

# MNCHP Network Bulletin



best start  
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. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).*

**July 26, 2013**

*The next bulletin will be released August 23, 2013.*

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## I. NEWS & VIEWS

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### 1. Homeless in the Greater Toronto Area (GTA): Finding Affordable Housing Especially Tough for Women

This article (The Toronto Star, 2013, June 23) discusses the lack of affordable housing for women and women with children in the GTA. The author describes the experience of a pregnant woman and her infant son who lost their affordable housing due to her landlord's son returning to live in the apartment that she was renting. After living in a shelter and feeling that it was not a safe option, she moved to a park where she has been sleeping with her son for a couple of months. Her story of unaffordable housing is not unique. A recent National Report Card on Homelessness published by the Homeless Hub (2013) demonstrates that the number of women and children entering the shelter system is rising. The reasons for this have not been identified, but Tim Ritcher, President and CEO of the Canadian Alliance to End Homelessness believes it is possibly due to families who are earning less, while housing costs are increasing. Ruth Crammond, Director of Shelter and Clinical Services at the YWCA Toronto adds that women with children face particular challenges in finding both affordable and safe housing for their family, and after spending time in shelters, often resort to accepting inadequate housing or return to unsafe situations (i.e. with an ex-partner who is abusive) to secure housing.

Article:

[http://www.thestar.com/news/gta/2013/06/23/homeless\\_in\\_the\\_gta\\_finding\\_affordable\\_housing\\_especially\\_tough\\_for\\_women.html](http://www.thestar.com/news/gta/2013/06/23/homeless_in_the_gta_finding_affordable_housing_especially_tough_for_women.html)

National Report Card on Homelessness: <http://www.wellesleyinstitute.com/wp-content/uploads/2013/06/SOHC2103.pdf>

## 2. Increasing Support for Nearly One Million Children in Ontario

(available in French)

The Ministry of Children and Youth Services (Government of Ontario, 2013, June 27) announced that they will be increasing the Ontario Child Benefit for over half a million families in Ontario by up to \$110. In addition to this increase, more families will become eligible for the Ontario Tax Benefit. The intention of this increase is to support families in purchasing clothes and food, recreation costs, and any other necessities for children. It is important to note that to be eligible, parents must file their income taxes, register for the Canada Child Tax Benefit, have a child under the age of 18, and live in Ontario.

Article: <http://bit.ly/ONincreasingsupport>

FR: <http://news.ontario.ca/mcys/fr/2013/06/accroitre-le-soutien-pour-pres-dun-million-denfants.html>

Child Tax Benefit Information: <http://www.cra-arc.gc.ca/cctb/>

FR: <http://www.cra-arc.gc.ca/bnfts/cctb/menu-fra.html>

## 3. Lessons from Ontario's Campaign to Cut Child Poverty

This article (The Toronto Star, 2013, July 3) discusses the measures that the Ontario Government has taken to reduce child poverty over the last three years. Although the poverty rate has gone down 15.2% over the last 3 years, it has not decreased as significantly as was hoped for in the government's five-year plan to reduce poverty by 25% by 2013. Even without meeting this goal, the reduction is seen as successful as it was accomplished during an economic downturn. The reasons for the success of the strategy are described as setting targets, engaging the public, recognizing there are no quick fixes for poverty, understanding that good social policy influences change, and having to invest in order to benefit.

[http://www.thestar.com/opinion/commentary/2013/07/03/lessons\\_from\\_ontarios\\_campaign\\_to\\_cut\\_child\\_poverty.html](http://www.thestar.com/opinion/commentary/2013/07/03/lessons_from_ontarios_campaign_to_cut_child_poverty.html)

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## II. RECENT REPORTS AND RESEARCH

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\* indicates journal subscription required for full text access

### \* 4. Effect of Restricted Pacifier Use in Breastfeeding Term Infants for Increasing Duration of Breastfeeding

Jaafar, S. H., Jahanfar, S., Angolkar, M., & Ho, J. J. (2012). Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding.

*Cochrane Database of Systematic Reviews*. doi:

10.1002/14651858.CD007202.pub3.

**ABSTRACT:**

**Background:** To successfully initiate and maintain breastfeeding for a longer duration, the World Health Organization's Ten Steps to Successful Breastfeeding recommends total avoidance of artificial teats or pacifiers for breastfeeding infants. Offering the pacifier instead of the breast to calm the infant may lead to less frequent episodes of breastfeeding and as a consequence may reduce breast milk production and shorten duration of breastfeeding; however, this remains unclear.

**Objectives:** To assess the effect of unrestricted versus restricted pacifier use in healthy full-term newborns whose mothers have initiated breastfeeding and intend to exclusively breastfeed, on the duration of breastfeeding, other breastfeeding outcomes and infant health.

**Search Methods:** We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (14 March 2012).

**Selection Criteria:** Randomised and quasi-randomised controlled trials comparing unrestricted versus restricted pacifier use in healthy full-term newborns who have initiated breastfeeding regardless of whether they were born at home or in the hospital.

**Data Collection and Analysis:** Two authors independently assessed the studies for inclusion, assessed risk of bias and carried out data extraction. Data were checked for accuracy.

**Main Results:** We found three trials (involving 1915 babies) for inclusion in the review but have included only two trials (involving 1302 healthy full-term breastfeeding infants) in the analysis. Meta-analysis of the two combined studies showed that pacifier use in healthy breastfeeding infants had no significant effect on the proportion of infants exclusively breastfed at three months (risk ratio (RR) 0.99; 95% confidence interval (CI) 0.93 to 1.05), and at four months of age (RR 0.99; 95% CI 0.92 to 1.06) and also had no effect on the proportion of infants partially breastfed at three months (RR 1.00; 95% CI 0.98 to 1.13), and at 4 months of age (RR 1.01; 95% CI 0.98 to 1.03).

**Author's Conclusions:** Pacifier use in healthy term breastfeeding infants, started from birth or after lactation is established, did not significantly affect the prevalence or duration of exclusive and partial breastfeeding up to four months of age. However, evidence to assess the short-term breastfeeding difficulties faced by mothers and long-term effect of pacifiers on infants' health is lacking.

<http://www.healthevidence.org/view-article.aspx?a=21701>

Plain-language summary: <http://summaries.cochrane.org/CD007202/effect-of-pacifier-use-on-duration-of-breastfeeding-in-full-term-infants>

**\* 5. Support for Healthy Breastfeeding Mothers with Healthy Term Babies**

Renfrew, M. J., Britton, C., McCormick, F. M., Wade, A., & King, S. E. (2012). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*.

**ABSTRACT:**

**Background:** There is extensive evidence of important health risks for infants and mothers related to not breastfeeding. In 2003, the World Health Organization recommended infants be exclusively breastfed until six months of age, with breastfeeding continuing as an important part of the infant's diet till at least two years of age. However, breastfeeding rates in many countries currently do not reflect this recommendation.

**Objectives:** To assess the effectiveness of support for breastfeeding mothers.

**Search Methods:** We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (3 October 2011).

**Selection Criteria:** Randomised or quasi-randomised controlled trials comparing extra support for healthy breastfeeding mothers of healthy term babies with usual maternity care.

**Data Collection and Analysis:** Two review authors independently assessed trial quality and extracted data.

**Main Results:** Of the 67 studies that we assessed as eligible for inclusion, 52 contributed outcome data to the review (56,451 mother-infant pairs) from 21 countries. All forms of extra support analysed together showed an increase in duration of 'any breastfeeding' (includes partial and exclusive breastfeeding) (risk ratio (RR) for stopping any breastfeeding before six months 0.91, 95% confidence interval (CI) 0.88 to 0.96). All forms of extra support together also had a positive effect on duration of exclusive breastfeeding (RR at six months 0.86, 95% CI 0.82 to 0.91; RR at four to six weeks 0.74, 95% CI 0.61 to 0.89). Extra support by both lay and professionals had a positive impact on breastfeeding outcomes. Maternal satisfaction was poorly reported.

**Author's Conclusions:** All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. Support is likely to be more effective in settings with high initiation rates, so efforts to increase the uptake of breastfeeding should be in place. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed. Support that is only offered reactively, in which women are expected to initiate the contact, is unlikely to be effective; women should be offered ongoing visits on a scheduled basis so they can predict that support will be available. Support should be tailored to the needs of the setting and the population group.

<http://www.healthevidence.org/view-article.aspx?a=16977>

Plain-language summary: <http://summaries.cochrane.org/CD001141/support-for-breastfeeding-mothers>

## \* 6. Promoting Abstinence From Alcohol During Pregnancy: Implications From Formative Research

France, K. E., Donovan, R. J., Henley, N., Bower, C., Elliot, E. J., Payne, J. M.,... Bartu, A. E. (2013). Promoting abstinence from alcohol during pregnancy: Implications from formative research. *Substance Use Misuse*. doi:10.3109/10826084.2013.800118

### ABSTRACT:

This research developed messages to promote abstinence from alcohol during pregnancy and identified elements that enhance message persuasiveness. An exploratory phase was conducted in 2009 that comprised four focus groups with 23 women in Western Australia and elicited beliefs and attitudes on alcohol use during pregnancy and motivations for behavior change. Four television concepts were subsequently developed and appraised in five focus groups with 31 participants using standard advertising pretesting questions. The implications for campaigns addressing prenatal alcohol exposure and further research are noted and limitations discussed. Funding was received from Healthway and the National Health and Medical Research Council.

<http://informahealthcare.com/doi/abs/10.3109/10826084.2013.800118?journalCode=su>  
[m](#)

## \* 7. Disrupted Amygdala Reactivity in Depressed 4- to 6-year-old Children

Gaffrey, M. S., Barch, D. M., Singer, J., Shenoy R., & Luby, J .L. (2013). Disrupted amygdala reactivity in depressed 4- to 6-year-old children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(7), 737-746.

### ABSTRACT:

**Objective:** Disrupted amygdala activity in depressed adolescents and adults while viewing facial expressions of emotion has been reported. However, few data are available to inform the developmental nature of this phenomenon, an issue that studies of the earliest known forms of depression might elucidate. The current study addressed this question by examining functional brain activity and its relationships to emotion regulation in depressed 4- to 6-year-old children and their healthy peers.

**Method:** A total of 54 medication-naive 4- to 6-year-olds (23 depressed and 31 healthy) participated in a case-control study using functional magnetic resonance imaging (fMRI). Imaging data were used to compare functional brain activity in children with and without depression during emotion face processing.

**Results:** A right-lateralized pattern of elevated amygdala, thalamus, inferior frontal gyrus, and angular gyrus activity during face processing was found in depressed 4- to 6-year-olds. In addition, relationships between increased amygdala activity during face



processing and disruptions in parent-reported emotion regulation and negative affect were found. No between-group differences specific to emotion face type were identified.

**Conclusion:** To our knowledge, this is the earliest evidence of alterations in functional brain activity in depression using fMRI. Results suggest that, similar to findings in older depressed groups, depression at this age is associated with disrupted amygdala functioning during face processing. The findings also raise the intriguing possibility that disrupted amygdala function is a depression-related biomarker that spans development. Additional studies will be needed to clarify whether the current findings are a precursor to or a consequence of very early childhood depression.

<http://www.jaacap.com/article/S0890-8567%2813%2900208-6/abstract>

## **8. Connecting the Dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health** (available in French)

Centre for Addiction and Mental Health, Ontario Agency for Health Protection and Promotion (Public Health Ontario), & Toronto Public Health. (2013). Connecting the dots: how Ontario public health units are addressing child and youth mental health. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from [http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Connecting\\_the\\_Dots.aspx#.UfFyeawyiKL](http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Connecting_the_Dots.aspx#.UfFyeawyiKL)

### EXCERPT:

Connecting the Dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health is the final report of a research study conducted by Public Health Ontario, the CAMH Health Promotion Resource Centre and Toronto Public Health.

Mental health is a key component of overall health and wellbeing. However, the role of public health in mental health in Ontario has not been well-described. For instance, the Ontario Public Health Standards (which guides the work of public health units) lacks an explicit mandate to address mental health, even though public health's core business is preventing illness and promoting health.

Many factors shape and influence the role of public health units in addressing mental health in children and youth. Some of these, like strong partnerships, are supportive in nature, while others, like the lack of a clear mandate, present barriers.

The purpose of this research study was to understand how Ontario's 36 public health units address and promote mental health in children and youth. Overall, a total of 325 mental health promotion and mental illness prevention activities and initiatives were reported. These ranged from the Positive Parenting Program to Regional Suicide Prevention Coalitions to Gay Straight Alliance Support.

The findings give insight into the types of supports public health units need to better promote mental health. Future discussion and research should explore these suggested supports. The present research contributes to an understanding of the role of public

health in mental health but is still cursory in nature—this research will hopefully stimulate further discussion towards meaningful outcomes on this important issue.

Summary:

[http://www.publichealthontario.ca/en/eRepository/Connecting\\_the\\_Dots\\_SUMMARY\\_2013.pdf](http://www.publichealthontario.ca/en/eRepository/Connecting_the_Dots_SUMMARY_2013.pdf)

FR:

[http://www.publichealthontario.ca/fr/eRepository/Connecting\\_the\\_Dots\\_SUMMARY\\_FR\\_2013.pdf](http://www.publichealthontario.ca/fr/eRepository/Connecting_the_Dots_SUMMARY_FR_2013.pdf)

Full report:

[http://www.publichealthontario.ca/en/eRepository/Connecting\\_The\\_Dots\\_2013.pdf](http://www.publichealthontario.ca/en/eRepository/Connecting_The_Dots_2013.pdf)

### **9. Inclusion of Young Children with Disabilities in Regulated Child Care in Canada: A Snapshot - Research, Policy, and Practice**

Halfon, S., & Friendly, M. (2013). *Inclusion of young children with disabilities in regulated child care in Canada: A snapshot - research, policy, and practice*. childcare resource and research unit. Retrieved from:

<http://www.childcarecanada.org/sites/default/files/Occasional%20paper%2027%20FINAL.pdf>

EXCERPT:

This report aims to provide a “snapshot” or inventory of the state of regulated child care for children with disabilities in Canada. It establishes a baseline for considering issues and progress on inclusion of children with disabilities in regulated childcare programs. This is especially important as child care continues to receive relatively limited support in policy development and research even as early childhood education and early learning more broadly has begun to enjoy enhanced recognition and policy support.

<http://www.childcarecanada.org/sites/default/files/Occasional%20paper%2027%20FINAL.pdf>

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## **III. CURRENT INITIATIVES**

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### **10. National Family Week – Strong Families, Strong Communities**

October 7-13, 2013: Canada

Each fall, during the first week of October, Canadians in communities across the country come together for local celebrations during National Family Week. The week provides an opportunity to celebrate families and reflect on their importance in our lives. The campaign was initiated, and coordinated for over 20 years, by Family Service Canada. Since 2007, the Canadian Association of Family Resource Programs has assumed the coordination role and, together with other National Family Week partners, offers



resources relating to an annual theme including ideas for fun activities that families can do together.

To order resources, please click here: [http://bit.ly/ntlfamweek\\_resources](http://bit.ly/ntlfamweek_resources)

For more information, please click here: <http://bit.ly/nationalfamilyweek>

## **11. Child Care Groups Urge Premiers to Develop a National Child Care Strategy**

In an open letter, the Child Care Advocacy Association of Canada (CCAAC) and the Canadian Child Care Federation (CCCF) are urging Premiers – who are the leaders responsible for social programs - to develop a National Child Care Strategy. The Premiers will be meeting July 24-26, 2013 at a Council of the Federation meeting in Niagara-on-the-lake, Ontario. The recommendation is straight forward, as early childhood education and care is first and foremost a responsibility of the provinces/territories, the Premiers should use this opportunity to commit to a collaborative approach and concrete pan-Canadian strategy on early childhood education and care that respects provincial jurisdiction. In response to the recent incidents and deaths of very young children in unregulated, sometimes illegal child care arrangements across Canada, it is strongly believed that the provinces/territories must develop a plan that ensures all families and children have access to good quality programs that are safe and regulated by provincial/territorial governments and staffed by qualified early childhood educators.

To access the open letter to Canadian Premiers, please click here:

[http://www.ccaac.ca/pdf/resources/letters/OpenLettertothePremiers\\_July2013.pdf?utm\\_source=July+2013+broadcast&utm\\_campaign=child+care+canada&utm\\_medium=email](http://www.ccaac.ca/pdf/resources/letters/OpenLettertothePremiers_July2013.pdf?utm_source=July+2013+broadcast&utm_campaign=child+care+canada&utm_medium=email)

Share the letter with your organization and members and urge the Premiers to take action now.

## **12. Health Nexus Seeks Volunteer for our Board of Directors**

Health Nexus is a leading bilingual organization that works with diverse partners to build healthy, equitable and thriving communities by providing consultation, information, resources and networking services in English and French. [www.healthnexus.ca](http://www.healthnexus.ca)

Health Nexus is seeking to enhance its Board of Directors with an enthusiastic francophone volunteer, preferably from northern Ontario, who shares our interest and commitment to prevention and health promotion.

Being a director of Health Nexus offers the opportunity to:

- Practice and develop personal and professional skills in the areas of leadership, communications, decision-making and management of a nonprofit, charitable organization.
- Influence, through strategy development and leadership contributions, innovative thinking and growth in field of health promotion.
- Work as part of a team with other directors who have a variety of backgrounds and skills.
- Meet people beyond your usual professional and social circle.

- Bring valuable skills to help advance an organization that addresses vital community needs and contributes to the building of healthy, equitable and thriving communities.

Health Nexus offers board orientation and ensures effective integration onto our board. Board meetings are conducted in English.

The Board of Directors role includes:

- Directing the organization according to its by-laws.
- Providing direction and supervision to the Executive Director.
- Formulating and approving organizational policy and plans.
- Developing and ensuring implementation of funding strategies.
- Overseeing financial management.
- Keeping abreast of community needs, health and social trends.
- Representing and interpreting Health Nexus to the public, stakeholders and selected communities.

Board member's responsibilities are to:

- Commit to a 3 year term, renewable for a 2<sup>nd</sup> term (maximum 6 years).
- Prepare for, attend, and actively participate in board meetings approximately every 2 months (3 day-time, in-person meetings in Toronto and 2-4 shorter, evening teleconferences).
- Participate in individually defined small workgroups or ad hoc committees.
- Serve in a volunteer capacity, without remuneration or profit. Accommodation, travel and meal expenses associated with duties as a Board member are reimbursed.

*The Board of Directors strives to represent the communities we serve including rural, urban, as well the cultural and ethnic communities that reflect our changing demographics. We encourage innovative and strategic thinkers with public or community health, business, legal or fundraising experience to apply.*

*To request an information package or to submit a letter of interest and resume please contact Penny Scott, Executive Assistant, [p.scott@healthnexus.ca](mailto:p.scott@healthnexus.ca) or 416.408 6917.*

Deadline for applications: August 16, 2013

### **13. We want to hear from you!**

Join us next week for #HealthPromoChat, a Twitter chat that happens the last Tuesday of every month. This month's chat will be hosted by Best Start Resource Center's Louise Choquette. We will be looking for your comments and feedback on child discipline for an upcoming awareness campaign.

More information: [http://en.healthnexus.ca/health\\_promo\\_chat](http://en.healthnexus.ca/health_promo_chat)

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## IV. UPCOMING EVENTS

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### 14. Infant Mental Health (IMH–101): The Basics

September 23, 2013: Toronto, ON

Presentation by: Chaya Kulkarni, BAA, M.Ed, Ed.D, Director, Infant Mental Health Promotion.

This full day workshop is geared specifically towards newcomers to professional fields involving work with infants (ages 0 -3) and families, as an introduction to the concepts of infant mental health, prevention and early intervention. This workshop is specially priced to be accessible to students who are able to attend in person.

This one day workshop will highlight the basic principles and practices related to infant mental health and how this information is applicable to different professional settings and roles involved in caring for and serving this age group. We will explore key topics including:

- Brain development – How relationships build brain
- Attachment and Self Regulation
- Temperament and “Goodness of Fit” – following the child’s cues
- Responding to challenging behaviours
- Understanding Developmental Milestones and Screening for Delays
- Principles of Core Prevention and Intervention

Our goal through this training is to provide the next generation of early childhood education and caregiving professionals with insight into infant mental health and awareness of their roles in promoting optimal outcomes for the future of children. For more information and registration, please click here:

<http://www.cvent.com/events/infant-mental-health-imh-101-the-basics/event-summary-b507abb0d319462a9212c511c39fd3ab.aspx>

### 15. RIRO Resiliency Skills Fall Training

September 23, 2013 and October 7, 2013: Toronto, ON or Online

RIRO Resiliency Skills Training is an evidence-based, two-part program for service providers and leaders who work with young children from birth to 8 years. The RIRO training program uses a relationship-based, cognitive-behavioural and social-problem solving model to help adults help children develop self-regulation skills and a flexible approach to handling stress, serious problems and everyday challenges.

More information and registration, please click here: <http://www.reachinginreachingout.com/programs-riro.htm>.

Early bird registration for Fall training closes on August 23, 2013.

For those who work with parents, use the RIRO Skills Training as the first step to becoming an authorized resiliency skills trainer for parents! For more information about Bounce Back & Thrive! (BBT) a new, evolving evidence-based resiliency skills training program for parents with young children, click here: <http://www.reachinginreachingout.com/programs-bb&t.htm>. For more information about becoming a BBT Trainer, click here: <http://www.reachinginreachingout.com/becometrainer.htm>

## **16. Annual Ontario Research Chairs in Public Policy Symposia Series**

September 24, 2013: Toronto, ON

The Council of Ontario Universities and the Glendon School of Public and International Affairs (York University) present the Annual Ontario Research Chairs in Public Policy Symposia Series - Tackling Ontario's Challenges: Experts and Decision-Makers Meet to Explore Ontario's Key Policy Challenges. Tackling Ontario's Challenges is a series of four public events that bring together academic experts and decision-makers from the public and private sectors to explore solutions to Ontario's key economic, environmental and social issues.

To explore Ontario's Health Challenges please join the symposia featuring experts such as:

- Dr. Andrew Emili, Ontario Research Chair in Biomarkers in Disease Management, University of Toronto
- Dr. Udo Schüklenk, Ontario Research Chair in Bioethics, Queen's University
- Dr. Arthur Sweetman, Ontario Research Chair in Health Human Resources, McMaster University
- Dr. Samantha Brennan, Professor, Department of Philosophy, Western University
- Kenneth Evans, President and CEO, Ontario Cancer Biomarker Network
- Dr. Boris Kralj, Executive Director, Economics & Chief Economist, Ontario Medical Association

For more information and to register, please visit:

[www.glendon.yorku.ca/cousymposium](http://www.glendon.yorku.ca/cousymposium).

## **17. Children's Planning Table**

November 25, 2013: Waterloo, ON

The mandate of the Children's Planning Table is to serve as an integrated planning table for children's services from pre-birth to 12 years of age in Waterloo Region. The Children's Planning Table's vision is: All children in Waterloo Region live in a community that supports their developmental health through a system of coordinated and effective services.

All agencies/organizations providing support services to children (pre-birth to 12 years of age) are considered stakeholders at the planning table. The Children's Planning Table replaces the Region of Waterloo Children and Parent Services Committee (ROWCAPS) and will serve as our Best Start Network. This planning table will take on the role of developing an Early Years System Plan over the next few years.

For more information and to register, please click here:

<http://www.socialservices.regionofwaterloo.ca/en/childrensservices/advisorybodies.asp>

### **18. First International Conference on Prevention of Fetal Alcohol Spectrum Disorder (FASD)**

September 23-25, 2013: Edmonton, AB

On behalf of Alberta Initiatives on FASD Local Organizing Committee we would like to kindly invite your organization to apply to exhibit at our upcoming First International Conference on Prevention of FASD being held from September 23-25, 2013 at the Shaw Conference Centre in Edmonton, Alberta, Canada.

This conference will be the first event of its kind focusing entirely on this important subject as prevention of harm from alcohol use during pregnancy is of rapidly growing concern in many countries.

Up to 1000 delegates are expected to attend and we have confirmed attendees from around the globe. Participants will include individuals working in policy, practice and research in the field of primary, secondary and tertiary prevention of FASD.

Policymakers from many branches of government will also attend, as will a broad range of researchers, service providers, families and caregivers.

For more information, please click here: [www.fasdedmonton2013.ca/FASD-Prevention](http://www.fasdedmonton2013.ca/FASD-Prevention)

### **19. Call for Abstracts--Fourth International Conference on Families with Parental Mental Health Challenges: Addressing the Needs of the Whole Families**

April 25-27, 2014: Berkeley, California

This conference will bring researchers, educators, policy-makers, and providers from across disciplines together with members of the judiciary and those with lived experience. The primary aim is to share knowledge and experience, to advance the rights and highlight the needs of families striving to live well with parental mental health challenges. Related objectives include provision of an interactive forum to discuss common experiences, effective and evidence informed support and advocacy strategies, and contemporary, cutting edge, research. The deadline is September 30, 2013.

To view the call for abstracts please visit

<http://interprofessional.ubc.ca/MentalHealth2014/CallForAbstracts.pdf>.

To submit an abstract, please visit

[http://www.dentistry.ubc.ca/interprofessional/submissionForm.asp?conference\\_id=30](http://www.dentistry.ubc.ca/interprofessional/submissionForm.asp?conference_id=30)

For more information, please visit the conference website at

<http://interprofessional.ubc.ca/MentalHealth2014/default.asp>.

Email marketing.ipce@ubc.ca to get on an enquiry list for updates.

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## V. RESOURCES

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### 20. The Psychology Foundation of Canada – Parenting for Life Resources

The Psychology Foundation of Canada has a number of parenting resources available to download from their website. Some of the topics covered include:

- Parenting resilient children at home and at school
- Positive discipline ideas for you and your family
- Play – a child's road to learning
- A guide for new fathers

For more information and to access the resources, please click here:

<http://psychologyfoundation.org/index.php/programs/parenting-for-life/booklets/>

### 21. New FASD Website from the Alberta Government

The FASD Alberta Cross Ministry Initiative has launched a new website. It offers information about current initiatives, as well as a learning centre with resources related to FASD as well as a discussion forum to ask questions about FASD and to share experiences. There is also a section on healthy pregnancy which discusses the issues surrounding alcohol use in pregnancy and offers approaches on how to work with women in this situation.

For more information please visit the website by clicking:

<http://fasdprevention.wordpress.com/2013/06/24/new-fasd-website-from-the-alberta-government/>

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## VI. FEATURED BEST START RESOURCES

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### 22. Revised Breastfeeding Matters (available in French)

The Best Start Resource Centre is pleased to let you know that the revised edition of *Breastfeeding Matters* is now available. The revisions followed extensive evaluations involving mothers, breastfeeding peer support mothers, and service providers from public health and other agencies who had ordered *Breastfeeding Matters*.

EN (Revised edition):

[http://beststart.org/resources/breastfeeding/pdf/BreastfeedingMatters\\_2013\\_low\\_rez\\_ref  
erence.pdf](http://beststart.org/resources/breastfeeding/pdf/BreastfeedingMatters_2013_low_rez_reference.pdf)



FR (Original edition):

[http://www.meilleurdepart.org/resources/allaitement/pdf/breastfeeding\\_matters\\_fre\\_fnl.pdf](http://www.meilleurdepart.org/resources/allaitement/pdf/breastfeeding_matters_fre_fnl.pdf)

### **23. Be Safe: Have an Alcohol-free Pregnancy** (available in French)

The Be Safe: Have an Alcohol-free Pregnancy handouts provide information and tips for expectant parents about alcohol use in pregnancy.

You can download printer-ready handouts as PDF files in [English](#), [French](#), [Arabic](#), [Cree](#), [Ojibway](#), [Hindi](#), [Punjabi](#), [Tamil](#), [Urdu](#), [Simplified Chinese](#), [Spanish](#) and [Tagalog](#)

EN: [http://www.beststart.org/resources/alc\\_reduction/alcohol\\_pregnancy\\_EN.pdf](http://www.beststart.org/resources/alc_reduction/alcohol_pregnancy_EN.pdf)

FR: [http://www.beststart.org/resources/alc\\_reduction/alcohol\\_pregnancy\\_FRE.pdf](http://www.beststart.org/resources/alc_reduction/alcohol_pregnancy_FRE.pdf)

[http://www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html)

### **24. Building Resilience in Young Children** (available in French)

This booklet is for parents of children from birth to six years and anyone who cares for children – like grandparents, relatives, foster parents and other adults. Many of the ideas will also help families with older children.

Building Resilience in Young Children is a resource to help you boost your child's ability to bounce back from life's challenges and thrive.

It is filled with:

- Up-to-date information
- Helpful tips
- Parent stories
- Links to other resources

EN: [http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/BSRC\\_Resilience\\_English\\_fnl.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/BSRC_Resilience_English_fnl.pdf)

FR: [http://www.meilleurdepart.org/resources/develop\\_enfants/pdf/BSRC\\_Resilience\\_French\\_fnl.pdf](http://www.meilleurdepart.org/resources/develop_enfants/pdf/BSRC_Resilience_French_fnl.pdf)

### **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](mailto: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.*

### **Other Health Nexus communications:**

**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, Click4HP 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>

**The Maternal Newborn and Child Health Promotion (MNCHP) Network** - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health. <http://www.beststart.org/services/MNCHP.html>  
**Health Promotion Today / Promotion de la santé aujourd'hui** - Our bilingual blog keeps you informed of news and topics related to health promotion. <http://www.blogs.healthnexussante.ca/>  
Follow us on **Twitter** to stay up to date on all things related to health promotion. [https://twitter.com/Health\\_Nexus](https://twitter.com/Health_Nexus)  
View our video resources on **YouTube** and **Vimeo** (<http://www.youtube.com/user/healthnexussante>, <https://vimeo.com/user9493317>)

We encourage you visit the website of our new **3M Health Leadership Award** to find out how you can support community health leadership and honour your own community leader by nominating them for this national award. <http://www.healthnexus.ca/leadershipaward>

**NEW! The Best Start Aboriginal Sharing Circle (BSASC) Network** is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices. <http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org>

En français:

Le bulletin *francophone* **Le Bloc-Notes** est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé. <http://www.leblocnotes.ca/>

Le **Bulletin de santé maternelle et infantile** est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile. <http://www.meilleurdepart.org/services/bulletins.html>

**Promotion de la santé aujourd'hui / Health Promotion Today** – Notre blogue bilingue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé. <http://www.blogs.healthnexussante.ca/>

Suivez-nous sur **Twitter** pour demeurer au fait de tout ce qui concerne la promotion de la santé. [https://twitter.com/Nexus\\_Sante](https://twitter.com/Nexus_Sante)  
Visionner nos ressources vidéo sur **YouTube** et **Vimeo** (<http://www.youtube.com/user/healthnexussante>, <https://vimeo.com/user9493317>)

Nous vous encourageons à visiter le site Web de notre nouveau **Prix 3M de leadership en santé** pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national. <http://www.nexussante.ca/prixdeleadership>