

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

The MNCHP Bulletin is a monthly 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 and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

October 11, 2013

The next bulletin will be released November 8, 2013.



We wish you
a wonderful weekend!

From the Best Start Resource Centre

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I. NEWS & VIEWS

1. Changes Coming to Rules Governing Ontario Daycares

This article (CTV News, September 25, 2013) describes the need for changes to Ontario's Day Nurseries Act now that three quarters of Ontario schools offer full-day kindergarten and there are fewer school-aged children in child care. Education Minister Liz Sandals said that she would like the Act to focus on effective all-day learning programs. Those who are running child care centres would like more support around the economics of running a daycare and how to make costs more reasonable for parents and feasible for the centre. A review of the act is currently underway, however, there is no indication of when changes might begin to impact the landscape of Ontario's daycares.

<http://kitchener.ctvnews.ca/changes-coming-to-rules-governing-ontario-daycares-1.1470836#ixzz2hB8biH3l>

2. Healthy Start: Breastfeeding Supports in Ontario

This backgrounder (Government of Ontario, September 30, 2013) introduces new breastfeeding supports in Ontario. As a result of recommendations of the Healthy Kids Panel, the following new initiatives will be available to newborns and their parents in Ontario:

- Access to 24-hour expert support for mothers who are breastfeeding through a telephone advisory service.
- Training, tools, guidance and other resources to help Ontario health care centres achieve the World Health Organization's Baby-Friendly Initiative designation and adopt clinical best practices in infant feeding.
- Targeted, local support for mothers who find it difficult to access breastfeeding services.
- New resources through Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre (For more information about these resources: <http://en.healthnexus.ca/news/new-breastfeeding-supports-ontario> <http://news.ontario.ca/mohltc/en/2013/09/healthy-start-breastfeeding-supports-in-ontario.html>)

Backgrounder: <http://news.ontario.ca/mohltc/en/2013/09/healthy-start-breastfeeding-supports-in-ontario.html>

FR: <http://news.ontario.ca/mohltc/fr/2013/09/depart-sain-du-soutien-a-lallaitement-en-ontario.html>

News release: <http://news.ontario.ca/mohltc/en/2013/09/moms-and-babies-to-benefit-from-new-breastfeeding-supports.html>

FR: <http://news.ontario.ca/mohltc/fr/2013/09/les-meres-et-leurs-bebes-profiteront-de-nouveaux-soutiens-en-matiere-dallaitement.html>

3. Thunder Bay Bar Unveils Pregnancy Test Dispenser

This article (CBC, September 24, 2013) describes a new initiative by Thunder Bay's Healthy Brains for Children chapter. Those behind this project placed an eye-catching pregnancy test dispenser in the bathroom of a bar at Lakehead University with the label "Think before You Drink". They believe it will act as a health education and Fetal Alcohol Spectrum Disorder (FASD) prevention tool that will allow women to test for pregnancy and make an informed decision around drinking alcohol in pregnancy.

<http://www.cbc.ca/news/canada/thunder-bay/thunder-bay-bar-unveils-pregnancy-test-dispenser-1.1866081>

4. Healthier Snacks and Meals on the Menu at More Ontario Schools

This news release (Government of Ontario, October 1, 2013) shares the news that Ontario will be infusing \$3 million dollars into Ontario's Student Nutrition Program as a part of the new Healthy Kids Strategy. This new funding is intending to reach over 33,000 children in higher-needs communities by creating more than 200 new breakfast and morning meal programs.

EN: <http://news.ontario.ca/mcys/en/2013/10/healthier-snacks-and-meals-on-the-menu-at-more-ontario-schools.html>

FR: <http://news.ontario.ca/mcys/fr/2013/10/des-collations-et-des-repas-plus-sains-au-menu-dun-plus-grand-nombre-decoles-ontariennes.html>

5. The Secrets of Sugar

This episode of the Fifth Estate (CBC, October 4, 2013) highlights emerging research showing the negative health impacts of sugar, including cancer, heart disease, and Alzheimer's. It exposes insider information from the food industry that suggests that those producing sugar laden products are aware of its dangerous health effects. The Fifth Estate reporters tried to connect with Health Canada to find out whether they were considering implementing recommended sugar limits, but were unable to get a comment.

<http://www.cbc.ca/fifth/episodes/2013-2014/the-secrets-of-sugar>

6. A Commentary on the Book: “Expecting Better: Why the Conventional Pregnancy Wisdom is Wrong and What You Really Need to Know” by Emily Oster, Ph.D. Associate Professor of Economics, University of Chicago

This commentary (Fetal Alcohol Spectrum Disorder Study Group - Research Society on Alcoholism, 2013) counters Dr. Emily Oster's claim in her book, “Expecting Better: Why the Conventional Wisdom is Wrong and What You Really Need To Know” that there is not sufficient evidence that shows women should abstain from drinking alcohol while pregnant. This commentary includes a short description of significant scientific studies that show the damage even small amounts of alcohol can have on child development and supports the recommendation that women should abstain from drinking alcohol while pregnant.

http://www.neurodevnet.ca/sites/default/files/neurodevnet/download/Commentary%20Oster%27s%20Book_JNRv2.pdf

Another commentary: <http://depts.washington.edu/fasdpn/pdfs/astley-oster.pdf>

7. Why You Should Question Medical Advice Given By An Economist

This commentary (2013) argues against the advice that Dr. Emily Oster's offers in her book, “Expecting Better: Why the Conventional Wisdom is Wrong and What You Really Need To Know” that claims that light drinking in pregnancy is safe. This article discusses the potential severe negative health impacts of drinking even small amounts of alcohol in pregnancy. It also discusses the danger of this advice considering the rigorous scientific evidence that points to the contrary.

http://www.neurodevnet.ca/sites/default/files/neurodevnet/download/FASD%20Commentary_JNR.pdf

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

8. Reducing the Decline in Physical Activity During Pregnancy: A Systematic Review of Behaviour Change Interventions

Currie, S., Sinclair, M., Murphy, M. H., Madden, E., Dunwoody, L., & Liddle, D. (2013). Reducing the decline in physical activity during pregnancy: A systematic review of behaviour change interventions. *PLoS ONE*, 8(6), e66385.

ABSTRACT:

Purpose: Physical activity (PA) typically declines throughout pregnancy. Low levels of PA are associated with excessive weight gain and subsequently increase risk of pre-eclampsia, gestational diabetes mellitus, hypertension disorders, delivery by caesarean section and stillbirth. Systematic reviews on PA during pregnancy have not explored the efficacy of behaviour change techniques or related theory in altering PA behaviour. This systematic review evaluated the content of PA interventions to reduce the decline of PA in pregnant women with a specific emphasis on the behaviour change techniques employed to elicit this change.

Search and Review Methodology: Literature searches were conducted in eight databases. Strict inclusion and exclusion criteria were employed. Two reviewers independently evaluated each intervention using the behaviour change techniques (BCT) taxonomy to identify the specific behaviour change techniques employed. Two reviewers independently assessed the risk of bias using the guidelines from the Cochrane Collaboration. Overall quality was determined using the GRADE approach.

Findings: A total of 1140 potentially eligible papers were identified from which 14 studies were selected for inclusion. Interventions included counselling (n=?6), structured exercise (n=?6) and education (n=?2). Common behaviour change techniques employed in these studies were goal setting and planning, feedback, repetition and substitution, shaping knowledge and comparison of behaviours. Regular face-to-face meetings were also commonly employed. PA change over time in intervention groups ranged from increases of 28% to decreases of 25%. In 8 out of 10 studies, which provided adequate data, participants in the intervention group were more physically active post intervention than controls.

Conclusions and Implications: Physical activity interventions incorporating behaviour change techniques help reduce the decline in PA throughout pregnancy. Range of behaviour change techniques can be implemented to reduce this decline including goals and planning, shaping knowledge and comparison of outcomes. A lack of high quality interventions hampers conclusions of intervention effectiveness.

<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0066385>

9. Efficacy and Safety of Screening for Postpartum Depression

Myers, E. R., Aubuchon-Endsley, N., Bastian, L. A., Gierisch, J. M., Kemper, A. R., Swamy, G. K...Sanders G. D. (2013). Efficacy and safety of screening for postpartum depression. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1438>

ABSTRACT:

Objectives: To describe the benefits and harms of specific tools and strategies for screening for postpartum depression.

DATA SOURCES: We searched PubMed®, Embase®, PsycINFO®, and the Cochrane Database of Systematic Reviews for relevant English-language studies published from January 1, 2004, to July 24, 2012, that evaluated the performance of screening instruments for postpartum depression, potential benefits and harms of screening, and impact on appropriate postscreening actions.

Review Methods: Two investigators screened each abstract and full-text article for inclusion; abstracted data; and performed quality ratings, applicability ratings, and evidence grading. A simulation model was used to estimate the effects of screening for postpartum depression on the overall balance of benefits and harms.

Results: Forty studies (represented by 45 articles) were identified as relevant to this review. Eighteen studies provided sensitivity and specificity data on 9 screening instruments: 11 on the Edinburgh Postnatal Depression Scale, 4 on the Postpartum Depression Screening Scale, 4 on different versions of the Beck Depression Inventory, 2 on a 'two-question' screen, and 1 each on 5 other instruments. Heterogeneity in setting, patient population, and choice of threshold prevented formal synthesis. For most tests in most studies, sensitivity and specificity were in the 80-90 percent range, with higher sensitivity associated with lower specificity; the two-question screen had 100 percent sensitivity but specificities of 45-65 percent. Fifteen studies analyzed the association between risk factors and postpartum depression. Although adverse pregnancy outcomes and chronic medical conditions (low strength of evidence) and past history of depression, poor relationship quality, and poor social support (moderate strength of evidence) were all associated with an increased risk of postpartum depression, only two studies directly reported an effect on test results. (Sensitivity was nonsignificantly increased in primigravidas compared with multigravidas.) Based on two studies, there was insufficient evidence to evaluate whether timing relative to delivery, setting, or provider affected test characteristics of screening instruments. Based on five studies, there was low to moderate strength of evidence that screening resulted in decreased depressive symptoms and improved mental health; in four of these studies, improvement in depressive symptoms was not accompanied by improvement in measures of parenting stress. Rates of referral and treatment for women with positive screening results were substantially higher in two studies where screening, diagnosis, and treatment were provided in the same setting; referral rates in other studies were all 50 percent or less. Modeling suggests that serial testing with a two-question screen

followed by a second more specific instrument for those who have a positive result may be a reasonable strategy to reduce false positives while minimizing false negatives.

Conclusions: The potential effectiveness of screening for postpartum depression appears to be related to the availability of systems to ensure adequate follow-up of women with positive results. The ideal characteristics of a screening test for postpartum depression, including sensitivity, specificity, timing, and frequency, have not been defined. Because the balance of benefits and harms, at both the individual level and health system level, is highly dependent on these characteristics, broad consensus on these characteristics is needed.

<http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1438>

10. Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario (available in French)

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2013). *Addressing obesity in children and youth: evidence to guide action for Ontario*. Toronto, ON: Queen's Printer for Ontario.

EXCERPT:

In Ontario, nearly a third of children and youth are overweight or obese, conditions that can result in chronic diseases like diabetes, cancer and heart disease. As part of its strategy to keep Ontario healthy, the Ontario government has set an ambitious goal to reduce childhood obesity by 20 per cent over five years. In support, Public Health Ontario developed a comprehensive primer of scientific evidence and data to inform the work of Ontario's Healthy Kids Panel and its resulting No Time to Wait: the Healthy Kids Strategy.

Public Health Ontario's Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario is a three-part report outlining:

- Trends in risk factors, and strategies to measure and monitor obesity rates and risk factors
- The effectiveness and cost-effectiveness of interventions to prevent and treat overweight and obesity
- Healthy weight promotion and obesity prevention programs and initiatives implemented by Ontario public health units and other jurisdictions

Overweight and obesity is caused by an imbalance between food and beverage intake and physical activity. A range of influences contribute to this imbalance. These individual, family, community, and society-level influences begin before birth and continue throughout childhood. A comprehensive, collaborative approach is required to address this significant public health issue.

EN: <http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Addressing-Obesity-in-Children-and-Youth.aspx#.UITB8ySFp9c>

FR: <http://www.publichealthontario.ca/fr/BrowseByTopic/HealthPromotion/Pages/Ob%C3%A9sit%C3%A9-chez-les-enfants-et-les-jeunes.aspx#.UITCSCSFp9c>

11. The Real Cost Of Cutting The Interim Federal Health Program

Barnes, S. (2013). *The Real Cost Of Cutting The Interim Federal Health Program*. The Wellesley Institute. Retrieved from <http://www.wellesleyinstitute.com/wp-content/uploads/2013/10/Actual-Health-Impacts-of-IFHP.pdf>

SUMMARY:

On June 30, 2012, the federal government made changes to the Interim Federal Health (IFH) program that resulted in the effective elimination of health care coverage for many refugees and refugee claimants and reduced access to health care services for most. The new program provides different health care services to various categories of refugees and claimants.

Prior to the IFH cuts taking effect, the Wellesley Institute completed a Health Equity Impact Assessment and, based on the findings, predicted that the health of refugees would be negatively affected by the changes to the IFH program and that some populations, such as women and children, would be disproportionately impacted. We also predicted an increase in avoidable emergency room visits, increased health care costs for provinces and territories, and increased prevalence of chronic conditions among refugee populations.

The Real Cost of Cutting the Interim Federal Health Program is an update on our earlier assessment. Using data collected from health care providers across Canada, we show some of the negative and avoidable health outcomes that have occurred among refugee populations since the changes to the IFH program were implemented.

<http://www.wellesleyinstitute.com/publication/the-real-cost-of-cutting-the-interim-federal-health-program/>

III. CURRENT INITIATIVES

12. The Canadian Cancer Society's "Women to Women" Movement

The Canadian Cancer Society's "Women to Women" movement is a new campaign that aims to rally women together to increase awareness about the importance of breast cancer screening. Women across Ontario are encouraged to become Women to Women Ambassadors so they can spread the word to the women they care for that mammograms are the most reliable way to find breast cancer early and save lives.

Being a Women to Women Ambassador is easy. The commitment is minimal – in total it's just a few hours of time but the impact is significant.

To learn more about becoming an Ambassador or to make a donation to support breast cancer research, visit <http://cancer.ca/womentowomen>.

13. Panorama Non Invasive Prenatal Test

Panorama™ is a simple, safe and highly accurate non-invasive prenatal screen for specific chromosome abnormalities including trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), trisomy 13 (Patau syndrome), monosomy X (Turner syndrome) and triploidy. Panorama™ is performed using a maternal blood sample and can be offered as early as 9 weeks of pregnancy. The Society of Obstetricians and Gynaecologists of Canada (SOGC²) have recommended that NIPT be offered to women at increased risk of abnormal fetal chromosomal copy number. Results are available within 10 days. Many tests are covered by OHIP in Ontario, although some tests that fall outside routine testing are not covered.

http://www.lifelabs.com/Lifelabs_ON/Patients/TestInfo/Special/Panorama.asp

IV. UPCOMING EVENTS

14. Evaluation Report for the Sheway Project for High Risk Pregnant and Parenting Women

October 17, 2013: Online

This fireside chat will present results from the “Evaluation Report for the Sheway Project for High Risk and Parenting Women”. Through the results of the Evaluation, the presenter will share Sheway’s success in engaging women in accessing pre- and post natal care, in making improvements in their housing and nutritional status and in retaining custody of their children. It will also explore how exposure to the program improved the personal well-being of participants, the birth outcomes of their infants and well-being of their children. Public health and policy implications of this research will be discussed.

This Fireside Chat is in collaboration with the Public Health Agency of Canada - Division of Children, Seniors and Healthy Development

http://chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=243%3Aevaluation-report-for-the-sheway-project-for-high-risk-pregnant-and-parenting-women&Itemid=6&lang=en

15. 3rd Annual Early Years Symposium – Continuing the Journey: Making Early Learning Visible, Full Day Early Learning in Ontario Schools

October 19, 2013: Toronto, ON

This one-day symposium will be of interest to teachers, ECE educators, administrators and teaching assistants working in full day early learning Kindergarten programs. Come learn, network, celebrate and plan with members of your school team and others from across Ontario. Our highly interactive day features two keynote speakers and breakout sessions with school teams across Ontario who will present best practices relating to community and family engagement. Reactions and responses from all participants will ensure lively dialogue.

<http://bit.ly/ContinuingtheJourney>

16. A Provincial Response to Disseminating Canada's Low-Risk Alcohol Drinking Guidelines (LRADG)

October 21, 2013: Online

In March 2013, a small working group consisting of public health units, NGO's, and government agencies convened to coordinate Ontario strategies to support the adoption and promotion of Canada's low-risk alcohol drinking guidelines. In this presentation by Public Health Ontario, the co-chairs of the working group will describe the purpose of the group, work accomplished to date, and future initiatives to strengthen partnerships in this area.

- To receive an update on new resources and dissemination strategies related to Canada's LRADGs
- To understand the role, mandate, and services being provided by a provincially organized working group focused on the dissemination of Canada's LRADGs
- To learn practical strategies for effective dissemination of low-risk drinking messaging and hear examples of effective community partnerships working on disseminating Canada's LRADGs

<https://www.eventbrite.com/event/8587458319>

17. Early Learning Gala

October 23, 2013: Waterloo, ON

The Child Care Network of Waterloo Region is proud to present the 2nd Annual Early Learning Gala. The Early Learning Gala celebration is held in conjunction with ECE Appreciation Day, and focuses on the positive impacts early learning and care professionals create working alongside children and families. Join us this year as we recognize deserving individuals in the field, honouring practitioners that display a dedication towards children through their daily practices. These educators excel in their commitment to the ongoing growth of the profession and provide leadership/mentorship to others in the field. Let's celebrate all of our successes as we band together to reflect on our past year of commitment to the field. Keynote Address: Assistant Deputy Minister, Ministry of Education: Early Learning Division, Jim Grieve.

<http://bit.ly/earlylearninggala>

18. Build Resilience in Families with Young Children - Become an Authorized Bounce Back & Thrive! Trainer

November 4-9, 2013: Toronto, ON

Bounce Back & Thrive! (BBT) is a relationship-based resiliency skills training program for parents with children under 8 years. Resilience is the ability to steer through serious challenges and not only survive, but thrive! Young children imitate how the important adults in their lives handle adversity and opportunities. BBT helps parents increase their capacity to provide a caring relationship and role model resiliency-building skills in daily interactions with their children.

For more information about the BBT program go to:

<http://www.reachinginreachingout.com/programs-bb&t.htm>

For a registration form and information about attending the Nov 4-8 BBT Trainer Intensive go to:

<http://www.reachinginreachingout.com/becometrainer.htm>

19. Perinatal Mood Disorders Conference for Professionals

November 11, 2013: Oakville, ON

This conference is intended for physicians, nurses, public health, Midwives, Counsellors, Social Workers, and any professional working with childbearing women.

Participants will:

- Explore current research in the area of PMD
- Discover the importance of early detection of PMD for the whole family
- Discuss pharmacological and non-pharmacological treatment methods
- Explore breastfeeding support for women with PMD
- Discover the relationship between traumatic birth and Postpartum Post Traumatic Stress Disorder

<http://haltonpmd.ca/events/perinatal-mood-disorders-conference-for-professionals/>

20. Child and Family Poverty Workshop

November 18, 2013: Oshawa, Ontario

This interactive workshop is for service providers who work with young children, with parents of young children, or who have the opportunity to influence the health and development of young children. This workshop will address pertinent information for service providers working with families with young children (0-6 years old) living in poverty. It will share information about rates of child poverty, consequences of child poverty, strategies that influence the impact of child poverty, and strategies that influence the rate of child poverty.

http://www.beststart.org/events/2013/workshop_oshawa/index.html

21. Early Years Conference 2014: Shaping Childhood – Factors that Matter

November January 30-February 1, 2013: Vancouver, BC.

This conference will explore the complex nature of the social, physical and biological environments that shape children's development. Multiple elements interact to create dynamic contexts that contribute significantly to early and lifelong wellbeing. Similarly, children influence their environments to shape their developmental paths. All of these factors matter. Learning Objectives: To broaden our understanding of how children experience similar environments in unique ways; To promote the value of an inclusive approach in supporting the child, family and community; To review and discuss the influence of diverse social and cultural factors in the context of child development; To increase recognition of the impact of epigenetics research on early childhood development; To give greater consideration to how children with special needs experience, and interact with, different environment.

<http://www.interprofessional.ubc.ca/EarlyYears2014/>

22. 2014 Global Summit on the Physical Activity of Children

May 19-22, 2013: Toronto, ON

The Global Summit will facilitate knowledge exchange as we bring together leading international researchers and practitioners in the field of childhood physical activity. The three-day conference will provide a change-making forum to share evidence and best

practices from across Canada and around the world to foster coordinated action and initiatives to address the global childhood physical inactivity crisis. Highlights of the Global Summit will include the release of the AHKC 10th Anniversary Report Card and International Report Cards, surveillance and plenary sessions, international best practice workshops, research symposia and poster presentations. Program sessions will drill deeper into the relationship and intersection of childhood behaviours that comprise physical activity (Sport & Recreation, Active Play, Active Transportation, Sedentary Behaviour) and the critical influences on childhood physical activity (School, Home, Community, Policy). Not to be missed will be the high profile keynote speakers, and a culminating Call to Action.

<http://bit.ly/ThePowerToMoveKids>

V. RESOURCES

23. Nutri-eSTEP

Dietitians of Canada is excited to announce the launch of Nutri-eSTEP at www.nutritionnutritionscreen.canscreen.ca. Dietitians of Canada, and the staff of EatRight Ontario, have worked with the University of Guelph to bring the NutriSTEP[®] nutrition screening questionnaires for preschoolers (3-5 years) and toddlers (18-35 months) online. The valid and reliable nutrition screening tools have been used by service providers across Canada for several years, and have been beneficial in helping service agencies identify needs in their community and provide education and counseling to parents. NutriSTEP[®] has been used in acute care, primary care, and public health settings. Launching the Nutri-eSTEP online tool means that more parents across Canada can benefit from the screening tool. In less than 10 minutes, parents or a caregiver can complete the online questionnaire, receive immediate feedback on “What is Going Well” and “What to Work On”, and be linked to healthy eating resources and community services. A flyer to promote Nutri-eSTEP to parents and other caregivers is available at:

EN: http://www.dietitians.ca/Downloadable-Content/Public/Nutri-eSTEP-flyer_Eng_web.aspx

FR: http://www.dietitians.ca/Downloadable-Content/Public/Nutri-eSTEP-flyer_FR_web.aspx

24. Asthma Active

Asthma Active is a new booklet for children ages 7-10 with asthma. This interactive book with puzzles, games and information explains to children what asthma is, what triggers it, how to manage it, and how children with asthma can be active. To order hard copies of the booklet, phone the Ontario Lung Association Lung Health Information Line 1-888-344-LUNG (5864) or email info@on.lung.ca.

<http://lung.healthdiary.ca/Guest/Product.aspx?IDS=%2bziDIBncJGnoG%2brXDOQ%2bhg%3d%3d>

25. New Website: Finding Quality Childcare

This new website, <http://findingqualitychildcare.ca/> provides information for parents looking for quality child care that's affordable and meets the needs of their families. Parents can find out about; child care options in each province and territory, how to recognize quality and why it's important, how they can improve their chances of accessing high quality child care, "dos and don'ts", a checklist to use when looking at child care, and detailed information about regulations, tools and other key information in each province/territory. The website includes a video (in English, French, ASL and QSL) showing high quality centre environments. The website and video were developed by the Childcare Resource and Research Unit (CRRU) and the Canadian Union of Postal Workers (CUPW) through the Child Care Fund provided under the terms of CUPW's collective agreement with Canada Post.

<http://findingqualitychildcare.ca/>

VI. FEATURED BEST START RESOURCES

26. Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources

(available in French)

This resource was developed in partnership with BFI Ontario. It provides key supports for agencies who are implementing or maintaining the standards of the *Baby-Friendly initiative (BFI)*. It highlights the key points regarding each of the *10 Steps to Successful Breastfeeding* and the *WHO Code of Marketing of Breastmilk Substitutes* and explains them with evidence-informed language. The additional online, linked resources can be used when implementing each of the 10 Steps or requirements of the Code, make this resource practical and user-friendly. It is equally applicable in hospital and community settings.

EN:

http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

FR:

http://www.meilleurdepart.org/resources/allaitement/Baby_Friendly_Resource_FR_lien_d_rev.pdf

All breastfeeding resources: <http://www.beststart.org/resources/breastfeeding/index.html>

FR: <http://www.meilleurdepart.org/resources/allaitement/index.html>

27. Breastfeeding for the Health and Future of Our Nation

This booklet was created to support Aboriginal women with the art of breastfeeding. The Medicine Wheel is used to symbolize the balance needed to support breastfeeding women.

http://www.beststart.org/resources/breastfeeding/BFHFN_sept26.pdf

28. Best Start Resource Centre Response: New Breastfeeding Supports in Ontario

(available in French)

The Best Start Resource Centre provides a response to the new breastfeeding supports in Ontario on the Health Nexus *Health Promotion Today* blog.

EN: <http://en.healthnexus.ca/news/new-breastfeeding-supports-ontario>

FR: <http://fr.nexussante.ca/news/nouveaux-soutiens>

About This Bulletin

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

Other Health Nexus Communications:

Electronic Bulletins

OHPE: Your weekly update on the latest health promotion news, events, jobs and resources, featuring original articles—and much more. Produced in collaboration with Public Health Ontario.

[Le Bulletin de santé maternelle et infantile:](#) A bulletin featuring information about maternal, newborn and child health promotion, in French.

[Le Bloc-Notes:](#) A monthly French language bulletin focused on health promotion issues, events, jobs and resources for French-language minority communities across Canada.

Online Networks (listservs)

[The Maternal Newborn and Child Health Promotion \(MNCHP\) Network:](#) An electronic network for service providers working to promote preconception, prenatal and child health.

[Réseau de Santé Maternelle et Infantile \(RSMI\):](#) An electronic network to share information about preconception, prenatal and child health, in French.

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network:](#) An electronic network designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health.

[The Healthy Babies Healthy Children \(HBHC\) Network:](#) An electronic network for HBHC program staff.

[Click4HP:](#) An international, moderated, dialogue on health promotion, open to anyone who wants to ask questions, share ideas, announce new resources and events. Join the conversation!

Blogs

[Health Promotion Today / Promotion de la santé aujourd'hui:](#) Find out what's making news in health promotion. Our bilingual blog keeps you informed.

[HC Link Blog](#): This blog provides you with useful information on health promotion topics, news, and resources, as well as information on HC Link's events, activities, and resources.

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