

MNCHP Network Bulletin



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meilleur départ**
by/par health **nexus** santé

The MNCHP Bulletin is a bi-weekly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the Bulletin also includes news & resources from around the world. For more information about this Bulletin, [click here](#).

July 27, 2012

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I. NEWS & VIEWS

1. UK Study shows child's behavior is linked to father-infant interactions

It has often been hypothesized that the nature of interactions of parents with their children when they are [infants](#) has a significant impact on their emotional well being later in life. A new study supports the theory that when it comes to the strategically important relationship of a child with his father this is true. In a July 19, 2012 news release The Wellcome Trust has published a report; ["Child's](#)

[behaviour linked to father-infant interactions, study shows.](http://www.wellcome.ac.uk/News/Media-office/Press-releases/2012/WTVM055927.htm)" According to new research funded by the Wellcome Trust children whose [fathers](#) are more positively engaged with them at the age of three months have fewer behavioral problems at the age of twelve months.

<http://www.wellcome.ac.uk/News/Media-office/Press-releases/2012/WTVM055927.htm>

2. How Parents' Stress Can Hurt A Child, From The Inside Out

Research has linked stress in a pregnant woman (termed antenatal stress) to several types of developmental problems in kids, including anxiety and ADHD. Some studies have also found connections between antenatal stress and the risk for autism spectrum disorder (ASD). For developmental and neurological disorders, while there are almost certainly genetic factors at play, it is possible that environmental factors (like the environment in utero) may be a contributing factor. One mechanism appears to be maternal levels of the stress hormone cortisol triggering the fetus' brain to develop differently, as it tries to adapt to the apparent impending "threats."

<http://www.forbes.com/sites/alicegwalton/2012/07/25/how-parents-stress-can-hurt-a-child-from-the-inside-out/>

3. All UK kids to get nasal flu vaccine

Britain is to extend its seasonal flu vaccination program to all children, free of charge, becoming the first country in the world to do so, the Department of Health said on Wednesday. Children will get AstraZeneca's nasal spray vaccine rather than injections under the new scheme, which is expected to cost more than 100 million pounds (\$155 million) a year and cover to up to 9 million children once it is fully established.

<http://www.reuters.com/article/2012/07/25/us-astrazeneca-flu-idUSBRE86001J20120725>

4. The Effects of Air Pollution on Prenatal Health

Dr. Frederica Perera, a professor at Columbia University's Mailman School of Public Health and director of the Columbia Center for Children's Environmental Health, focuses her research on just this question. She has been examining the effects of environmental exposures on pregnant women and their children for 15 years. Using personal air monitoring "backpacks" combined with ambient air monitors, Dr. Perera has been investigating the effects of air pollution on more than 700 mothers and their children in Northern Manhattan, with other ongoing studies in Poland and China.

Dr. Perera's research explores the relationship between air pollution – specifically, exposure to polycyclic aromatic hydrocarbons (PAHs) – and birth weight, cancer markers, asthma, learning and behavior, obesity, and other health effects. PAHs are a group of chemicals released into the air when organic matter is burned, such as coal, gasoline, diesel fuel, firewood, and tobacco.

<http://www.care2.com/greenliving/the-effects-of-air-pollution-on-prenatal-health.html#ixzz21kTS8Sr7>

5. Dad's line-of-work-linked-to-birth-defects

The study, led by Tania Desrosiers of the [University of North Carolina](#) Gillings School of Global Public Health, is based on data from the ongoing US National Birth Defects Prevention Study, which is investigating a range of potential risk factors for major birth defects in the largest population-based study of birth defects in the United States.

"The causes of most birth defects continue to elude researchers, yet birth defects are a leading cause of infant mortality and developmental disabilities in the US," says Desrosiers. "We could stand to pay more attention to potential risk factors among fathers-to-be."

Previous research has linked certain jobs to a general increase in the risk of birth defects, but this is the most extensive study to date that looks at this number of jobs and this number of birth defects, and parses apart which jobs are linked to specific defects.

Desrosiers and her team obtained the job histories of about 10,000 fathers with children with one or more birth defects born between 1997 and 2004, and the job histories of 4,000 fathers of children without birth defects. They then classified the fathers' jobs into 63 groups, based on what kinds of chemical and potential hazards they may be exposed to on the job.

As reported in the journal [Occupational and Environmental Medicine](#), the study only looked at the fathers' job three months before conception and the first month of pregnancy, which is considered a critical period for susceptibility to damage passed on in the father's sperm.

The results show that almost one-third of jobs were not linked with a higher risk of birth defects in infants. These jobs included healthcare professionals, dentists, firefighters, architects and designers, car assembly workers, fishermen, entertainers, smelters and foundry workers, stonemasons and glass blowers, painters, train drivers and maintenance engineers, soldiers, and commercial divers.

However, certain jobs seemed to be associated with specific types of defects. Mouth, eyes and ears, gut, limbs, and heart abnormalities were associated with artists; whereas cataracts, glaucoma, and the absence of or insufficient eye tissue were associated with photographers and photo processors. Glaucoma and insufficient eye tissue were also associated with drivers, while gut abnormalities were linked to jobs such as landscaping and grounds work.

"Our findings imply that risk factors among fathers-to-be may play a significant role in their unborn child's health," says Desrosiers.

"However, we do not advise men to change their jobs based on results from our study. More research needs to be conducted to understand why certain jobs seem to be associated with elevated risk."

<http://www.futurity.org/health-medicine/father%E2%80%99s-line-of-work-linked-to-birth-defects/>

6. Celebrity pregnancies blamed for eating disorders among pregnant Canadians

Experts say it's difficult to determine how common eating disorders such as anorexia and bulimia are among pregnant women because those types of statistics are rarely kept due to privacy concerns. But according to a 2007-2009 Health Canada survey, 0.6 per cent of Canadian women between six and 79 years old reported suffering from at least one form of eating disorder.

In 2009-2010, there were 5,282 hospitalizations related to eating disorders, more than 90 per cent of the patients were women.

<http://www.edmontonjournal.com/health/Celebrity+pregnancies+blamed+eating+disorders+among+pregnant/6972047/story.html>

7. HIV fight focuses on pregnancy

THE world's largest AIDS conference started yesterday with a plea against complacency when the epidemic is at a critical turning point.

Experts told the conference a global recession and fatigue in the AIDS fight threatened those dollars. "We must resolve together never to go backwards," said Elly Katabira, president of the International AIDS Society.

One key step in stemming HIV's spread is to treat more infected pregnant women so the virus is not passed on to their babies. About 300,000 children were infected last year, but that number is steadily dropping.

<http://www.theaustralian.com.au/news/world/hiv-fight-focuses-on-pregnancy/story-e6frg6so-1226433151961>

8. One in 13 women drink while pregnant: study

According to a survey on alcohol and binge drinking analyzed by the U.S. Centers for Disease Control and Prevention, one in 13 women reported drinking during pregnancy (defined as having at least one drink of any alcoholic beverage in the past 30 days). More alarming, nearly one in five of those women reported binge drinking – consuming four or more drinks on a single occasion. (It is cold comfort that this number from the 2006-2010 survey is down from a similar study conducted a decade ago.)

<http://www.theglobeandmail.com/life/the-hot-button/one-in-13-women-drink-while-pregnant-study/article4429571/>

9. Minnesota Bar Installs a Pregnancy Test Dispenser in Bathroom

Step aside, condom machine. That dusty, crank-lever dispenser in bar bathrooms reminding you to make safe choices while drinking has met its challenger. An upscale bar in southern Minnesota has installed a pregnancy test dispenser in its woman's bathroom. For Pub 500 owner Tom Fredrik, "it took about 30 seconds to say yes," he told local news channel [KARE](#).

The decision came about after one of his regulars, Jody Allen Crowe, who just so happens to be an expert in fetal alcohol spectrum disorder, proposed the idea. Female customers can purchase a \$3 test from the machine with a swipe of a credit card. The machine lends a not-so-subtle voice to the chorus of studies that say not to drink ([heavily, at least](#)) while pregnant. The bar hopes to make women think over whether to have a drink — or *another* drink — if they suspect they're pregnant.

<http://newsfeed.time.com/2012/07/23/minnesota-pub-installs-pregnancy-test-dispenser-in-restroom/#ixzz21TYfar6o>

10. The tiniest graves: Painkillers, pregnancy a tragic combination

In the cemetery at Northern Ontario's Fort Hope aboriginal community, the tiniest graves belong to miscarried fetuses, a testament to the Ojibway culture's reverence for unborn life. Lately, their number has been multiplying at an unusual rate.

The little graves are the byproduct of one of the most disturbing aspects of Canada's epidemic of prescription painkiller addiction: growing ranks of pregnant women hooked on Oxycodone or similar narcotics.

The Fort Hope mothers lost their pregnancies when the illicit supply of the medicines dried up, or they decided to go cold turkey out of concern for their future child. In a cruel irony, abrupt withdrawal from prescription opioids often causes miscarriage.

<http://news.nationalpost.com/2012/07/20/the-tiniest-graves-painkillers-pregnancy-a-tragic-combination/>

11. Non-invasive prenatal testing becoming more widely available

Using a standard blood draw, the test isolates the free fetal DNA cells, fragments of DNA from the baby that are floating in the maternal blood stream, and can identify the genetic problems in the trisomy category, including Down syndrome, with a 99 percent accuracy rate.

<http://specialsections.suntimes.com/yourregion/nwindiana/13564508-555/prenatal-testing-allows-parents-to-be-proactive.html>

12. Ottawa Hospital to phase out prenatal education program

Come September, expectant parents who plan to give birth at The Ottawa Hospital will no longer have access to classes that prepare them for how to have a baby.

The hospital is phasing out its prenatal education program, which provides classes for about 600 couples a year, said Ann Mitchell, the hospital's director of maternal-newborn services.

<http://www.ottawacitizen.com/news/Ottawa+Hospital+phase+prenatal+education+program/6838436/story.html#ixzz21TcuVk00>

13. Prenatal and early childhood exposure to PCE may be associated with long-term visual impairments

Prenatal and early childhood exposure to the chemical solvent tetrachloroethylene (PCE) found in drinking water may be associated with long-term visual impairments, particularly in the area of color discrimination, a new study led by Boston University School of Public Health (BUSPH) researchers has found.

The study by epidemiologists and biostatisticians at BUSPH, working with an ophthalmologist from the BU School of Medicine, found that people exposed to higher levels of PCE from gestation through age 5 exhibited poorer color-discrimination abilities than unexposed people. The study, published July 11 in the journal *Environmental Health Perspectives*, recommends further investigation into the visual impairments associated with PCE exposure.

<http://www.news-medical.net/news/20120712/Prenatal-and-early-childhood-exposure-to-PCE-may-be-associated-with-long-term-visual-impairments.aspx>

14. Summer widens rich/poor learning gap

Children in rich, educated families tend to become better readers over the summer — improving at almost the same pace as if they were in school — largely because they have more time with their highly literate parents, new research shows.

But students in less affluent, less educated families can lose almost a month's worth of reading skill, widening the learning gap between rich and poor while school is closed for the summer.

McMaster University sociology professor [Scott Davies](#), who is leading the landmark study funded by Ontario's [Literacy and Numeracy Secretariat](#), said the findings underscore the need for intense reading help for high-need students in summer and maybe eventually on weekends and after school, "to take a bite out of that learning gap."

<http://www.thestar.com/news/gta/education/article/1231204--summer-widens-rich-poor-learning-gap>

15. Oopsie babies? A third of U.S. births unintended, study finds

More than one-third of U.S. births between 2006 and 2010 were the result of unintended pregnancies, a new government report says. That means the overall rate of unintended births has not changed much since 1982.

The findings showed that in total, 37.1 percent of pregnancies in 2006 to 2010 were unintended; the rate in 1982 was 36.5 percent. The rate rose to 39.1 in 1988, before falling to 30.6 in 1995.

Reducing the rate of unintended births is important because these births bring social, economic and health consequences for the mother and child, the researchers said. Women who become pregnant unintentionally have higher rates of delaying prenatal care, smoking during pregnancy and not breast-feeding. Studies show these births are also associated with poorer health during childhood, and poorer outcomes for the mother and the mother-child relationship, according to the report.

Among married women, 23.4 percent of births were unintended, the data from 2006-2010 showed. Half of births to unmarried women living with a partner were unintended.

Among women who were unmarried and not living with a partner, 66.9 percent of births were unintended, a rise from the 2002 rate of 59.5. The highest rate of unintended births was seen in young women in this group — 78.9 percent of births to unmarried women ages 15 to 24 were unintended, the report said.

Unintended pregnancies include both pregnancies that are unwanted, and those are mistimed, meaning the woman said she wanted to become pregnant at some point, but not at the time she did.

Women's education levels also made a difference. About 83 percent of births to college-educated women were intended, while 59 percent of births to women with less than a high school diploma were intended.

Researchers asked women who were not using contraception at the time they conceived about their reasons. They found that 35.9 percent said they did not think they could get pregnant. Additionally, 23.1 percent said they would not mind if they became pregnant, 17.3 percent said they had not expected to have sex, 14.3 percent said they were worried about the side effects of using birth control.

Eight percent said their male partner did not want to use birth control himself, and 5.3 percent said their male partner did not want them to use birth control.

The report is based on data gathered during the National Survey of Family Growth, which was conducted by the Centers for Disease Control and Prevention. Researchers conducted in-person, 80-minute interviews with a nationally representative sample of 12,279 women ages 15 to 44, to get

information about the factors affecting birth and pregnancy rates. They also analyzed data gathered during previous surveys conducted in 1982, 1988, 1995 and 2002.

<http://vitals.nbcnews.com/news/2012/07/24/12930475-oopsie-babies-a-third-of-us-births-unintended-study-finds?lite>

II. RECENT REPORTS AND RESEARCH

16. Do early father–infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study

Paul G Ramchandani et al

Background

Factors related to parents and parenting capacities are important predictors of the development of behavioural problems in children. Recently, there has been an increasing research focus in this field on the earliest years of life, however, relatively few studies have addressed the role of fathers, despite this appearing to be particularly pertinent to child behavioural development. This study aimed to examine whether father–infant interactions at age 3 months independently predicted child behavioural problems at 1 year of age.

Method

A sample of 192 families was recruited from two maternity units in the United Kingdom. Father–infant interactions were assessed in the family home and coded using the Global Rating Scales. Child behaviour problems were assessed by maternal report. Hierarchical and logistic regression analyses were used to examine associations between father–infant interaction and the development of behavioural problems. Results: Disengaged and remote interactions between fathers and their infants were found to predict externalising behavioural problems at the age of 1 year. The children of the most disengaged fathers had an increased risk of developing early externalising behavioural problems [disengaged (nonintrusive) interactions – adjusted Odds Ratio 5.33 (95% Confidence Interval; 1.39, 20.40): remote interactions adj. OR 3.32 (0.92, 12.05)]

Conclusions

Disengaged interactions of fathers with their infants, as early as the third month of life, predict early behavioural problems in children. These interactions may be critical factors to address, from a very early age in the child’s life, and offer a potential opportunity for preventive intervention.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2012.02583.x/abstract>

17. A Study Evaluating for a Threshold Effect of Alcohol Consumption in Pregnancy on Infant Physical Characteristics Ideally has a Control Group Not Ingesting Alcohol

Alcoholism: Clinical and Experimental Research, [Volume 36, Issue 7](#), pages 1298–1299, July 2012

Devon Kuehn, M.D. , National Institutes of Health & Edward P. Riley, Ph.D. , San Diego State University

Most children who are exposed to large amounts of alcohol while in the womb do not go on to develop fetal alcohol syndrome (FAS). Instead, problems that arise fall under a broader term that describes a spectrum of adverse outcomes, fetal alcohol spectrum disorders (FASD). A study using population-based prospective data from Chile to examine the risk for developing components of FASD has found that functional central nervous system abnormalities were alarmingly high.

Results will be published in the October 2012 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"FAS is a clinical diagnosis with specific criteria," explained Devon Kuehn, a postdoctoral fellow at the Eunice Kennedy Shriver National Institute for Child Health and Human Development and as well as corresponding author for the study. "A diagnosis of FAS requires abnormalities in the three areas of facial features, growth and central nervous system. Conversely, FASD is not a clinical diagnosis, but a group of conditions that may exist in children exposed to alcohol in pregnancy. The effects may be mild or severe and each person may be affected differently." Kuehn is also a staff neonatologist at Walter Reed National Military Medical Center.

A unique aspect of this study was the collection of detailed alcohol consumption during the pregnancy, added Kuehn, which was validated with home visits. "We focused on growth, facial, and central nervous system abnormalities in children heavily exposed to alcohol in utero," she said.

"While it has long been known that not every child exposed to large amounts of alcohol during gestation is impacted by that alcohol exposure," added Edward P. Riley, a professor in the department of psychology at the College of Sciences at San Diego State University, "this study provides some of the best data available on just how common various indications – for example, growth retardation and physical and functional anomalies – of prenatal alcohol occur."

Kuehn and her colleagues initially began their study with a group of 9,628 women who were screened during their first prenatal appointment in Chile. From this first screening, 101 were found to consume at least four drinks per day, and were then matched with 101 women who reported no alcohol consumption during pregnancy. Detailed data regarding alcohol consumption were collected during the pregnancies, and the children were evaluated up to 8.5 years of age by clinicians who were unaware of their alcohol-exposure status.

"Following heavy alcohol exposure during pregnancy, 80 percent of the children had one or more abnormalities within the diagnostic criteria of FAS," said Kuehn. "In other words, women who drink heavily during pregnancy are very likely to have a child with abnormalities. Even more concerning is that functional central nervous system abnormalities were the most common problem in children heavily exposed to alcohol in utero. Therefore the most common effects on the child will impact learning, behavior, language, or mental function."

"It is critical to note that while physical characteristics associated with FAS were not all that common, over 40 percent of the exposed children had evidence of functional abnormalities," said Riley. "These are children who might qualify for a diagnosis of an alcohol related neurodevelopmental disorder (ARND). The significance of this cannot be overstated, as these are children who often go unrecognized and untreated, or are frequently misdiagnosed."

Both Kuehn and Riley noted the dangers of binge drinking. "It is interesting that binge drinking continued to have a significant effect on outcome in addition to the daily heavy alcohol consumption," said Kuehn. "Other studies have shown that binge drinking may have the greatest risk on children, but we are the first to show binge drinking remains a risk factor even in women drinking heavily every day." "So the take home message of this paper is that high levels of alcohol exposure and in particular binge drinking can lead to behavioral or functional issues, even in the absence of growth restriction or facial characteristics that are typically associated with prenatal alcohol exposure," said Riley. "These data indicate that physicians need to consider prenatal alcohol exposure in the etiology of functional deficits. There has been much controversy over the behavioral teratogenic effects of alcohol and a diagnosis of ARND, but these data show that functional consequences in the offspring were much more common than physical markers of exposure."

"We hope to convey to clinicians taking care of children that a significant number of children with neurologic effects from alcohol exposure may not present with the more recognizable facial or growth abnormalities," added Kuehn. "For clinicians working with women of childbearing age, the key message would be to counsel these women that binge drinking and total intake are important risk factors for the outcome of their child and that daily heavy drinking will most likely result in a an adverse outcome in their child."

"Studies such as this may help us to determine what factors may place an individual at risk for having an impacted child," added Riley. "What differences in environmental factors such as diet, or genetic factors, might exist between those who had an effected child and those who did not? It would be interesting to follow these children and determine how their behavioral profiles change as a function of age."

http://www.eurekalert.org/pub_releases/2012-07/ace-fna071612.php

18. Antenatal depressive symptoms increase the likelihood of preterm birth

Heather Straub et al

Objective

We evaluated the relationship between antenatal depressive symptoms and preterm birth.

Study design

Patients completed the Edinburgh Postnatal Depression Scale between 24-28 weeks of gestation. A score ≥ 12 (or thoughts of self-harm) indicated an at-risk woman. Symptomatic women were compared to risk-negative patients for relevant demography, historical variables, and pregnancy outcome.

Results

After screening 14,175 women we found a screen positive rate of 9.1% (n = 1298). At-risk women had a significant increase in preterm birth at <37, <34, <32, and <28 weeks of gestation. Multivariable analysis adjusting for maternal age, race/ethnicity, prior preterm delivery, and insurance status revealed a persistent association between antenatal depressive symptoms and preterm birth (adjusted odds ratio, 1.3; 95% confidence interval, 1.09–1.35), which was also observed after multiple gestations were excluded from the analysis (odds ratio, 1.7; 95% confidence interval, 1.38–1.99).

Conclusion

In this large cohort of prenatally screened women, those with depressive symptoms had an increased likelihood of preterm birth.

<http://www.ajog.org/article/S0002-9378%2812%2900646-1/abstract>

19. Paternal occupation and birth defects: findings from the National Birth Defects Prevention Study

Tania A Desrosiers, et al

Abstract

Objectives Several epidemiological studies have suggested that certain paternal occupations may be associated with an increased prevalence of birth defects in offspring. Using data from the National Birth Defects Prevention Study, the authors investigated the association between paternal occupation and birth defects in a case-control study of cases comprising over 60 different types of birth defects (n=9998) and non-malformed controls (n=4066) with dates of delivery between 1997 and 2004.

Methods

Using paternal occupational histories reported by mothers via telephone interview, jobs were systematically classified into 63 groups based on shared exposure profiles within occupation and industry. Data were analysed using Bayesian logistic regression with a hierarchical prior for dependent shrinkage to stabilise estimation with sparse data.

Results

Several occupations were associated with an increased prevalence of various birth defect categories, including mathematical, physical and computer scientists; artists; photographers and photo processors; food service workers; landscapers and groundskeepers; hairdressers and cosmetologists; office and administrative support workers; sawmill workers; petroleum and gas workers; chemical workers; printers; material moving equipment operators; and motor vehicle operators.

Conclusions

Findings from this study might be used to identify specific occupations worthy of further investigation and to generate hypotheses about chemical or physical exposures common to such occupations.

Occup Environ Med 2012;69:534-542 doi:10.1136/oemed-2011-100372

<http://oem.bmj.com/content/69/8/534>

20. Interview: Dr. Dimitri Christakis Explains Why Television Is Bad for Babies' Brains

Late last year, the American Academy of Pediatrics released their first guideline in 10 years on child-rearing, stating that [it was inadvisable to let children under the age of two watch television](#). Now Dr. Dimitri Christakis, director of the Center for Childhood Health, Behavior, and Development at the Seattle Children's Research Institute, and professor of Pediatrics at the University of Washington, explains why. His research, which will be published this week in [Scientific Reports](#), was inspired by research published that, through observational studies, had concluded that television-watching early in life led to attention problems later in life. However, it is difficult to determine causality from observational studies. Moreover, it is unethical to test babies to see if they can cause behavioral problems, so Christakis and his team decided to recreate the effect for mice.

Read more at http://www.medicaldaily.com/news/20120726/11109/christakis-pediatrics-television-bad-babies-two-years.htm?utm_source=dlvr.it&utm_medium=twitter#ZYbwPEhte188OuJ7.99

21. Intended and Unintended Births in the United States: 1982–2010

Objectives

This report shows trends since 1982 in whether a woman wanted to get pregnant just before the pregnancy occurred. This is the most direct measure available of the extent to which women are able (or unable) to choose to have the number of births they want, when they want them. In this report, this is called the “standard measure of unintended pregnancy.”

Methods

The data used in this report are primarily from the 2006–2010 National Survey of Family Growth (NSFG), conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics. The 2006–2010 NSFG included in-person interviews with 12,279 women aged 15–44. Some data in the trend analyses are taken from NSFG surveys conducted in 1982, 1988, 1995, and 2002.

Results

About 37% of births in the United States were unintended at the time of conception. The overall proportion unintended has not declined significantly since 1982. The proportion unintended did decline significantly between 1982 and 2006–2010 among births to married, non-Hispanic white women. Large differences exist between groups in the percentage of births that are unintended. For example, unmarried women, black women, and women with less education or income are still much more likely to experience unintended births compared with married, white, college-educated, and high-income women. This report also describes some alternative measures of unintended births that give researchers an opportunity to study this topic in new way

<http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>

III. CURRENT INITIATIVES

22. Federal Government Announces Community Infrastructure Improvement Fund

First announced in Economic Action Plan 2012, the Community Infrastructure Improvement Fund provides \$150 million for the repair and improvement of community infrastructure facilities across the country.

FedDev Ontario is delivering the Fund in Ontario with an allocation of \$49.6 million over two years.

Applications are being accepted for projects in Ontario until 5:00 p.m. Eastern Daylight Time (EDT) on August 24, 2012.

Who is eligible?

Organizations eligible to apply for funding include:

- local or regional governments or related agencies;
- provincial entities that provide municipal-type services to communities;
- not-for-profit organizations; and
- First Nation governments, including Band or Tribal Councils or their legally-designated representatives.

What projects are eligible?

The Fund supports the rehabilitation and improvement of existing community infrastructure that is non-commercial

and accessible for use by the public. Examples of the types of community infrastructure that can be supported include:

- community facilities (e.g. community centres, libraries, parks);
- cultural centres;
- recreational facilities (e.g. arenas, gymnasiums, sports fields, bike paths and other recreational trails);
- tourism facilities; and
- other community infrastructure.

Applications are being accepted for projects in Ontario until 5:00 p.m. Eastern Daylight Time (EDT) on August 24, 2012.

For more information, please visit: www.feddevontario.gc.ca/eic/site/723.nsf/eng/h_00826.html

IV. UPCOMING EVENTS

23. Free webinars on its upcoming awareness campaign “Healthy Baby Healthy Brain”

The Best Start Resource Centre will be offering webinars on its upcoming awareness campaign “Healthy Baby Healthy Brain”. These webinars will offer service providers some background information on the campaign and help them use the campaign materials in their programming. The webinars are offered free of charge and service providers only need to attend one of them, at their convenience.

- Two webinars open to all service providers are available on Tuesday, September 11. An English one is available from 1 to 2 p.m. and a French one is available from 3 to 4 p.m. Registration for these webinars is available on the Best Start website at: http://beststart.org/index_eng.html
- An additional webinar will be offered specifically for Healthy Baby Healthy Children staff on Wednesday, September 12, from 1 to 2 p.m. Registration for this webinar is only available through this link: http://www.beststart.org/events/2012/webinar_hbhb/hbhb_sept12.html

The Healthy Baby Healthy Brain campaign will be launched on October 3rd. You are encouraged to plan events related to early brain development in the fall. Information on the strategies is available at:

<http://www.beststart.org/healthybabyhealthybrain/index.html>

24. Why am I Poor? First Nations Child Poverty in Ontario: How Service Providers Can Make A Difference

Thursday, September 27, 2012 - Timmins, ON

Thursday, October 04, 2012 - Barrie, ON

Thursday, October 25, 2012 - Ottawa, ON

Registration fee = \$60 (includes booklet, “[Why am I Poor: First Nations Child Poverty in Ontario](#)” and lunch with snacks)

This full day interactive workshop will provide pertinent information for service providers working with First Nations families with young children (0-6 years old) living in poverty. It will share information about child poverty in First Nations families and provide service providers with concrete skills to work with First Nations families living in poverty.

WORKSHOP DESCRIPTION:

This workshop is based on a resource developed by Best Start Resource Centre, "Why Am I Poor? First Nations Child Poverty in Ontario". This resource explores the policies, legislation and statistics about First Nations child poverty in Ontario as well as some key strategies for front line workers who engage with First Nations families living in poverty.

PRESENTER: Angela Mashford-Pringle

Angela Mashford-Pringle is an Algonquin (Timiskaming First Nation Quebec) PhD candidate at the Dalla Lana School of Public Health, University of Toronto.

<http://www.beststart.org/events/upcoming.html>

25. OPHA eHealth Innovations in Public Health Annual Fall Forum

October 23, 2012, Toronto

Cost: \$165

This year's one day forum will explore eHealth innovations in public health. It will provide a unique opportunity for public health and community health professionals to engage in dialogue, network and exchange ideas and thoughts on eHealth in public health in Ontario via panels and workshops.

Key topics include:

Vision of eHealth in public health

Data analytics including GIS application

PANORAMA

eHealth innovations in service delivery (immunization; on-line data entry; mobile technology)

EHRs/EMRs in public health (implementation, issues and EHR demonstration from Algoma Public Health)

New speakers have been confirmed: Dr. Robin Williams (Associate Chief Medical Officer of Health, CMOH Office), R.Martino (Executive Director, MOHLTC), F. Rawhani (EHealth Ontario), F.Ratchford (Canada Health Infoway), B.Forester(CEO, Ontario MD), S.Chebib(CEO, Nightingale) and more.

Preliminary Agenda: <http://www.opho.on.ca/Brochure3blue.pdf>

To Register: <http://fallforum2012.eventbrite.com/?ebtv=C>

26. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

Full Program details will be updated on the conference website over the next few months. Registration will begin in early October.

<http://www.beststart.org/events/2013/bsannualconf13/index.htm>

27. Free Workshop: Evaluating Place-Based Interventions

Toronto, August 3/12

“Understanding Community Contexts through Place-Based Evaluations”

The morning session (9:30am- 12:00pm) will focus on how thinking evaluatively can help community organizations better respond to local context and the heterogeneous needs within a community. It will include presentations and discussion with leaders of prominent community organizations, and leaders in spatial analysis with experience in fields such as health, social housing, and crime. This workshop will appeal to planners, evaluators and staff of community organizations.

“Spatial Analysis in Evaluation: Methods and Insights”

The afternoon session (1:00pm- 3:00pm) will focus on the role of spatial analysis in making sense of patterns in community data. This session will be highly intuitive and appeal to analysts working in policy and community settings.

Space for this workshop is very limited. We are aiming to create a more interactive space for discussion and dialogue among a diverse array of community organizations, as well as policymakers and evaluators.

Registering for the Workshop

The workshop is free but there are a **restricted number of spaces** available so you are encouraged to respond quickly. Please reply to Chelsey Rhodes at Rhodesc@smh.ca to indicate your interest in the morning, afternoon, or both sessions.

28. 26th annual Perinatal Conference

London, ON

Friday, September 21, 2012

The Regional Perinatal Outreach Program of SW Ontario is hosting its 26th annual perinatal conference at the Best Western Lamplighter Inn, London on Friday, September 21, 2012. The early bird deadline for registrations is September 7, 2012. Information and brochure available to download from:

<http://www.mncyn.ca/calendar.jsp>

29. "A Day with Penny Simkin" Rediscovering Normal Birth

Kingston, ON

Sept 26, 2012

An Educational Event for Maternity Caregivers, Nurses, Prenatal Educators, Physicians, Midwives, Doulas and others interested in Labour Support Best Practices

http://www.instantwebcanada.com/en/pppeso/Conferences_p552.html

30. Fetal Alcohol Spectrum Disorder (FASD) Public Forum : How Much Is Too Much? Understanding Prenatal Alcohol Exposure And Its Impact On Individuals, Families And Society

September 22, 2012,
Delta Chelsea Hotel, 33 Gerrard St. W., Toronto

3:30-5:30 p.m

Panelists:

Dr. Sterling Clarren, Director of the Canada FASD Research Network (CanFASD)
Sharron Richards, Chair of FASD Ontario Network of Expertise (FASD ONE)
Steve Catney, Operator of Alliance Youth Services
Shulman family, Kamille, Arlene, Richard and Jessica, affected individual and family
Dr. James Reynolds, Leader of FASD Demonstration Project in NeuroDevNet
Moderator: Dr. Jim Brien, Queen's University

2:00-3:00 p.m.

Neuroethics and FASD: An interdisciplinary examination of the ethical and social challenges associated with the development and implementation of biomarkers for prenatal alcohol exposure with James Reynolds (Queen's University); Gideon Koren (University of Toronto); Anna Zadunayski (University of Calgary); Nina DiPietro (University of British Columbia). The Moderator is Eric Racine.

Registration is FREE, but space is limited. Please send your name, the number of spaces needed, and if you're attending both sessions to: FASDpublicforum@gmail.com

31. 13th Annual Fetal Alcohol Canadian Expertise (Face) Research Roundtable

September 11th 2012
Saskatoon, Saskatchewan

The 2012 FACE Research Roundtable will present the latest in the field of fetal alcohol research and FASD intervention. After each presentation the floor will be opened to delegates for questions and discussion. Be a part of this time-honoured tradition of scientific review as Canadian researchers work to understand and prevent Fetal Alcohol Spectrum Disorder - the leading cause of developmental disability in North America.

PROGRAM: http://www.motherisk.org/FAR/econtent_conferences.jsp

REGISTRATION FORM: http://www.motherisk.org/JFAS_documents/FACE-Registration.pdf

V. RESOURCES

32. Prevention of Gestational and Neonatal Exposure to Tobacco Smoke (PREGNETS) Website Now Live

The mission of the network for the Prevention of Gestational and Neonatal Exposure to Tobacco Smoke (PREGNETS) is to improve the health of moms and their babies by offering information, resources and support to pregnant and postpartum women and their health care providers.

Our goal is to reduce smoking in pregnant and postpartum women by increasing their capacity to quit and stay quit using a woman centred model of care.

The Pregnets website hosts the most up-to-date information on smoking cessation practices for pregnant and postpartum women, a toolkit for health care providers, an anonymous Online Discussion Board and a personalized plan for quitting or reducing smoking.

The Pregnets toolkit has been developed for health care providers, educators and researchers and provides the essential components to address smoking reduction and cessation among pregnant and postpartum women.

<http://www.pregnets.org/>

33. Columbia Center for Children's Environmental Health: Mothers & Newborns Study

The mission of the Columbia Center for Children's Environmental Health is to improve the respiratory health and cognitive development of children and to reduce their cancer risk by identifying environmental toxicants, genetic susceptibility factors, and conditions related to poverty that increase their risk of disease. In turn, our research results are used to educate parents, families, and health professionals and inform prevention strategies and public policy to reduce levels of harmful environmental toxicants.

<http://www.cumc.columbia.edu/dept/mailman/ccceh/findings.html>

34. Ontario's Enhanced 18-Month Well-Baby Visit: Web Resources

This web portal is the result of a collaborative effort between several organizations including the Ontario College of Family Physicians, McMaster University, the Offord Centre for Child Studies, the Ontario Ministries of Children and Youth Services, Health and Long-Term Care, Health Promotion, and leaders in the field of child development. The portal was developed to provide primary care providers a central access point to accredited online learning programs as well as recommended tools like the Rourke Baby Record and the Nipissing District Developmental Screen™, and other key resources.

<http://machealth.ca/programs/18-month/default.aspx>

VI. FEATURED BEST START RESOURCES

35. The Sacred Journey from Preconception to Parenting for First Nations Families in Ontario

This resource was developed to help service providers who work with First Nations families understand some of the traditional teachings, barriers to practice and challenges facing First Nations people. The information can be used to ensure that evidenced-based practice is sensitive to cultural needs and practices.

http://www.beststart.org/resources/rep_health/pdf/SupportingtheSacredJourney.pdf

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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/>