

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

January 27, 2012

The next bulletin will be released February 10, 2012.

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I. NEWS & VIEWS

1. Latest Product Recalls

- Bicycle helmets for children and youth

The company's product testing demonstrated that some helmets do not meet US impact resistance tests, posing a head injury hazard.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1521

- Casques de vélo pour enfants et pour jeunes

Selon des essais effectués par l'entreprise, certains produits ne respectent pas les normes américaines de résistance aux impacts, ce qui pose un risque de blessure à la tête.

http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1521

- Rancidity Detected In President's Choice Organics Infant Cereal

The Canadian Food Inspection Agency (CFIA) and Loblaw Companies Limited are warning the public not to consume some President's Choice Organics infant cereals because these products may have an unpleasant rancid odour, or taste. Loblaw Companies Limited is voluntarily recalling the affected products from the marketplace.

A full list of lot codes affected by this recall can be found here:

<http://www.inspection.gc.ca/english/corpafr/recarapp/2012/20120118e.shtml>

- Rancidité De Certaines Céréales Pour Nourrissons Le Choix Du Président Biologique L'Agence canadienne d'inspection des aliments (ACIA) et Les Compagnies Loblaw limitée avisent la population de ne pas consommer certaines céréales pour nourrissons Le Choix du Président Biologique. En effet, les produits visés pourraient avoir une odeur ou un goût rance désagréable. Les Compagnies Loblaw limitée retire volontaire du marché les produits visés. <http://www.inspection.gc.ca/francais/corpafr/recarapp/2012/20120118f.shtml>

2. Twin Births Rise Dramatically, Especially For Older Women

The CDC (Centers for Disease Control and Prevention) released a report showing that the rate of twin births has risen quite substantially since the 1980s, especially amongst older women. <http://www.medicalnewstoday.com/articles/239966.php>

3. Breastfeeding Law Poses Unique Challenge to Businesses

A US federal law regarding working mothers is posing a new challenge to businesses, especially to smaller businesses with limited resources. According to an amendment to the Fair Labor Standards Act, added after President Obama's Affordable Care Act became law, businesses must provide adequate space and break time for nursing mothers to pump breast milk.

http://www.huffingtonpost.com/2012/01/05/breastfeeding-law-poses-challenge-to-businesses_n_1186982.html?ref=business&ir=Business

4. Program seeks to increase breast-feeding

According to research by the Centers for Disease Control and Prevention, black mothers nationwide lag behind other racial and ethnic groups when it comes to breast-feeding. In a recent study, 54 percent of black mothers breast-fed their infants from birth, compared with 74 percent of white mothers and 80 percent of Hispanic mothers. Breast-feeding rates for all groups, including Asian and Native American mothers, drop after six months. But just 27 percent of African American mothers continued to breast-feed, compared with 43 percent of white mothers and 45 percent of Hispanic mothers.

http://www.washingtonpost.com/local/program-seeks-to-increase-breastfeeding-among-black-women-in-district/2011/12/20/gIQAIKQsWP_story.html

5. MOTHERHOOD AFTER 40: Parent groups ward off isolation for older moms

Raising children is physically and emotionally grinding for parents of any age. It can also be isolating. But for those who have been immersed in careers for several decades and accustomed to adult-only routines, the prospect of rocking a colicky baby who suddenly rules the roost can come as a shock.

<http://www.parentcentral.ca/parent/babiespregnancy/pregnancy/article/1111284--parent-groups-ward-off-isolation-for-older-moms>

6. Sesame Street Breastfeeding: Moms Push To Bring Nursing Back To TV Show

During the 1970's and '80s, the show frequently featured women nursing. The main grown-up characters would explain the concept to the Muppets and younger characters, for the audience's benefit.

http://www.huffingtonpost.com/2012/01/05/sesame-street-breastfeeding_n_1187086.html

7. Inhaled glucocorticoids during pregnancy and offspring pediatric diseases: A national cohort study

Abstract

Rationale: Glucocorticoid inhalation is the preferred asthma treatment during pregnancy. Previous studies on its safety focused on obstetric outcomes and offspring malformations. Objective: To determine whether glucocorticoid inhalation during pregnancy is a risk factor for offspring pediatric diseases.

Methods and measurements: We studied offspring (live singletons) of pregnant women suffering from asthma during pregnancy (prevalence=6.3%; N=4083 mother-child pairs), from the Danish National Birth Cohort (births: 1996-2002; prospective data). We estimated the associations between use of inhaled glucocorticoids for asthma treatment during pregnancy (n=1231; 79.9% budesonide, 17.6% fluticasone, 5.4% beclomethasone, and 0.9% other/unspecified glucocorticoids) and offspring diseases (ICD-10 diagnoses) during childhood. We conducted Cox or logistic regression analyses for each ICD-10 category, controlling for use of non-glucocorticoid-containing inhalants, and confirmed results by addressing confounding by treatment indication using propensity score.

Main results: Offspring median age at end of follow-up was 6.1 (range: 3.6-8.9) years. Glucocorticoid inhalation was not associated with offspring disease risk in most categories, except for offspring endocrine, metabolic and nutritional disorders (hazard ratio=1.84; 95% confidence interval=1.13-2.99). When repeating analyses with the major subgroup that used budesonide only, association estimates were of similar magnitude.

Conclusions: Regarding most disease categories, data are reassuring, supporting the use of inhaled glucocorticoids during pregnancy. In line with animal data, glucocorticoid inhalation during pregnancy may be a risk factor for offspring endocrine and metabolic disturbances, which should be considered further.

<http://www.thoracic.org/media/press-releases/resources/Tegethoff.pdf>

8. Treatment Halves Preterm Birth Rate

The risk of preterm birth and neonatal mortality and morbidity declined significantly in asymptomatic women with a sonographically short cervix treated with vaginal progesterone, a meta-analysis showed. The treatment was associated with a 40% to 50% reduction in the risk of preterm birth, a 43% reduction in total neonatal morbidity and mortality, and a 45% reduction in the frequency of low birth weight.

<http://www.medpagetoday.com/OBGYN/Pregnancy/30260>

9. Caffeine for babies? A big dose can help preemies: study

A high-dose jolt of java in the neonatal unit is safe and helps lower the risk premature babies — the tiniest of the tiny — will develop cerebral palsy and other motor function disabilities, a new report from an ongoing study shows.

<http://www.parentcentral.ca/parent/babiespregnancy/babies/article/1117460--caffeine-for-babies-a-big-dose-can-help-preemies-study>

10. Prevalence, Patterns, and Persistence of Sleep Problems in the First 3 Years of Life

Kelly C. Byars, PsyDa,b, Kimberly Yolton, PhDc, Joseph Rausch, PhDb, Bruce Lanphear, MD, MPHd, Dean W. Beebe, PhDb

OBJECTIVE: Examine the prevalence, patterns, and persistence of parent-reported sleep problems during the first 3 years of life.

METHODS: Three hundred fifty-nine mother/child pairs participated in a prospective birth cohort study. Sleep questionnaires were administered to mothers when children were 6, 12, 24, and 36 months old. Sleep variables included parent response to a nonspecific query about the presence/absence of a sleep problem and 8 specific sleep outcome domains: sleep onset latency, sleep maintenance, 24-hour sleep duration, daytime sleep/naps, sleep location, restlessness/vocalization, nightmares/night terrors, and snoring.

RESULTS: Prevalence of a parent-reported sleep problem was 10% at all assessment intervals. Night wakings and shorter sleep duration were associated with a parent-reported sleep problem during infancy and early toddlerhood (6–24 months), whereas nightmares and restless sleep emerged as associations with report of a sleep problem in later developmental periods (24–36 months). Prolonged sleep latency was associated with parent report of a sleep problem throughout the study period. In contrast, napping, sleep location, and snoring were not associated with parent-reported sleep problems. Twenty-one percent of children with sleep problems in infancy (compared with 6% of those without) had sleep problems in the third year of life.

CONCLUSIONS: Ten percent of children are reported to have a sleep problem at any given point during early childhood, and these problems persist in a significant minority of children throughout early development. Parent response to a single-item nonspecific sleep query may overlook relevant sleep behaviors and symptoms associated with clinical morbidity.

<http://pediatrics.aappublications.org/content/early/2012/01/02/peds.2011-0372.abstract>

11. Causes of Death Among Stillbirths

The Stillbirth Collaborative Research Network Writing Group

Context

Stillbirth affects 1 in 160 pregnancies in the United States, equal to the number of infant deaths each year. Rates are higher than those of other developed countries and have stagnated over the past decade. There is significant racial disparity in the rate of stillbirth that is unexplained.

Objective

To ascertain the causes of stillbirth in a population that is diverse by race/ethnicity and geography.

Design, Setting, and Participants

A population-based study from March 2006 to September 2008 with surveillance for all stillbirths at 20 weeks or later in 59 tertiary care and community hospitals in 5 catchment areas defined by

state and county boundaries to ensure access to at least 90% of all deliveries. Termination of a live fetus was excluded. Standardized evaluations were performed at delivery.

Main Outcome Measures

Medical history, fetal postmortem and placental pathology, karyotype, other laboratory tests, systematic assignment of causes of death.

Results

Of 663 women with stillbirth enrolled, 500 women consented to complete postmortem examinations of 512 neonates. A probable cause of death was found in 312 stillbirths (60.9%; 95% CI, 56.5%-65.2%) and possible or probable cause in 390 (76.2%; 95% CI, 72.2%-79.8%). The most common causes were obstetric conditions (150 [29.3%; 95% CI, 25.4%-33.5%]), placental abnormalities (121 [23.6%; 95% CI, 20.1%-27.6%]), fetal genetic/structural abnormalities (70 [13.7%; 95% CI, 10.9%-17.0%]), infection (66 [12.9%; 95% CI, 10.2%-16.2%]), umbilical cord abnormalities (53 [10.4%; 95% CI, 7.9%-13.4%]), hypertensive disorders (47 [9.2%; 95% CI, 6.9%-12.1%]), and other maternal medical conditions (40 [7.8%; 95% CI, 5.7%-10.6%]). A higher proportion of stillbirths in non-Hispanic black women compared with non-Hispanic white and Hispanic ones was associated with obstetric complications (43.5% [50] vs 23.7% [85]; difference, 19.8%; 95% CI, 9.7%-29.9%; $P < .001$) and infections (25.2% [29] vs 7.8% [28]; difference, 17.4%; 95% CI, 9.0%-25.8%; $P < .001$). Stillbirths occurring intrapartum and early in gestation were more common in non-Hispanic black women. Sources most likely to provide positive information regarding cause of death were placental histology (268 [52.3%; 95% CI, 47.9%-56.7%]), perinatal postmortem examination (161 [31.4%; 95% CI, 27.5%-35.7%]), and karyotype (32 of 357 with definitive results [9%; 95% CI, 6.3%-12.5%]).

Conclusions

A systematic evaluation led to a probable or possible cause in the majority of stillbirths. Obstetric conditions and placental abnormalities were the most common causes of stillbirth, although the distribution differed by race/ethnicity.

<http://jama.ama-assn.org/content/306/22/2459.abstract?sid=cda53b24-d69c-44bd-8869-74b866aec449>

12. Should pregnancy be considered a disability?

Under the Americans with Disabilities Act, employers would be required to accommodate pregnant workers in small ways, such as the ability to be put on light duty if necessary, drink water on the job, and take more restroom breaks.

<http://www.theglobeandmail.com/life/the-hot-button/should-pregnancy-be-considered-a-disability/article2293957/>

13. Medela Briefing to Unveil Calma, a New Breastmilk Feeding Solution

Medela will officially launch a new breastmilk feeding innovation, Calma, in the U.S. on January 17, 2012. Calma is a research-based nipple used with a BPA-free breastmilk bottle designed to allow breastfed babies to maintain their natural feeding behavior and support moms in meeting their breastfeeding goals.

<http://www.marketwatch.com/story/medela-briefing-to-unveil-calma-a-new-breastmilk-feeding-solution-2012-01-11>

II. RECENT REPORTS AND RESEARCH

14. NUTRIMENTHE

NUTRIMENTHE is a research project funded by the European Commission through its 7th Framework Programme. The project is looking at the role that diet plays in the mental performance of children. The project, which began on the 1st March 2008 involves scientists from 19 organisations from nine countries worldwide. It is being coordinated by Professor Cristina Campoy from the University of Granada, Spain, and will run for five years.

NUTRIMENTHE aims to significantly improve knowledge in the area of how early nutrition may affect later mental performance. It will study the role, mechanisms, risks and benefits of specific nutrients and food components on the mental performance of children. The age of children addressed by NUTRIMENTHE ranges from foetal stage to childhood, from large, well characterised prospective studies. The nutrients that NUTRIMENTHE is addressing include long-chain polyunsaturated fatty acids (LC-PUFAs), minerals (iron and zinc) and B-vitamins as these have previously been indicated as important in mental performance.

<http://www.nutrimenthe.eu/>

15. How poor maternal diet can increase risk of diabetes -- new mechanism discovered

Researchers funded by the Biotechnology and Biological Sciences Research Council have shown one way in which poor nutrition in the womb can put a person at greater risk of developing type 2 diabetes and other age-related diseases in later life. This finding could lead to new ways of identifying people who are at a higher risk of developing these diseases and might open up targets for treatment.

The research shows that, in both rats and humans, individuals who experience a poor diet in the womb are less able to store fats correctly in later life. Storing fats in the right areas of the body is important because otherwise they can accumulate in places like the liver and muscle where they are more likely to lead to disease.

http://www.eurekalert.org/pub_releases/2012-01/babs-hpm010512.php

16. Antibiotics in Pregnancy May Shield Newborns from Strep B

Giving antibiotics to pregnant women at risk of streptococcus B infection greatly reduces infection rates in newborns, according to a new study.

Use of antibiotics to prevent group B strep is common in high-income nations and should also be used in developing countries, at least until a vaccine becomes available, said study author

Dr. Karen Edmond, of the London School of Hygiene and Tropical Medicine in England, and colleagues.

<http://www.drugs.com/news/antibiotics-pregnancy-may-shield-newborns-strep-b-35719.html>

17. Antidepressant Use Linked to Increased Pulmonary Hypertension Risk in Infants

Women who use selective serotonin reuptake inhibitors (SSRIs) during pregnancy may be placing their unborn children at risk for persistent pulmonary hypertension of the newborn, a large cohort study showed.

http://www.medpagetoday.com/OBGYN/Pregnancy/30640?utm_medium=email&utm_campaign=DailyHeadlines&utm_source=WC&email=p.scott@healthnexus.ca&eun=g429821d0r&userid=429821&mu_id=

18. Prenatal Alcohol Exposure Patterns and Alcohol-Related Birth Defects and Growth Deficiencies: A Prospective Study

Prenatal exposure to alcohol is associated with a spectrum of abnormalities, referred to as Fetal Alcohol Spectrum Disorders. Physical features of the more serious Fetal Alcohol Syndrome (FAS) include smooth philtrum, thin vermillion border, short palpebral fissures, microcephaly, and growth deficiencies in weight and height. A new study has specified how specific quantities of alcohol exposure, patterns of drinking, and timing of exposure can have an impact on each of these features.

http://www.eurekalert.org/pub_releases/2012-01/ace-rqt010812.php

19. The role and influence of grandmothers on child nutrition: culturally designated advisors and caregivers. Aubel J.

Abstract

Improving the nutritional status of infants and young children in developing countries depends to a significant extent on adoption of optimal nutrition-related practices within the context of the household. Most policies, research and programmes on child nutrition in non-Western societies focus narrowly on the mother–child dyad and fail to consider the wider household and community environments in which other actors, hierarchical patterns of authority and informal communication networks operate and influence such practices. In particular, the role and influence of senior women, or grandmothers, has received limited attention. Research dealing with child nutrition from numerous socio-cultural settings in Africa, Asia and Latin America reveals three common patterns related to the social dynamics and decision-making within households and communities.

First, grandmothers play a central role as advisers to younger women and as caregivers of both women and children on nutrition and health issues. Second, grandmother social networks exercise collective influence on maternal and child nutrition-related practices, specifically regarding pregnancy, feeding and care of infants, young children and sick children. Third, men play a relatively limited role in day-to-day child nutrition within family systems.

The research reviewed supports the need to re-conceptualize the parameters considered in nutritional policies and programmes by expanding the focus beyond the mother–child dyad to include grandmothers given their role as culturally designated advisers and caregivers. *Maternal and Child Nutrition*. 8, pp. 19 (2012). DOI: 10.1111/j.1740-8709.2011.00333.x <http://onlinelibrary.wiley.com/doi/10.1111/j.1740-8709.2011.00333.x/abstract>

III. CURRENT INITIATIVES

20. Maine companies create investment group to fund early childhood education efforts

The Maine State Chamber of Commerce and the Maine Development Foundation have released a report calling for creation of a coordinated system for helping pre-kindergarten children, with funding from both government and a private endowment

<http://bangordailynews.com/2012/01/05/education/maine-companies-create-investment-group-to-fund-early-childhood-education-efforts/?ref=latest>

21. Grain Foods Foundation Joins Spina Bifida Association in Stressing the Importance of Folic Acid in Birth Defects Prevention

This January, as part of National Birth Defects Prevention Month, the Grain Foods Foundation has partnered with the Spina Bifida Association to remind all women of childbearing age of the important role folic acid plays in preventing neural tube birth defects. Daily consumption of the B vitamin folic acid, beginning before pregnancy, is crucial since birth defects of the brain and spine, such as spina bifida, can occur in the early weeks following conception, often before a woman knows she is pregnant.

<http://www.marketwatch.com/story/grain-foods-foundation-joins-spina-bifida-association-in-stressing-the-importance-of-folic-acid-in-birth-defects-prevention-2012-01-10>

22. OPHA Health and Built Environment Workgroup: Public Health and Planning 101 Project

Have you completed the survey yet?

OPHA is building capacity in the public health system in a number of areas including the built environment. This project is a key example of how our organization does this. The purpose of the project is to increase knowledge and expertise among Public Health Unit staff and municipal planners involved in the land use planning process through the development of educational training resources.

An important component of this project is a survey administered to public health and planning professionals involved in the built environment. The results from the survey will guide the

development of an Ontario-specific educational resource for both professions. We are looking for responses to the survey from the chronic disease, injury prevention, nutrition, and environmental health perspective.

The survey will run from January 11 - January 31 and is open to all public health professionals working in an Ontario public health unit. The survey will take less than 15 minutes to complete and all responses will be kept confidential. Please feel free to circulate to your colleagues as appropriate.

Survey link: <http://app.fluidsurveys.com/surveys/oph4partners/public-health-planning-101-public-health-survey/>

IV. UPCOMING EVENTS

23. A Fine Balance - A Workshop for Women in the Healthcare Professions

March 30, 2012

Queens Landing, Niagara-on-the-Lake

For more information: <http://sites.cepdtoronto.ca/womenshealthwellness/>

Continuing Education & Professional Development, Faculty of Medicine, University of Toronto
Phone: 416.978.2719/1.888.512.8173 Email: info-int1214@cepdtoronto.ca

24. Getting it Right – the Early Years Matter Strategies to Keep Children’s Development On Track

Friday March 30th, 2012, from 8am – 3.30pm

Western Fair Grounds, London, ON.

The Best Start Resource Centre and The Middlesex London Community Early Years Partnership invite you to attend the workshop “*Getting it Right – the Early Years Matter Strategies to Keep Children’s Development On Track*”.

Dr. Jean Clinton, child psychiatrist and a panel of local experts will present and explore strategies to support child development at 18 month and throughout the early years. This workshop will include an exploration of the online resource:

On Track: Supporting Healthy Child Development and Early Identification in the Early Years: A Reference Guide for Professionals in Ontario

www.beststart.org/OnTrack_English

This workshop has been accredited for 5 Mainpro-C credits by the Ontario College of Family Physicians
For more information or to register for this workshop, visit: www.beststart.org/index_eng.html

25. Webinar: Smoking Cessation Champions Network: Smoking Cessation & Pregnant Women/ New Mothers

Tuesday February 14, 2012, 12:00 - 1:00 pm EST

The Registered Nurses' Association of Ontario (RNAO) invites nurses and other healthcare professionals to attend FREE knowledge exchange webinars to learn more about smoking cessation interventions within specific population groups.

Registration Required: To register, email your name to Paige Hillier, RNAO Project Assistant at phillier@rnao.org

26. Infant Mental Health Rounds: A Developmental Model For Infants And Toddlers In Child Welfare

IMH Rounds are FREE: Attend in person, or via webcast

Tuesday, February 7, 2012

Location: The Hospital for Sick Children, 1st Floor, Daniels Hollywood Theatre, Toronto

Time: 11 am - 1 pm (EST)

Chaya Kulkarni, Director, Infant Mental Health Promotion

Babies come into the world relationship ready. Their development – physical and mental - is directly linked to the quality of relationships and the experiences those relationships offer on a daily basis. For infants and toddlers, the impact is not limited to physical development. It extends to their mental health. For the infant or toddler who experiences poor relationships and consequently poor experiences to support his/her development is vulnerable especially in the area of mental health. Poor infant mental health is what we see when a child is not loved, nurtured, supported emotionally especially when in crisis, neglected socially, emotionally and cognitively. This presentation will explore how early relationships and experiences can impact a child's short and long term development with an emphasis on mental health. The presenter will explore how we can better understand the state of a child's mental health and how front line practitioners can respond to potential vulnerabilities or delays using their knowledge of child development.

Contact: imp.mail@sickkids.ca

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

27. Webinar: "Breastfeeding and Lactation in Diabetic Women"

Presented by the International Lactation Consultant Association

February 7, 2012

3:00 - 4:00pm EST

Cost: \$20 ILCA Member, \$30 Non-Member

Register by: February 3, 2012 to reserve your seat.

<http://www.ilca.org/i4a/pages/index.cfm?pageid=3916>

28. Workshop: A Child Becomes Strong: Journeying Through Each Stage of the Life Cycle: Working with First Nations Children and Family

A First Nations Perspective on Developmental Stages

Registration fee = \$60 (includes booklet, "A Child Becomes Strong" and lunch with snacks)

Thunder Bay: Tuesday, March 6/12 8:30 am – 4:00 pm

London: Tuesday, March 21/12 8:30 am – 4:00 pm

This full day interactive workshop will provide pertinent information for service providers working with First Nations families with young children (0-6 years old). It will share information about developmental stages throughout the lifespan, provide ways to integrate culture into practice and how to utilize cultural teachings as prevention tools.

Find out more about this event and many more upcoming Best Start Webinars and Workshops on the website:

http://www.beststart.org/index_eng.html

29. Workshop: Child and Family Poverty: How Service Providers Can Make a Difference

Registration fee = \$60 (includes lunch)

North Bay: Wednesday, March 28/12 8:30 am – 4:00 pm

This interactive workshop is based on a resource developed by Best Start Resource Centre. "I'm Still Hungry" resource explores the issues of families living in poverty in Ontario.

This workshop will address pertinent information for service providers working with families with young children (0-6 years old) living in poverty. It will share information about rates of child poverty, consequences of child poverty, strategies that influence the impact of child poverty, and strategies that influence the rate of child poverty.

There will be space available for programs to bring material that is relevant (research, programs and services, policies) and relates to the issue of working with families and young children (0-6) living in poverty.

Find out more about this event and many more upcoming Best Start Webinars and Workshops on the website:

http://www.beststart.org/index_eng.html

30. Best Start Resource Centre 2012 Annual Conference: Early Bird Deadline Extended

Nous allons prolonger les taux préférentiels d'inscriptions jusqu'au 3 février mais ne tardez pas!!!

Le Centre de ressources Meilleur départ offrira deux sessions en français lors de sa conférence annuelle qui aura lieu du 28 février au 1er mars à Toronto. Les deux sessions en français auront lieu le même jour, soit le 29 février, vous permettant ainsi de participer seulement pour cette journée si vous le désirez. Une session de réseautage en français suivra le 2e atelier. Plusieurs autres ateliers en anglais seront aussi offerts à travers cette conférence. Pour plus de renseignements et pour vous inscrire, visitez :

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

Pre Conference Session: Why am I still hungry?

Our Pre-Conference day on Tuesday, February 28 will offer participants an opportunity to build a deeper understanding of the programs and strategies that reduce poverty and improve health equity.

Armine Yalnizyan, Senior Economist with the Canadian Centre for Policy Alternatives will provide thought-provoking research and analysis in the morning to support capacity to work with the complexities surrounding child poverty. The afternoon portion will bring presenters from a wide range of successful community programs to share their insights and lessons learned.

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

V. RESOURCES

31. Powerpuff Girls vs. Mister Rogers' Neighborhood: Media Impact on Early Childhood Development

Video: approx. 16 min.

A pediatrician, researcher, activist and author, Dimitri Christakis' passion is developing actionable strategies to optimize the cognitive, emotional and social development of preschool children. The pursuit of that passion has taken him from the exam room, to the community and, most recently, to cages of newborn mice as he studies the effects of early environmental influences on child health and development.

http://tedxrainier.com/2/speaker_christakis.asp

32. Recipe Cards: Mocktails for Mom / Cartes de recettes : Cocktails sans alcool pour maman.

Best Start Resource Centre is pleased to announce a new bilingual resource for women who are pregnant or planning a pregnancy: *Recipe Cards: Mocktails for Mom / Cartes de recettes : Cocktails sans alcool pour maman*

This colourful resource includes perforated recipe cards for a variety of delicious recipes for non-alcoholic beverages or "mocktails" as they are popularly known.

There are many ways to use the recipe cards – give them out at prenatal classes, at an FASD awareness display or event, at a mocktail competition, at a prenatal health fair or baby fair, or make them available at a drop in centre for families.

http://beststart.org/resources/alc_reduction/index.html

33. Breastfeeding and Alcohol Use: Parent Knowledge and Behaviours in Ontario, 2011

The Best Start Resource Centre is pleased to release an online report that shares the results of a 2011 survey about parent knowledge and behaviours in Ontario regarding breastfeeding and alcohol use: Breastfeeding and Alcohol Use: Parent Knowledge and Behaviours in Ontario, 2011

The objectives of this survey were to:

- Examine parents' behaviour in terms of alcohol use while breastfeeding.
- Explore awareness about the impact of alcohol use during breastfeeding.

This report can be found at:

http://beststart.org/resources/alc_reduction/index.html11

VI. FEATURED BEST START RESOURCES

33. Pregnancy and alcohol

Best Start Resource Centre is pleased to announce a new brochure for Aboriginal women who are pregnant or planning a pregnancy and their families: ***Pregnancy and alcohol***.

This artistic brochure, inspired by First Nations water teachings and Sky Woman, includes information on why there is no safe time or safe amount for consuming alcohol while pregnant, traditional teachings about pregnancy and where to go for help if alcohol is a problem for the pregnant woman or her partner.

There are many ways to use this brochure – give them out at prenatal classes, at FASD awareness displays or events, at a prenatal health fair or baby fair, or make them available anywhere Aboriginal people access services.

To order this resource, go to:

http://beststart.org/resources/alc_reduction/index.html



About This Bulletin

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (mnchp@healthnexus.ca). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

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

In English:

- [OHPE](#) - The free weekly Ontario Health Promotion E-mail bulletin (OHPE) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion. <http://www.ohpe.ca/>
- [Click4HP](#) - An open, facilitated public listserv, 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](#) - 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](#) – 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](#) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>