

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. For more information about this Bulletin, [click here](#).

June 29, 2012

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I. NEWS & VIEWS

1. Ontario's surge in babies born addicted to opioids

Levi was lifted out of his mother's belly at 10:44 on a May morning, tiny and crying and addicted to opioids. For the past month, he has been lying in a bassinet in a Hamilton hospital's neonatal intensive care unit. Nurses feed him droplets of morphine and closely monitor him for fever, tremors, rashes and sweat gathering on his neck and brow. By now, they are used to his frenetic, high-pitched cries, an unrelenting and inconsolable wail that indicates a baby going through withdrawal.

Nearby, four other newborns — a shocking one-quarter of the nursery's occupants — are also coming off the narcotic drugs their mothers took while pregnant. It is both a distressing and a familiar sight here at St. Joseph's Healthcare Hamilton and in neonatal intensive care units across the province.

In the past five years, there has been a staggering increase in the number of babies born dependent on prescription painkillers.

<http://www.thestar.com/news/article/1216165--ontario-s-surge-in-babies-born-addicted-to-opioids>

2. Hospital births in Canada fall for first time in a decade: report

Hospitals have recorded a drop in the number of babies born across the country, reversing a 10-year trend of increasing birth rates, says a report by the Canadian Institute for Health Information.

The CIHI report, released Thursday, shows that more than 371,000 infants were born in hospitals in 2010-2011 — about 5,600 or 1.5 per cent fewer than the previous year.

<http://www.winnipegfreepress.com/canada/hospital-births-in-canada-fall-for-first-time-in-a-decade-report--159910095.html>

3. Pillamina, The Human-Sized Birth Control Pill Pack Stalking Mitt Romney This Summer

"The costume is not that heavy, but it doesn't bend very much (so sitting down can be difficult!) and it does get hot in the summer," a rep from Planned Parenthood Action Fund, which conceived (pun intended!) Pillamina, explains.

<http://www.buzzfeed.com/amyodell/meet-pillamina-the-human-sized-birth-control-pill>

4. Merck Panned for 'Madagascar 3' Children's Claritin Campaign

The drug company Merck is in hot water for using cartoon characters and stickers to market grape-flavored children's allergy medicine.

A complaint filed Wednesday with the Federal Trade Commission says packages of Children's Claritin that boast characters from the movie "Madagascar 3" and five free movie stickers unfairly market over-the-counter drugs to kids and create "a very real danger of product confusion" with Madagascar-themed fruit-flavored candy and gummy snacks.

http://abcnews.go.com/Health/Allergies/merck-panned-madagascar-childrens-claritin-campaign/story?id=16619104#.T-S_ZGwU4o

5. Pregnancy Rates Rise for Women Over 40

Women in their 20s may be delaying pregnancy, but older women seem to be picking up the slack. Rates for women ages 35 to 39 rose, too, to 78.5 births per 1,000 women in 2008 from 67.5 in 2000, and a similar increase (from 2000 to 2008) can be seen among women 30 to 34.

<http://parenting.blogs.nytimes.com/2012/06/20/pregnancy-rates-rise-for-women-over-40/>

6. Global collaboration aims to improve mother and newborn health

This global collaboration, supported by the Bill & Melinda Gates Foundation, is examining key areas of reproductive, maternal and newborn care that are within the scope of midwifery services. The aim is to collate and disseminate the global evidence to assist national decision-making and improve midwifery services.

http://www.eurekalert.org/pub_releases/2012-06/uoy-gca061912.php

7. Turning the tick-tock of fertility into art

The point of her conceptual art project is that while there may still be plenty of time to have a family, in Ms. Kaddoura's case, it's finite. That's a message young women aren't hearing, according to fertility doctors. Recent studies in both the United Kingdom and Canada have shown that young women (and men) overestimate both the reproductive window, and the success of technology to keep it open longer.

<http://www.theglobeandmail.com/life/parenting/turning-the-tick-tock-of-fertility-into-art/article4362801/>

8. Pelvic Floor Disorders: Doctor designs Pfilates, exercises for pelvic floor muscles

Keira Wetherup Brown calls 2008 her "dark year." That's when her pelvic organs slipped out of place. She was diagnosed with a minor bladder prolapse after delivering her first child, but the bladder fell further and the rectum also dropped after her second child was born. "It was tediously uncomfortable," says Brown, 41. "Inside I felt shredded."

Hoping to delay surgery as long as possible, she found a physiotherapist who helped her strengthen her pelvic muscles to keep the organs from falling further, and she discovered Pfilates, a pelvic floor exercise routine, that she does at home.

<http://www.thestar.com/living/health/article/1213800--pelvic-floor-disorders-doctor-designs-pfilates-exercises-for-pelvic-floor-muscles>

9. Lansinoh® and TheraPearl® Partner to Offer Relief to Breastfeeding Moms

Lansinoh Laboratories, Inc., the leading lactation consultant-recommended brand of breastfeeding support products, together with TheraPearl, LLC, the creators of innovative, doctor-designed hot and cold therapy products, today unveiled Lansinoh® TheraPearl® 3-in-1 Breast Therapy, a first-of-its-kind solution for breastfeeding moms that delivers 360 degrees of relief in a unique cold, warm and hot therapy pack that conforms to the breast.

<http://www.businesswire.com/news/home/20120621005956/en/Lansinoh%C2%AE-TheraPearl%C2%AE-Partner-Offer-Relief-Breastfeeding-Moms>

10. Midwives as safe as doctors – new study

A new Australian study has found that low-risk pregnant women being cared for by midwives are more like to have a normal birth than those being cared for by doctors.

This study is reported in the most recent edition of the Australian Health Review, the peer reviewed journal of the Australian Healthcare and Hospitals Association.

“The Australian government has announced major reforms with the move to a primary maternity care model. A main driver for reform is the need to curtail the financial extravagance that comes from treating most women as if they need specialist medical care to give birth safely when many do not. Another driver is a push from consumers to give women greater choice in birthing services,” study author, Dr Meredith McIntyre from Monash University, said today.

<http://ahha.asn.au/news/midwives-safe-doctors-new-study>

II. RECENT REPORTS AND RESEARCH

11. Risk of Bottle-feeding for Rapid Weight Gain During the First Year of Life

Ruowei Li, MD, PhD et al.

Objective

To better understand the mechanisms behind breastfeeding and childhood obesity, we assessed the association of weight gain with the mode of milk delivery aside from the type of milk given to infants.

Design

A longitudinal study of infants followed up from birth to age 1 year. Multilevel analyses were conducted to estimate infant weight gain by type of milk and feeding mode.

Setting

Pregnant women were recruited from a consumer mail panel throughout the United States between May 2005 and June 2007.

Participants

One thousand eight hundred ninety nine infants with at least 3 weight measurements reported during the first year.

Main Exposures

Six mutually exclusive feeding categories and proportions of milk feedings given as breastmilk or by bottle.

Main Outcome Measures

Weight measurements reported on 3-, 5-, 7-, and 12-month surveys.

Results

Compared with infants fed at the breast, infants fed only by bottle gained 71 or 89 g more per month when fed nonhuman milk only ($P < .001$) or human milk only ($P = .02$), respectively. Weight gain was negatively associated with proportion of breastmilk feedings, but it was positively associated with proportion of bottle-feedings among those who received mostly breastmilk. Among infants fed only breastmilk, monthly weight gain increased from 729 g when few feedings were by bottle to 780 g when most feedings were by bottle.

Conclusions

Infant weight gain might be associated not only with type of milk consumed but also with mode of milk delivery. Regardless of milk type in the bottle, bottle-feeding might be distinct from feeding at the breast in its effect on infants' weight gain.

Arch Pediatr Adolesc Med. 2012;166(5):431-436. doi:10.1001/archpediatrics.2011.1665

<http://archpedi.jamanetwork.com/article.aspx?articleid=1151630>

12. Preterm Birth and Psychiatric Disorders in Young Adult Life

Chiara Nosarti et al.

Context

Preterm birth, intrauterine growth restriction, and delivery-related hypoxia have been associated with schizophrenia. It is unclear whether these associations pertain to other adult-onset psychiatric disorders and whether these perinatal events are independent.

Objective

To investigate the relationships among gestational age, nonoptimal fetal growth, Apgar score, and various psychiatric disorders in young adult life.

Design

Historical population-based cohort study.

Setting

Identification of adult-onset psychiatric admissions using data from the National Board of Health and Welfare, Stockholm, Sweden.

Participants

All live-born individuals registered in the nationwide Swedish Medical Birth Register between 1973 and 1985 and living in Sweden at age 16 years by December 2002 (n = 1 301 522).

Main Outcome Measures

Psychiatric hospitalization with nonaffective psychosis, bipolar affective disorder, depressive disorder, eating disorder, drug dependency, or alcohol dependency, diagnosed according to the *International Classification of Diseases* codes for 8 through 10. Cox proportional hazards regression models were used to estimate hazard ratios and 95% CIs.

Results

Preterm birth was significantly associated with increased risk of psychiatric hospitalization in adulthood (defined as ≥ 16 years of age) in a monotonic manner across a range of psychiatric disorders. Compared with term births (37-41 weeks), those born at 32 to 36 weeks' gestation were 1.6 (95% CI, 1.1-2.3) times more likely to have nonaffective psychosis, 1.3 (95% CI, 1.1-1.7) times more likely to have depressive disorder, and 2.7 (95% CI, 1.6-4.5) times more likely to have bipolar affective disorder. Those born at less than 32 weeks' gestation were 2.5 (95% CI, 1.0-6.0) times more likely to have nonaffective psychosis, 2.9 (95% CI, 1.8-4.6) times more likely to have depressive disorder, and 7.4 (95% CI, 2.7-20.6) times more likely to have bipolar affective disorder.

Conclusions

The vulnerability for hospitalization with a range of psychiatric diagnoses may increase with younger gestational age. Similar associations were not observed for nonoptimal fetal growth and low Apgar score.

Advances in perinatal care in the past 2 decades have led to improved survival of babies experiencing perinatal complications. However, there is considerable evidence that such complications are associated

with neurodevelopmental impairments and psychiatric morbidity later in life. The most extensively studied complications in relation to psychiatric illness include very preterm birth, nonoptimal fetal growth including intrauterine growth restriction, and delivery-related hypoxia.

Two important questions remain unanswered. First, what is the specificity of the association? Most studies to date have investigated the relationship between prenatal and perinatal complications and schizophrenia but few have examined the relationship with other adult-onset psychiatric diagnoses. Although a population-based study found a significant association between obstetric complications and addictive behaviors, perinatal adversities were not found to represent risk factors for bipolar affective disorder. A second question is whether these adverse events are independent risk factors for psychiatric illness or reflect shared etiologic mechanisms. There is often overlap between these events; thus, most babies who are born with a low birth weight are born preterm, and many also experience varying degrees of intrauterine growth failure, which is often complicated by hypoxia. In the few studies that have examined these complications as risk factors for schizophrenia, the results are inconsistent. Some studies have found an increased risk in individuals who were born preterm but not in those with low birth weight and others in individuals with low birth weight or preterm birth but not in those who were small for gestational age, which is commonly used to define fetal growth restriction. Other researchers have reported smallness for gestational age as conferring the greatest risk, and still others have demonstrated a stronger effect for hypoxia compared with other adverse perinatal factors. Establishing the relationship among all 3 types of complications, not just in schizophrenia but in other severe mental disorders, would increase our understanding of the etiology of these disorders and the extent to which this is shared and may allow the most vulnerable individuals to be identified early in life.

This study used population-based data from Sweden to investigate associations among very preterm birth, nonoptimal fetal growth, Apgar score, and risk of psychiatric hospitalization in young adulthood due to nonaffective psychosis, depressive disorder, bipolar affective disorder, eating disorder, alcohol dependency, and drug dependency. To our knowledge, this is the first study to investigate the effects of these 3 major pregnancy outcomes on such a broad range of adult psychiatric outcomes.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=1171951>

13. Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention

Published online June 4, 2012

Cria G. Perrine, PhD et al.

OBJECTIVE:

To describe mothers' exclusive breastfeeding intentions and whether Baby-Friendly hospital practices are associated with achieving these intentions.

METHODS:

In the 2005–2007 Infant Feeding Practices Study II, women completed a prenatal questionnaire and approximately monthly questionnaires through 12 months. Mothers met their prenatal exclusive breastfeeding intention if their duration after the hospital stay (excluding hospital supplementation) equaled or exceeded their intention. Primary predictor variables included 6 Baby-Friendly hospital practices: breastfeeding within 1 hour of birth, giving only breast milk, rooming in, breastfeeding on demand, no pacifiers, and information on breastfeeding support.

RESULTS:

Among women who prenatally intended to exclusively breastfeed (n = 1457), more than 85% intended to do so for 3 months or more; however, only 32.4% of mothers achieved their intended exclusive breastfeeding duration. Mothers who were married and multiparous were more likely to achieve their exclusive breastfeeding intention, whereas mothers who were obese, smoked, or had longer intended exclusive breastfeeding duration were less likely to meet their intention. Beginning breastfeeding within 1 hour of birth and not being given supplemental feedings or pacifiers were associated with achieving exclusive breastfeeding intention. After adjustment for all other hospital practices, only not receiving supplemental feedings remained significant (adjusted odds ratio = 2.3, 95% confidence interval = 1.8, 3.1).

CONCLUSIONS:

Two-thirds of mothers who intend to exclusively breastfeed are not meeting their intended duration. Increased Baby-Friendly hospital practices, particularly giving only breast milk in the hospital, may help more mothers achieve their exclusive breastfeeding intentions.

<http://pediatrics.aappublications.org/content/early/2012/05/29/peds.2011-3633.abstract?sid=2dc54678-9e40-4de9-8ae4-d506a8cd2f03>

14. Active Healthy Kids Canada: 2102 Report Card

The main source of information to assess physical activity levels comes from a Canadian Fitness and Lifestyle Research Institute (CFLRI) study that collects pedometer data and provides us with average number of steps taken per day and the proportion of children and youth meeting Canadian Physical Activity Guidelines. It is important to remember that specific behaviours undertaken throughout the day have the ability to either increase or decrease the overall steps taken. Participation in organized sport and physical activity programs, active play and active transportation are all factors that contribute to the overall level. By contrast, screen time is generally a negative contributor to daily physical activity levels.

<http://activehealthykids.ca/ReportCard/2012ReportCardOverview.aspx>

15. Socioeconomic Outcomes in Adults Malnourished in the First Year of Life: A 40-Year Study

Infant malnutrition is known to be associated with behavioral and cognitive impairment throughout childhood, adolescence, and young adulthood. However, controlled studies addressing adult outcomes in middle life, including earning potential, educational attainment, and standard of living, are limited. A discrete episode of moderate to severe malnutrition in infancy, with good rehabilitation thereafter, is associated with lower adult social status and a widening income gap relative to healthy controls, partially attributable to cognitive impairment in the previously malnourished.

<http://pediatrics.aappublications.org/content/early/2012/06/20/peds.2012-0073d.abstract?papetoc>

16. Better Health: An analysis of public policy and programming focusing on the determinants of health and health outcomes that are effective in achieving the healthiest populations

Although major health inequalities exist in Canada, minimal action has been taken by municipal, provincial/territorial and federal levels of governments to narrow health inequalities through the social determinants of health (SDOH) and public policy.

Taking action on SDOH to narrow health inequalities offers new opportunities for the nursing profession to expand its role to include:

- supporting initiatives that reduce child and adulthood poverty levels by increasing financial assistance and social wages (SDOH provided through public funds)
- supporting initiatives that increase minimum wages to “living wages” to ensure that economic security, stable housing and food needs are met
- supporting campaigns and social movements that advocate for progressive taxation, the right to food security and affordable housing, and the enforcement of laws that protect the rights of socially excluded groups
- advocating for intersectoral action on health at municipal, provincial/territorial and federal levels of government to coordinate action undertaken by sectors outside the health sector
- supporting political parties at provincial/territorial and federal levels of government that are receptive to taking action on SDOH (such as those that are pro-labour or pro-redistribution of wealth)
- encouraging greater workplace democracy to increase the number of unionized workplaces since labour unions are important determinants of generous welfare states, narrower social inequalities and better population health

<http://www.chsrf.ca/PublicationsAndResources/ResearchReports/ArticleView/12-06-18/dced281f-7884-4d36-8b0f-a797aa7eec41.aspx>

III. CURRENT INITIATIVES

17. ‘Healthy Baby Healthy Brain’ awareness campaign

In October 2012, the Best Start Resource Centre will launch a new website for parents, as part of its Healthy Baby Healthy Brain awareness campaign. This website will offer parents of children 0-3, as well as future parents, many suggestions to help them support their baby’s brain development. The website has 15 short videos on topics such as nutrition, sleep, play, literacy, physical activity, attachment, self-regulation, discipline, stress, etc. The website, as well as all program components, will be bilingual, French and English.

A number of promotional activities are currently planned around this campaign: launch, magnets, tear-off pads, ready-to-use parent workshop, paid advertisements, promotion at conferences, etc.

We encourage you to plan complementary activities to link parents to the website and key messages, starting in October 2012. For example you could do a local launch and distribute magnets. You can also send camera-ready ads to your local media and ensure they access the radio and television public service announcements.

All Ontario Early Years Centres will receive free-of-charge a start-up number of magnets and a copy of the ready-to-use workshop. Tear-off pads will be distributed at selected health care provider conferences. Additional copies of these resources can be purchased at cost from the Best Start Resource Centre.

This campaign is based on a recent survey of parents in Ontario (details available in the report *Early Brain Development, Parent Knowledge in Ontario*, available at beststart.org/resources/hlthy_chld_dev). Key Informants were interviewed and an Advisory Committee representing service providers from various sectors and regions of the province has been guiding the development of the campaign components.

General information on the campaign for service providers is available on the Best Start website at www.beststart.org/healthybabyhealthybrain. Additional details and resources will be posted on that website as they become available.

18. Call for Papers: Journal of Pregnancy

Deadline is Oct. 12th, 2012 with publication aimed at March 1st, 2013
<http://www.hindawi.com/journals/jp/osi/>

19. Australian Government stands by mental health checks on kids

Australia's mental health minister is concerned about a possible over-reaction to three-year-olds being screened for early signs of mental illness in a new federal government program. The program, Healthy Kids Check, which starts on July 1, will be predominantly managed by GPs who will refer children with troubling behaviour to psychologists or paediatricians.
<http://tvnz.co.nz/national-news/govt-stands-mental-health-checks-kids-4922508>

20. Alcohol and Pregnancy Campaign Update

Here is an update on the provincial media buys about alcohol and pregnancy for Ontario. It is hoped that advance notice of these media buys will help service providers with plans to raise awareness about alcohol and pregnancy in September.

Language

The media buys are in English. The exception is the availability of the News Canada articles in both French and English.

Supplementing Media Buys

If you want to supplement the media buys, we can provide you with the data files for the creative in French and English, for your local use. You will be responsible for any additional design costs (re-sizing for your media, inserting your own logos, etc) and for the cost of your media buys.

Communities and Timing**Mall Ads**

Timing: Aug 27 to Sept 23 or Sept 3 to 30, depending on the community

Communities: Barrie, Cornwall, Hamilton, Kitchener, London, Markham, Ottawa, Richmond Hill, Stoney Creek, Thornhill, Thunder Bay, Toronto (Fairview, Eaton Centre, Woodbine), Windsor

Interior Transit Ads

Timing: Aug 27 to Sept 23 or Sept 3 to 30, depending on the community

Communities: Barrie, Belleville, Brantford, Chatham-Kent, Cornwall, Elliot Lake, Fort Erie, Guelph, Hamilton, Kenora, Kitchener-Waterloo-Cambridge, Midland, North Bay, Orangeville, Orillia, Ottawa, Owen Sound, Peterborough, Port Hope-Cobourg, Sarnia, Sault Ste. Marie, St. Catharines–Niagara, St. Thomas, Stratford, Sudbury, Timmins, Thunder Bay, TTC (subway, streetcar, bus), Windsor, Woodstock, York Region Transit (Markham-Newmarket-Aurora-Richmond Hill-Vaughan)

Exterior Transit Ads:

Timing: September 3 to 30

Communities: Go Buses (for communities, see the bus routes on the map at www.gotransit.com/publicroot/en/schedules/sysmap.aspx)

Cineplex Theatre Ads

Timing: September 7 to 20

Communities: Digital still pre-movie ads (10 seconds) in all 56 Ontario theatres (594 screens)

News Canada:

Timing: September

Communities: Release English and French articles to print and web media (available online to Ontario media and beyond).

Social Media release (available online to Ontario media and beyond).

Coverage

Please note that coverage varies by community, depending on cost and availability. For example, in a small community, there may be an ad in each bus, and in a larger community, there may be an ad a percent of the buses. This work is being completed by the Prevention Working Group of FASD ONE with funds provided by the Public Health Agency of Canada – Ontario Region.

For more information, please contact Wendy McAllister, Manager, Best Start Resource Centre
1-807-623-2922

1-800-397-9567 X2279

w.mcallister@healthnexus.ca

21. UNICEF UK: Consultation on proposed updated standards for the Baby Friendly Initiative

The consultation will be running until Friday 27 July. UNICEF is actively looking for feedback from health professionals, academics, peer supporters or anyone else interested in infant feeding and maternity care. To access the background document or to link to the survey in Survey Monkey:

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/>

IV. UPCOMING EVENTS

22. Centre for Breastfeeding Education: Lactation Medicine Programme

Objectives

- Provide preparation for the IBLCE exam
- Facilitate excellence and consistency in caring for the breastfeeding mother and infant
- Ensure competency in dealing with breastfeeding challenges
- Instill this basic concept: By enabling the mother to manage her own breastfeeding experience, she will be empowered to achieve her own breastfeeding goals
- Disseminate current and evidence-based research and practice
- Create a forum for discussion of current social issues around breastfeeding and their effects on the breastfeeding dyad
- Provide opportunities for observation and training, enabling students to shadow IBCLCs and Pediatricians, be mentored and mentor others

<http://institute.nbci.ca/>

Inquiries: institute@nbci.ca

23. Creating a New Legacy: Aboriginal Mental Health & Wellness Conference

Brandon, Manitoba

October 24 and 25, 2012

Keynote Addresses by:

- Justice Murray Sinclair, Truth and Reconciliation Commission
- Dr. Cornelia Wieman, Clinical Psychiatrist
- Dr. Barry Lavalley, Physician, St. James Clinic and Split Lake First Nation, Director, Centre for Aboriginal Health Education, University of Manitoba
- Mr. Bill Mussell, Native Mental Health Association of Canada
- Closing remarks by Brian Schoonbaert, Executive Member of the Western Regional Health Authority

To learn more about the conference, please go to our website <http://www.creatinganewlegacy.ca>

24. The 4th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity Strategies and Solutions – From Practice to Policy

Pre-Conference – Wednesday, October 24, 2012

Main Conference – Thursday, October 25 & Friday, October 26, 2012

Halifax, NS

This conference brings together an interdisciplinary group of professionals and policy makers working in the field of childhood and adolescent obesity. The 4th conference will focus on strategies and solutions - from practice to policy. This theme recognizes that obesity is a complex problem requiring a complex solution-oriented approach to its prevention and management. Specifically, the conference will showcase examples of the best and promising practice across Canada, and across multiple settings. From provincial level policies to school and community level interventions, and through practice-based management programs targeting multiple behaviours that are associated with obesity, the conference seeks to promote a solution-oriented approach to obesity prevention and management.

<http://www.interprofessional.ubc.ca/Obesity/default.asp>

25. SAVE THE DATE: 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

Toronto/ February 6- 8, 2013.

More information about the conference program and registration information will be released in the coming months.

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

26. 10th Anniversary Cross Canada Attachment Conference

November 20 - 21, 2012

Winnipeg, Manitoba

Presented by the Attachment Network of Manitoba

http://attachmentnetwork.createsend1.com/t/ViewEmail/y/B8A8F305EC6469F5/43C498076F9686DCB A4AF9908B8D85ED#toc_item_3

27. Resiliency Skills Training Program: Upcoming Trainer “Intensives”

Toronto, ON

August/November

Reaching IN...Reaching OUT (RIRO) resiliency skills training for professionals and Bounce Back & Thrive! (BBT) resiliency skills training for parents are Canada's only evidence-based programs for teaching resiliency thinking and coping skills to children under 8 years. We reach young children by training professionals and parents to model and share the skills with the children in their lives.

These skills promote children's strengths and resilience. This helps reduce the sense of helplessness that feeds conflict, violence and the risk for depression. Our programs promote behaviour that is

fundamental to the development of civil society at large, benefiting not only children, but adults working with children, caregivers, parents and the communities where they live, learn and work.

<http://www.reachinginreachingout.com/about-program.htm>

V. RESOURCES

28. NAHO Fact Sheet: Aboriginal Children and Obesity

Obesity has become a major health issue affecting First Nations, Inuit and Métis in Canada. Research shows that obesity, which affects people of all ages, often has its roots in childhood. This is especially true in Aboriginal populations as approximately 29% of Métis, 46% of Inuit and 37% of First Nations children between 6 and 8 are reported as obese compared with 8% of Canada's non-Aboriginal children. The effects of obesity in children are worrisome, but can become serious as children enter adulthood, leading to disproportionately high rates of such conditions as diabetes, cancer and heart disease among Aboriginal populations. While the effects have been well-studied, the causes have received less attention. Therefore, the National Aboriginal Health Organization (NAHO) has created a fact sheet on Aboriginal children and obesity.

The four-page fact sheet was created in partnership with Dr. Noreen Willows from the University of Alberta based on her research. The fact sheet views the precursors to Aboriginal childhood obesity holistically and offers recommendations to communities and healthcare providers to help them assess and prevent it. The research states that whether or not an Aboriginal child becomes obese is a result of seven factors: the individual, relationships, home, community, built environments, society and historical factors.

"The health issues which affect First Nations, Inuit and Métis have numerous determinants," says Simon Brascoupe, Acting CEO of NAHO. "These populations understand the interconnectedness of their relationships, their environments and their health. The challenge now is that issues that are affecting our children, like obesity, require collective solutions involving many partners."

The fact sheet can be downloaded at www.naho.ca

29. CERIS Director discusses parenting and discipline across cultures on TVO

Video: approx. 17 minutes

CERIS Ryerson Director Mehrunissa Ali talked to TVO about the cultural aspect of parenting and discipline in a Canadian context. In an expert panel to introduce a new TVO series "The Slap", Dr. Ali shared her perspective and research on parenting and the situation that newcomers find themselves in a new society with potentially different norms.

<http://www.ceris.metropolis.net/?p=4670>

30. The Early Development Instrument (EDI)

The Early Development Instrument (EDI) is a short, teacher-completed instrument which measures Children's readiness to learn at school in five domains: physical health and well-being; social knowledge and competence; emotional health/maturity; language and cognitive development; and general knowledge and communication skills.

The instrument's name: "Early Development Instrument: A Population-based Measure for Communities" (EDI) reflects the fact that it measures the outcome of the early years. At the same time, however, it provides information on children's readiness to learn at school. This refers to a child's ability to meet the task demands of school, such as: playing and working with other children, listening to the teacher, remembering and following rules, and being comfortable exploring and asking questions.

The EDI consists of 104 core questions grouped into five scales and two indicators of special skills and special problems. Testing to date has demonstrated that the EDI has good internal and test-retest reliability, and external validity.

http://www.offordcentre.com/readiness/SRL_project.html

31. US Child Research Briefs: The Characteristics and Circumstances of Teen Fathers: At the Birth of Their First Child and Beyond

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By Mindy E. Scott, Ph.D., Nicole R. Steward-Streng, M.A., Jennifer Manlove, Ph.D., June 2012

Research and policy in the United States have focused much more on teen mothers than on teen fathers. One reason for this discrepancy is that birth certificates contain limited information on the birth fathers, which makes it difficult to even get an accurate count of teen fathers.¹ However, new Child Trends' estimates show that 9 percent—or 900,000—young men between the ages of 12 and 16 in 1996 (reflecting the group of young men examined in this brief) became fathers before their twentieth birthday. Despite the size of this group, relatively little is known about the characteristics and circumstances of teen fathers, either when they first have a child or later in life. To fill in some of that missing information, this Research Brief presents a statistical portrait of teen fathers' characteristics at the time that their first child was born; their union status at the birth of that child (i.e., whether they were married, cohabiting, or not in a relationship); their subsequent experience fathering a child, if any; and their residential status at birth and in young adulthood (i.e., whether they were or were not living with their children).

http://www.childtrends.org/Files//Child_Trends-2012_06_01_RB_TeenFathers.pdf

32. Centre on the Developing Child: Multimedia Resources

Harvard University

These Web-based interactive features describe and explain key concepts in the science of early childhood development and early childhood program evaluation research using an easy-to-follow slideshow format. Most also have PDF downloads available.

Topics include:

- How Early Experiences Get Into the Body: A Bio developmental Framework
- Core Concepts in the Science of Early Childhood Development
- Five Numbers to Remember About Early Childhood Development

http://developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/

VI. FEATURED BEST START RESOURCES

33. The Health Before Pregnancy workbook/ Le cahier « Votre Santé avant la grossesse »

The Health Before Pregnancy workbook has been extensively revised with new text, graphics and updated content. Still in an interactive format, this workbook for young adults and couples raises issues that can affect men and women and the health of their future children and provides answers to commonly asked questions people think about as they consider parenting. The workbook offers checklists and activities to do. It also provides web links and phone numbers of places to go and people to talk to for more information on how to be as healthy as possible before embarking on a pregnancy.

Available in [HTML](#) and [PDF](#), in English on the Health Before Pregnancy website, healthbeforepregnancy.ca

Le cahier « Votre Santé avant la grossesse » a été largement amélioré par de nouveaux textes, de nouvelles illustrations et le contenu mis à jour. Toujours dans un format interactif, ce livret pour couples et jeunes adultes aborde des questions qui peuvent affecter les hommes, les femmes, et la santé de leurs futurs enfants. Ce cahier fournit des réponses aux questions les plus fréquentes que se posent les gens lorsqu'ils envisagent d'être parents. « Votre Santé avant la grossesse » propose des listes de choses à retenir et des activités à faire. Il offre également des liens internet et des numéros à appeler pour obtenir davantage d'information sur la façon d'être en aussi bonne santé que possible avant de débiter la grossesse.

Disponible aux formats html et pdf, en français, sur le site « Santé avant la grossesse » à www.sante-avant-grossesse.ca

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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/>