduction to health promotion and its significance to the early learning and childcare sector. Programs in Ontario that are successfully implementing health promotion are highlighted.

http://www.beststart.org/resources/hlthy_chld_dev/BSRC_HP_Action_June2013.pdf

31. Obesity and Preconception and Pregnancy

This report provides current information about the prevalence of, risk factors for, and implications of obesity in the preconception and perinatal periods in Ontario. Additional information is presented concerning approaches that have been effective in addressing obesity in the preconception and prenatal periods. Evidence-based practices are limited at this time and additional research is needed.

http://beststart.org/resources/preconception/BSRC_obesity_report_Jan2014.pdf

About This Bulletin

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Other Health Nexus Communications:

Electronic Bulletins

OHPE: Your weekly update on the latest health promotion news, events, jobs and resources, featuring original articles—and much more. Produced in collaboration with Public Health Ontario.

Le Bulletin de santé maternelle et infantile: A bulletin featuring information about maternal, newborn and child health promotion, in French.

Le Bloc-Notes: A monthly French language bulletin focused on health promotion issues, events, jobs and resources for French-language minority communities across Canada.

Online Networks (listservs)

The Maternal Newborn and Child Health Promotion (MNCHP) Network: An electronic network for service providers working to promote preconception, prenatal and child health.

Réseau de Santé Maternelle et Infantile (RSMI): An electronic network to share information about preconception, prenatal and child health, in French.

The Best Start Aboriginal Sharing Circle (BSASC) Network: An electronic network designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health.

The Healthy Babies Healthy Children (HBHC) Network: An electronic network for HBHC program staff.

[Click4HP](#): An international, moderated, dialogue on health promotion, open to anyone who wants to ask questions, share ideas, announce new resources and events. Join the conversation!

Blogs

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