

# MNCHP Network Bulletin



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

**March 23, 2012**

*The next bulletin will be released April 6, 2012.*

## **In this week's issue:**

### I. NEWS & VIEWS

1. [Canadian Product Recalls/Rappels de produit de consommation](#)
2. [Breastfeeding support: Toronto Public health aims for baby-friendly designation](#)
3. [U.S. Clarifies Policy on Birth Control for Religious Groups](#)
4. [Breastfeeding rights fuel The Milk Truck](#)

### II. RECENT REPORTS AND RESEARCH

5. [Preschools Reduce Early Academic-Achievement Gaps](#)
6. [Prenatal Methamphetamine Exposure and Inhibitory Control among Young School-Age Children](#)
7. [Maternal support in early childhood predicts larger hippocampal volumes at school age](#)
8. [Attention-seeking during caregiver unavailability and collaboration at age 2](#)
9. [Sleep-Disordered Breathing in a Population-Based Cohort: Behavioral Outcomes at 4 and 7 Year](#)
10. [Planned Vaginal Birth or Elective Repeat Caesarean: Patient Preference Restricted Cohort with Nested Randomised Trial](#)
11. [Moderate Activity Beneficial, but Vigorous Exercise May Delay Conception](#)
12. [Adult outcomes as a function of an early childhood educational program: An Abecedarian Project follow-up](#)
13. [Perspectives of Parenting on a Low Income in Toronto](#)

### III. CURRENT INITIATIVES

14. [Advisory Committee Members needed for new manual on Prescription Drug Abuse Among Aboriginal Families During Pregnancy and Early Parenting in Ontario](#)
15. [National Training Program in Children's Environmental Health: Applications now being accepted](#)
16. [Alcohol and Pregnancy Campaign: Ontario, September 2012](#)

#### IV. UPCOMING EVENTS

17. [PARC Physical Activity Symposium](#)
18. [Models Of Early Childhood Services: An International Conference](#)
19. [Fetal Alcohol Spectrum Disorder / Neurobehavioural Conditions: A Model of Understanding](#)
20. [Getting it Right – the Early Years Matter Strategies to Keep Children’s Development on Track](#)
21. [2012 Summer Institute: Advancing Health Equity, Building on Experience](#)
22. [RTS \(Resolve Through Sharing\) Perinatal Bereavement Training Program](#)
23. [Infant Mental Health Promotion: Two-Day Workshop Series- Understanding And Responding To The Mental Health Needs Of Infants And Toddlers](#)
24. [Best Start Resource Centre Webinar: Sacred Tobacco, Sacred Children: Strategies to Promote Smoke-free Homes for Aboriginal families](#)
25. [Birth Conference: When Survivors Give Birth](#)
26. [Brain Power Conference: How Your Child’s Brain Develops and the Role You Play: Learn from the Experts](#)
27. [CAPPA Canada: Childbirth Educator Certification Workshop](#)
28. [28th Annual Association of Ontario Midwives Conference and AGM: Strength in Numbers: Supporting the Growth of Midwifery](#)
29. [Anishinabek Educational Institute: Post-diploma Fetal Alcohol Syndrome Program](#)

#### V. RESOURCES

30. [The Role of Social Support in Reducing Psychological Distress/ Le rôle du soutien social dans l'atténuation de la détresse psychologique](#)
31. [Obesity in Pregnancy :Practice Guidelines and Resources](#)
32. [Preschooler Focus: what's new in physical activity and health for preschoolers](#)
33. [Top 5 Actions to Reduce Child Exposure to Toxic Chemicals at Home/ les cinq gestes prioritaires afin de réduire l'exposition des enfants aux substances chimiques toxiques à la maison](#)
34. [Economic Impact of Fetal Alcohol Syndrome \(FAS\) and Fetal Alcohol Spectrum Disorder \(FASD\): a systematic literature review](#)
35. [Centers for Disease Control and Prevention: Developmental Milestones](#)
36. [A Mother's Love: Breastfeeding in Eeyou Istchee](#)

#### VI. FEATURED BEST START RESOURCES

37. [Dr. Cindy Blackstock Inspires 2012 Best Start Conference Participants \(and other post-conference highlights!\)](#)

---

## I. NEWS & VIEWS

---

### 1. Canadian Product Recalls/Rappels de produit de consommation

- **Baby Bibs/ Bavoirs**

Sold at Dollarama. Health Canada's sampling and evaluation program has revealed that the bibs' lining contains a phthalate, specifically DEHP (Di(2-ethylhexyl) Phthalate), which exceeds the allowable limit.

[http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-](http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1537&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true)

[eng.jsp?re\\_id=1537&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true](http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1537&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true)

Vendu par Dollarama. Le programme d'échantillonnage et d'évaluation de Santé Canada a établi que la doublure de ces bavoirs contient un phtalate, plus précisément le DEHP (phtalate de di(2-éthylhexyle)), qui dépasse la limite permise.

[http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-](http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1537&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t)

[fra.jsp?re\\_id=1537&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t](http://rspc-cpsr.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1537&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t)

- **Britax Chaperone Infant Car Seats/Sièges d'auto pour enfants Britax Chaperone**

On certain car seats, the rivet used to secure the harness adjuster (also known as the A-Loc) to the seat shell may have been incorrectly installed and could fail. If the harness adjuster detaches from the seat shell, the harness system would no longer be able to properly restrain the child seat occupant. This could increase the risk of personal injury during a vehicle crash.

[http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-](http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1543&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t)

[eng.jsp?re\\_id=1543&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t](http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-eng.jsp?re_id=1543&searchstring=&searchyear=2012&searchcategory=1&startIndex=1&current=t)

Il se peut que le rivet servant à fixer le dispositif d'ajustement du harnais (désigné « A Loc ») au siège ait été mal installé et qu'il soit défectueux. Si le dispositif d'ajustement du harnais se détache de la coquille du siège, les courroies du harnais ne sont plus en mesure de bien retenir l'enfant, ce qui augmente le risque de blessure pendant un accident de la route.

[http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-](http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1543&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true)

[fra.jsp?re\\_id=1543&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true](http://cpsr-rspc.hc-sc.gc.ca/PR-RP/recall-retrait-fra.jsp?re_id=1543&searchstring=&searchcategory=1&searchyear=2012&startIndex=1&current=true)

### 2. Breastfeeding support: Toronto Public health aims for baby-friendly designation

If Toronto Public Health (TPH) has its way, the decision to breastfeed will be easy for all Toronto moms. The organization wants the whole city of Toronto to be more breastfeeding friendly and encouraging to moms who wish to nurse. To that end, Public Health hopes to snag a “baby friendly” designation through the Breastfeeding Committee of Canada.

<http://www.parentcentral.ca/parent/babiespregnancy/babies/article/1127789--breastfeeding-support-toronto-public-health-aims-for-baby-friendly-designation>

### 3. U.S. Clarifies Policy on Birth Control for Religious Groups

The Obama administration took another step on Friday to enforce a federal mandate for health insurance coverage of contraceptives, announcing how the new requirement would apply to the many Roman Catholic hospitals, universities and social service agencies that insure themselves.

[http://www.nytimes.com/2012/03/17/health/policy/obama-administration-says-birth-control-mandate-applies-to-religious-groups-that-insure-themselves.html?\\_r=1](http://www.nytimes.com/2012/03/17/health/policy/obama-administration-says-birth-control-mandate-applies-to-religious-groups-that-insure-themselves.html?_r=1)

### 4. Breastfeeding rights fuel The Milk Truck

Miller's mobile art installation, called The Milk Truck, makes its Toronto debut this weekend at New Maternalisms, an exhibition by FADO Performance Art Centre that explores the intersection of art and motherhood.

<http://www.parentcentral.ca/parent/babiespregnancy/babies/article/1147722--breastfeeding-rights-fuel-the-milk-truck>

---

## II. RECENT REPORTS AND RESEARCH

---

### 5. Preschools Reduce Early Academic-Achievement Gaps

A Longitudinal Twin Approach

Elliot M. Tucker-Drob, University of Texas at Austin, Department of Psychology

#### **Abstract**

Preschools may reduce inequalities in early academic achievement by providing children from disadvantaged families with higher-quality learning environments than they would otherwise receive. In this study, longitudinal data from a nationally representative sample of more than 600 twin pairs were used to estimate the contributions of genes, the shared environment, and the nonshared environment to cognition and achievement scores in children enrolled versus not enrolled in preschool. Attending preschool at age 4 was associated with reductions in shared environmental influences on reading and math skills at age 5, but was not associated with the magnitude of shared environmental influences on cognition at age 2. These prospective effects were mediated by reductions in achievement gaps associated with minority status, socioeconomic status, and ratings of parental stimulation of cognitive development. Lower socioeconomic status was associated with lower rates of preschool enrollment, which suggests that the very children who would benefit most from preschools are the least likely to be enrolled in them.

<http://pss.sagepub.com/content/23/3/310>

## 6. Prenatal Methamphetamine Exposure and Inhibitory Control among Young School-Age Children

Chris Derauf, MD et al.

### Objective

To examine the association between prenatal methamphetamine exposure and inhibitory control in 66-month-old children followed since birth in the multicenter, longitudinal Infant Development, Environment, and Lifestyle study.

### Study design

The sample included 137 children with prenatal methamphetamine exposure and 130 comparison children matched for race, birth weight, maternal education, and type of insurance. Inhibitory control, an executive function related to emotional and cognitive control, was assessed using a computerized Stroop-like task developed for young children. Hierarchical linear modeling tested the relationship between the extent of prenatal methamphetamine exposure (heavy, some, or none) and accuracy and reaction time outcomes, adjusting for prenatal exposure to alcohol, tobacco, and marijuana; age; sex; socioeconomic status; caregiver IQ and psychological symptoms; Child Protective Services report of physical or sexual abuse; and site.

### Results

In adjusted analyses, heavy prenatal methamphetamine exposure was related to reduced accuracy in both the incongruent and mixed conditions on the Stroop-like task. Caregiver psychological symptoms and Child Protective Services report of physical or sexual abuse were associated with reduced accuracy in the incongruent and mixed conditions and in the incongruent conditions, respectively.

### Conclusion

Heavy prenatal methamphetamine exposure, along with caregiver psychological distress and child maltreatment, are related to subtle deficits in inhibitory control during the early school-age years.

<http://www.jpeds.com/article/S0022-3476%2812%2900133-3/abstract>

## 7. Maternal support in early childhood predicts larger hippocampal volumes at school age

Joan L. Luby et al.

Early maternal support has been shown to promote specific gene expression, neurogenesis, adaptive stress responses, and larger hippocampal volumes in developing animals. In humans, a relationship between psychosocial factors in early childhood and later amygdala volumes based on prospective data has been demonstrated, providing a key link between early experience and brain development.

Although much retrospective data suggests a link between early psychosocial factors and hippocampal volumes in humans, to date there has been no prospective data to inform this potentially important public health issue. In a longitudinal study of depressed and healthy preschool children who underwent neuroimaging at school age, we investigated whether early maternal support predicted later hippocampal volumes.

Maternal support observed in early childhood was strongly predictive of hippocampal volume measured at school age. The positive effect of maternal support on hippocampal volumes was greater in nondepressed children. These findings provide prospective evidence in humans of the positive effect of

early supportive parenting on healthy hippocampal development, a brain region key to memory and stress modulation.

<http://www.pnas.org/content/early/2012/01/24/1118003109.full.pdf+html?sid=4e5fb82f-dae5-44a4-bbb0-27405ebfdb1b>

## 8. Attention-seeking during caregiver unavailability and collaboration at age 2

Several theoretical approaches have discussed the role of children's expectations of their parent's responsiveness in explaining motivation to collaborate in acquiring skills. This study attempted to measure these expectations in 102 toddlers (M age = 26.4 months) through observations of attention-seeking (A-S) behaviors during caregiver's restricted availability. Child collaboration was coded during skill-learning tasks (imitation and block building), and parent responsiveness was observed during dyadic activities. Different A-S styles emerged, supporting the existence of both positive and negative expectations of responsiveness. A-S quality statistically mediated the link between parent responsiveness and child collaborative outcomes, even after controlling for temperament and mood. This is the first study to show that toddlers' expectations are a plausible mechanism linking parent responsiveness to child collaboration.

<http://www.ncbi.nlm.nih.gov/pubmed/22288442>

## 9. Sleep-Disordered Breathing in a Population-Based Cohort: Behavioral Outcomes at 4 and 7 Years

### OBJECTIVES

Examine statistical effects of sleep-disordered breathing (SDB) symptom trajectories from 6 months to 7 years on subsequent behavior.

### METHODS

Parents in the Avon Longitudinal Study of Parents and Children reported on children's snoring, mouth breathing, and witnessed apnea at  $\geq 2$  surveys at 6, 18, 30, 42, 57, and 69 months, and completed the Strengths and Difficulties Questionnaire at 4 ( $n = 9140$ ) and 7 ( $n = 8098$ ) years. Cluster analysis produced 5 "Early" (6–42 months) and "Later" (6–69 months) symptom trajectories ("clusters"). Adverse behavioral outcomes were defined by top 10th percentiles on Strengths and Difficulties Questionnaire total and subscales, at 4 and 7 years, in multivariable logistic regression models.

### RESULTS

The SDB clusters predicted  $\approx 20\%$  to 100% increased odds of problematic behavior, controlling for 15 potential confounders. Early trajectories predicted problematic behavior at 7 years equally well as at 4 years. In Later trajectories, the "Worst Case" cluster, with peak symptoms at 30 months that abated thereafter, nonetheless at 7 years predicted hyperactivity (1.85 [1.30–2.63]), and conduct (1.60 [1.18–2.16]) and peer difficulties (1.37 [1.04–1.80]), whereas a "Later Symptom" cluster predicted emotional difficulties (1.65 [1.21–2.07]) and hyperactivity (1.88 [1.42–2.49]). The 2 clusters with peak symptoms before 18 months that resolve thereafter still predicted 40% to 50% increased odds of behavior problems at 7 years.

### CONCLUSIONS

In this large, population-based, longitudinal study, early-life SDB symptoms had strong, persistent statistical effects on subsequent behavior in childhood. Findings suggest that SDB symptoms may require attention as early as the first year of life.

<http://pediatrics.aappublications.org/content/early/2012/02/29/peds.2011-1402.abstract>

## 10. Planned Vaginal Birth or Elective Repeat Caesarean: Patient Preference Restricted Cohort with Nested Randomised Trial

Caroline A. Crowther, Australian Research Centre for Health of Women and Babies (ARCH), The University of Adelaide, Australia, et al.

### Background

Uncertainty exists about benefits and harms of a planned vaginal birth after caesarean (VBAC) compared with elective repeat caesarean (ERC). We conducted a prospective restricted cohort study consisting of a patient preference cohort study, and a small nested randomised trial to compare benefits and risks of a planned ERC with planned VBAC.

### Methods and findings

2,345 women with one prior caesarean, eligible for VBAC at term, were recruited from 14 Australian maternity hospitals. Women were assigned by patient preference (n = 2,323) or randomisation (n = 22) to planned VBAC (1,225 patient preference, 12 randomised) or planned ERC (1,098 patient preference, ten randomised). The primary outcome was risk of fetal death or death of liveborn infant before discharge or serious infant outcome. Data were analysed for the 2,345 women (100%) and infants enrolled.

The risk of fetal death or liveborn infant death prior to discharge or serious infant outcome was significantly lower for infants born in the planned ERC group compared with infants in the planned VBAC group (0.9% versus 2.4%; relative risk [RR] 0.39; 95% CI 0.19–0.80; number needed to treat to benefit 66; 95% CI 40–200). Fewer women in the planned ERC group compared with women in the planned VBAC had a major haemorrhage (blood loss  $\geq$ 1,500 ml and/or blood transfusion), (0.8% [9/1,108] versus 2.3% [29/1,237]; RR 0.37; 95% CI 0.17–0.80).

### Conclusions

Among women with one prior caesarean, planned ERC compared with planned VBAC was associated with a lower risk of fetal and infant death or serious infant outcome. The risk of major maternal haemorrhage was reduced with no increase in maternal or perinatal complications to time of hospital discharge. Women, clinicians, and policy makers can use this information to develop health advice and make decisions about care for women who have had a previous caesarean.

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001192>

## 11. Moderate Activity Beneficial, but Vigorous Exercise May Delay Conception

Moderate physical activity was found to benefit women of all body types in a new study examining the impact of exercise on fertility, while intense exercise appeared to increase the time to conception for normal weight, but not overweight, women.

<http://www.webmd.com/baby/news/20120315/trying-to-get-pregnant-moderate-exercise-may-help>

## 12. Adult outcomes as a function of an early childhood educational program: An Abecedarian Project follow-up

Frances A. Campbell et al

Adult (age 30) educational, economic, and social–emotional adjustment outcomes were investigated for participants in the Abecedarian Project, a randomized controlled trial of early childhood education for children from low-income families. Of the original 111 infants enrolled (98% African American), 101 took part in the age 30 follow-up. Primary indicators of educational level, economic status, and social adjustment were examined as a function of early childhood treatment. Treated individuals attained significantly more years of education, but income-to-needs ratios and criminal involvement did not vary significantly as a function of early treatment. A number of other indicators were described for each domain. Overall, the findings provide strong evidence for educational benefits, mixed evidence for economic benefits, and little evidence for treatment-related social adjustment outcomes. Implications for public policy are discussed.

<http://psycnet.apa.org/?fa=main.doiLanding&doi=10.1037/a0026644>

### **13. Perspectives of Parenting on a Low Income in Toronto**

Toronto Public Health conducted a research study to explore what it is like for parents to raise young children in Toronto while living on a low income. The views of low income parents and Toronto Public Health staff that do home visits with low income families were captured through individual interviews. Some parents also took photos to show what life was like for their family. Parents and staff described the impact of living on a low income on children, parents, and communities. They also provided many suggestions for improving the situation for low income families. The study included a survey of Toronto residents examining their support for the suggestions made by parents and staff. The survey also assessed residents' knowledge and attitudes toward child poverty. The study's findings are being used to support program, advocacy, and policy initiatives focused on supporting parents with young children.

[http://www.toronto.ca/health/inequalities/pdf/lowincome\\_parent.pdf](http://www.toronto.ca/health/inequalities/pdf/lowincome_parent.pdf)

---

## **III. CURRENT INITIATIVES**

---

### **14. Advisory Committee Members Needed For New Manual on Prescription Drug Abuse Among Aboriginal Families During Pregnancy And Early Parenting in Ontario**

A service provider manual on Prescription Drug Abuse among Aboriginal Families during Pregnancy and Early Parenting in Ontario is being developed by Best Start Resource Centre, with support from Katenies Research and Management Services. This resource will provide targeted and effective strategies for service providers focused on preventing and addressing prescription drug abuse among Aboriginal families during pregnancy and early parenting. This resource will be completed by March 31, 2013 and will be available in print and through the Best Start Resource Centre website. In order to facilitate the development of a manual that is relevant and addresses all the pertinent issues related to the topic an Advisory Group made up of about 5-10 volunteer Aboriginal topic experts and

front line workers is required. The Advisory Group will be consulted by phone and email throughout the project to further define the approach and content for the resource. It is critical that the manual address culturally relevant information, teachings, stories and strategies to address the problem.

If you are interested in volunteering to be an Advisory Group member please respond no later than March 14, 2012, or for further information regarding this study, please contact Dr. Rose-Alma J. McDonald at [rosealmamcdonald@sympatico.ca](mailto:rosealmamcdonald@sympatico.ca) or by phone at (613)-575-2533.

## **15. National Training Program in Children's Environmental Health: Applications now being accepted**

Children's environmental health encompasses the multiple factors that converge to support or diminish a child's immediate and long-term health and development. The exploration of children's environmental health recognizes both immediate physical and psychosocial influences on health as well as broader social determinants that influence the conditions and opportunities available to children as they live, work, grow, and play. In the week-long course taking place in Vancouver from August, 20-24/12, twenty selected participants will explore how equity-focused knowledge translation can be brought to bear on urban environmental health burdens that disproportionately affect children; particularly those living in disadvantaged circumstances.

<http://www.cehe.ca/projectdetails>

## **16. Alcohol and Pregnancy Campaign**

The Prevention Working Group of FASD Ontario Network of Expertise (FASD ONE) is planning a provincial media campaign to support local efforts to raise awareness about alcohol use in pregnancy. The campaign will take place in September 2012. The main focus will be provincial media buys that are often beyond the scope of local groups. The media buys will include transit ads, mall ads, cinema ads, and information through web, print and social media. Please see a more detailed list below. The group is hoping these media buys help to support local efforts to raise awareness about alcohol and pregnancy, around International FASD Day, September 9/12. 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. If you have any questions, please contact Wendy McAllister

[w.mcallister@healthnexus.ca](mailto:w.mcallister@healthnexus.ca)

1-807-623-2922 /1-800-397-9567 X2279

### **Mall Ads:**

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

### **Interior Transit Ads:**

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:**

Go Buses

**Cineplex Theatre Ads:**

Digital still pre-movie ads in 56 Ontario theatres, 594 screens

**News Canada:**

Release English and French articles to print and web media.

Social Media release.

---

## IV. UPCOMING EVENTS

---

### 17. PARC Physical Activity Symposium

May 14 – 15/12

University of Western Ontario, London, ON

Early Bird Registration: \$260 + HST

The annual covers a range of physical activity issues, presents the latest research from expert professionals, and encourages practical application. The PARC Symposium is coordinated by PARC, the Centre for Excellence for physical activity in Ontario.

<http://parc.ophea.net/symposium>

### 18. Models of Early Childhood Services: An International Conference

June 5 - 6, 2012

Hotel Omni Mont-Royal, Montreal, QC

Early Bird Registration: \$425.00 + taxes

This conference will present, discuss and compare models of effective early childhood services, challenges faced while implementing broadly best practices and funding challenges faced by policy makers while developing, maintaining or downsizing early childhood services. The aim of this conference is to offer policy makers, policy advisors and service planners from Canada and abroad a place to learn and share their views and experiences in terms of implementing models of effective integrated early childhood services.

<https://ecservicesconf2012.ca/>

### 19. Fetal Alcohol Spectrum Disorder / Neurobehavioural Conditions: A Model of Understanding

April 26, 2012

Four Points Sheraton, 3530 Schmon Parkway, Thorold, ON

\$75 for professionals

The goal of this conference is to enhance our understanding of people with Fetal Alcohol Spectrum Disorder and the effectiveness of caregiving/parenting and support services in Niagara. The Neurobehavioural Model for assessment and intervention planning is strength and outcomes based, and proven to be effective. This conference is ideal for caregivers/parents and all service providers within Mental Health, Developmental Services, Addictions, Education, Justice, Housing and Social Services!  
<http://fasdhamilton.ca/wp-content/uploads/2011/11/Niagara-Flyer.pdf>

## **20. Getting it Right – the Early Years Matter Strategies to Keep Children’s Development on Track**

Friday, March 30th, 2012

08.00 – 15.30h

The Carousel Room at the Western Fair Ground, London, ON

This workshop has been accredited by the Ontario College of Family Physicians for 5 Mainpro-C credits.

Dr. Jean Clinton, child psychiatrist, will present strategies to support the Enhanced 18-month Well Baby Visit. Hiltrud Dawson will present how the new website: On Track - Supporting Healthy Child Development and Early Identification in the Early Years: A Reference Guide for Professionals in Ontario can be used by service providers to support healthy child development, early identification and early intervention. Dr. Clinton will also present breastfeeding as a brain building activity and how the social determinants of health impact young children.

Participants will also be hearing from a panel of local experts and will practice early identification through a number of case scenarios.

[www.beststart.org/events](http://www.beststart.org/events)

## **21. 2012 Summer Institute: Advancing Health Equity, Building on Experience**

May 15-16, 2012

Delta Grand Hotel, Kelowna, B.C.

The six National Collaborating Centres (NCCs) for Public Health promote and improve the use of scientific research and other knowledge to strengthen public health practices and policies in Canada. They identify knowledge gaps, foster networks and translate existing knowledge to produce and exchange relevant, accessible, and evidence-informed products with practitioners, policy makers and researchers. This opportunity to help advance health equity will build on our experience in the six priority areas of the NCCPH: environmental health, Aboriginal health, infectious diseases, methods and tools for knowledge translation, healthy public policy, and determinants of health.

Sign up for the Summer Institute 2012 E-Bulletin to receive the latest news and updates:

<http://www.nccph.ca/154/subscribe.ccnsp>

## **22. RTS (Resolve Through Sharing) Perinatal Bereavement Training Program**

April 23 & 24/12

North York General Hospital, Toronto, ON

\$395.00 per attendee

A two day workshop for health professionals involved with perinatal loss that prepares them to develop a hospital bereavement program. The RTS (Resolve Through Sharing) Perinatal Bereavement Training Program combines insight, knowledge and hands-on practical experience with the skills necessary to interact with families experiencing perinatal loss at all gestations, with special validation of early loss issues. For any additional information, please contact: [doreen.power@pbsso.ca](mailto:doreen.power@pbsso.ca)

### **23. Infant Mental Health Promotion: Two-Day Workshop Series**

#### ***Understanding and Responding To the Mental Health Needs Of Infants And Toddlers***

The first day will provide an overview of typical and atypical social and emotional development in infants and toddlers including the type and sources of information required to formulate developmental status. Presenters will discuss various constructs that define a child's mental health, as well as the connections between the constructs that can be used to identify a child's specific developmental needs.

Day 2 of this series will focus on using the information gathered about an infant, toddler or preschooler's developmental status and the context of the relationships surrounding the child to create an individualized developmental program plan for the child. Developmental program plans can be used as an interim strategy to support development while awaiting clinical services. The Developmental Plans provide caregivers with activities to foster a child's development based on the child's individual needs. The plans are developed and informed by the screening and formulation outlined in part 1.

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

### **24. Best Start Resource Centre Webinar: Sacred Tobacco, Sacred Children: Strategies to Promote Smoke-free Homes for Aboriginal families**

April 2/12 at 10:00 am, Eastern Time Zone

Registration: Free

The webinar will share information about the difference between traditional use of tobacco and commercial tobacco. The goal of the training is to make you more comfortable to present the video to groups and to facilitate a discussion about smoke-free homes for Aboriginal families.

After the training, a free copy of the DVD and facilitator guide will be sent to you. This video offers testimonies from Aboriginal families affected by second-hand smoke and discusses the strategies they have used to reduce their children's exposure to smoke.

[http://www.beststart.org/events/2012/webinars/webinar\\_smokefree\\_april2.html](http://www.beststart.org/events/2012/webinars/webinar_smokefree_april2.html)

### **25. Birth Conference: When Survivors Give Birth**

April 19-21/12

University of Toronto, Toronto, ON

2 Day workshop \$265 + HST

Join maternity care, mental health and allied providers to focus on the issues of the least understood of pregnant clients.

[http://www.birthconferences.com/birthconferences/Penny\\_Simkin\\_in\\_Toronto.html](http://www.birthconferences.com/birthconferences/Penny_Simkin_in_Toronto.html)

## **26. Brain Power Conference: How Your Child's Brain Develops and the Role You Play: Learn from the Experts**

May 3-4, 2012

The Royal Conservatory, Toronto, ON

Early Bird Registration: \$250 + taxes

The first annual Brain Power Conference takes place in May 2012 at the Royal Conservatory in Toronto. This landmark event will help parents, teachers and others understand how a child's brain works and how we can have a positive impact on its development.

The Brain Power Initiative brings together some of the world's leading neuroscientists, researchers, teachers and industry luminaries to explain how the findings of science are having a long-lasting impact on how children grow and prepare for lifelong learning.

<http://www.brainpowerinitiative.com/events/>

## **27. CAPP Canada: Childbirth Educator Certification Workshop**

Burlington, ON

Apr. 27 - Apr. 28/12

Cost: \$450

The traditional program is ideal for doulas, nurses and other health care professionals who do not have obstetrical experiences and for those who are looking for a change in career and interested in working with expectant parents and their families.

<http://cappacanada.ca/childbirth-educator-certification-workshop-burlington-p30.php>

## **28. Association of Ontario Midwives Annual Conference and AGM - Strength in Numbers: Supporting the Growth of Midwifery**

May 14 – 17/12

Westin Prince Hotel, Toronto, ON

During a pre-conference workshop, Chantal Thorne, an Organizational Development Consultant at Guelph General Hospital, will provide practical strategies for creating and maintaining a healthy practice culture.

Keynote speaker Maureen McTeer, a respected lawyer, author and leading health advocate, will discuss the global movement to ensure safe pregnancy and childbirth.

- share clinical expertise with colleagues
- learn about the latest research findings and educational trends in maternal-newborn care
- discover innovative ways to strengthen the profession, both locally and globally

[http://www.aom.on.ca/Continuing\\_Education/AOM\\_Annual\\_Conference/Default.aspx](http://www.aom.on.ca/Continuing_Education/AOM_Annual_Conference/Default.aspx)

## **29. Anishinabek Educational Institute: Post-diploma Fetal Alcohol Syndrome Program in North Bay**

Program curriculum is adapted to provide the student with both Western and Native perspectives as well as providing students with a culturally appropriate curriculum that better prepares them for work in organizations both on and off the First Nation.

<http://www.aeipostsecondary.ca/>

---

## V. RESOURCES

---

### **30. The Role of Social Support in Reducing Psychological Distress/ Le rôle du soutien social dans l'atténuation de la détresse psychologique**

A new Analysis in Brief titled “The Role of Social Support in Reducing Psychological Distress” has been released by the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI).

This study demonstrates that social support is an important factor in promoting the transition from high levels to lower levels of distress two years later; it also shows that the significant supports are different for men and women. For women, regular opportunities to interact and talk with people showed a reduction in distress, whereas for men, being married was connected to improvements in levels of distress.

<https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1714>

L'Initiative sur la santé de la population canadienne (ISPC) de l'Institut canadien d'information sur la santé (ICIS) publie une nouvelle Analyse en bref intitulée Le rôle du soutien social dans l'atténuation de la détresse psychologique.

Il s'agit d'une étude qui démontre que, sur un cycle de deux ans, le soutien social est un facteur significatif dans la transition débouchant sur un niveau de détresse atténué, et que les formes de soutien bénéfiques pour les femmes et les hommes diffèrent. Pour les femmes, l'interaction et les conversations régulières entraînent une atténuation de la détresse, tandis que le fait d'être marié a un lien avec l'amélioration du niveau de détresse chez les hommes.

<https://secure.cihi.ca/estore/productFamily.htm?locale=fr&pf=PFC1714>

### **31. Obesity in Pregnancy: Practice Guidelines and Resources**

Practice Guidelines: Society of Obstetricians and Gynaecologists of Canada, 2010

<http://www.sogc.org/guidelines/documents/gui239ECPG1002.pdf>

Management of women with obesity in pregnancy: Royal College of Obstetricians and Gynaecologists, UK, 2010

<http://www.rcog.org.uk/files/rcog-corp/CMACERCOGJointGuidelineManagementWomenObesityPregnancy.pdf>

Centre for Disease Control's Division of Reproductive Health: Pregnancy Complications

<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PregComplications.htm>

### **32. Preschooler Focus: what's new in physical activity and health for preschoolers**

The Preschooler Focus is a quarterly newsletter dedicated to what's new in physical activity and health for preschoolers. Past issues can be found here:

[http://fhs.mcmaster.ca/chemp/newsletters\\_bulletins.html](http://fhs.mcmaster.ca/chemp/newsletters_bulletins.html)

### **33. Top 5 Actions to Reduce Child Exposure to Toxic Chemicals at Home/ Les cinq gestes prioritaires afin de réduire l'exposition des enfants aux substances chimiques toxiques à la maison**

The 12-minute video – available in English and French and complemented by supporting print resources – is designed to be a “turn-key” solution for prenatal educators and other service providers looking for ways to address growing concerns about toxic substances and associated health risks for children.

<http://www.healthyenvironmentforkids.ca/>

La vidéo d'une durée de 12 minutes – offerte en anglais et en français et complétée par des ressources imprimées connexes – est conçue afin d'offrir une solution « clé en main » pour les monitrices de cours prénataux et les autres fournisseurs de service qui recherchent des moyens pour répondre aux préoccupations croissantes relatives aux substances toxiques et les risques pour la santé des enfants associés à ceux-ci.

[www.environnementsainpourenfants.ca](http://www.environnementsainpourenfants.ca)

### **34. Economic Impact of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorder (FASD): a systematic literature review**

Centre for Addiction and Mental Health  
Funded by Public Health Agency of Canada. 39 p.

#### **Objective**

The objective of this study was to conduct a systematic review of the literature related to the measurement of the economic impact of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD) in different countries and to categorize the available literature.

#### **Method**

A systematic literature search of the studies concerning the economic impact of FAS/FASD was conducted using multiple electronic bibliographic databases.

#### **Results**

The literature on the economic burden of FAS/ FASD is scarce. A limited number of studies are found in Canada and the United States, and data from the rest of the world are largely absent. Existing estimates of the economic impact of FAS/ FASD demonstrate significant cost implications on the individual, the family and the society. However, these estimates vary considerably due to the different methodologies used by the different studies. Strengths, limitations and gaps

in the existing methodologies of calculating the economic costs of FASD and the main cost drivers are identified and discussed in this report.

#### **Discussion**

There is an urgent need to develop a sound methodology for calculating the economic impact of FASD to society, considering the systems those affected by FASD are likely to come in contact with throughout their lives, as well as the life/ developmental stages of those affected, the direct and indirect cost to systems, individuals and families, including the lost productivity of the parents/caregivers, and the lost potential of the affected individuals.

Note: This is a revised report as of November 2011; the first version of this report was prepared and submitted to the Public Health Agency of Canada (PHAC) in August 2009.

[knowledgex.camh.net/reports/Documents/economic\\_impact\\_fas\\_litreview12.pdf](http://knowledgex.camh.net/reports/Documents/economic_impact_fas_litreview12.pdf)

### **35. Centers for Disease Control and Prevention: Developmental Milestones**

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (crawling, walking, etc.).

<http://www.cdc.gov/ncbddd/actearly/index.html>

### **36. A Mother's Love: Breastfeeding in Eeyou Istchee**

Video: Cree with English Subtitles

An expectant mother gets advice from her community about breastfeeding her new baby.

[http://www.youtube.com/watch?v=T\\_bgkUTFrDk&feature=related](http://www.youtube.com/watch?v=T_bgkUTFrDk&feature=related)

---

## **VI. FEATURED BEST START RESOURCES**

---

### **37. Dr. Cindy Blackstock Inspires 2012 Best Start Conference Participants (and other post-conference highlights!)**

#### ***"Our Dreams Matter Too: First Nations Children Searching for Equality"***

Best Start 2012 post conference coverage, including photos, video clips and pdf copies of some of the presentations will be available on the website next week. In the meantime, please find the link below to the video of her inspiring and moving keynote presentation.

[http://www.youtube.com/watch?v=67HWgMnNMco&context=C446f90cADvjVQa1PpcFMiEUwE3wfx6R4f3NfJL\\_V2Q1CK4yNQLQ=](http://www.youtube.com/watch?v=67HWgMnNMco&context=C446f90cADvjVQa1PpcFMiEUwE3wfx6R4f3NfJL_V2Q1CK4yNQLQ=)

#### ***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.*

**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](http://www.meilleurdepart.org/index_fr.html)
- [Le Bloc-Notes](#) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>