

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

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

October 5, 2012

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I. NEWS & VIEWS

1. To swaddle or not to swaddle? That's the new parental question

Swaddled babies, according to proponents of the technique, sleep longer, fuss less and have a lower risk of Sudden Infant Death Syndrome (SIDS).

As the practice gains a bigger following, however, questions about safety are prompting some hospitals to speak out against it and are causing many converts to have second thoughts.

<http://www.theglobeandmail.com/life/parenting/to-swaddle-or-not-to-swaddle-thats-the-new-parental-question/article4560252/>

2. New York City Offers Plan B to High School Students

In Jan. 2011, New York City quietly launched a pilot program to dispense free prescription contraceptives, including birth control pills and the morning-after pill, Plan B, to students at more than a dozen public high schools in the city.

<http://healthland.time.com/2012/09/25/new-york-city-schools-offer-plan-b-to-high-school-students/#ixzz285pHj6CN>

3. Prenatal depression nearly drove Amanda Lee to suicide

According to the Public Health Agency of Canada, one in 10 women will experience depression during pregnancy, even though prenatal depression is not as widely recognized as post-partum depression. “Women and health care providers need to know depression happens prenatally much more than we’re aware,” says Hiltrud Dawson, a registered nurse with Best Start, Ontario’s Maternal Newborn and Early Child Development Resource Centre.

<http://www.thestar.com/living/article/1262736--prenatal-depression-nearly-drove-amanda-lee-to-suicide-now-she-s-urging-wider-aware>

4. How having self-control as a kid can affect your health later

Willpower is out of fashion these days.

In fact, as we learn more and more about the subtle and powerful ways that our bodies and brains conspire to control our behaviour, it seems downright impolite to mention self-control in the context of exercise or eating habits. That’s blaming the victim for forces beyond his or her control.

But the latest update from a classic behavioural psychology experiment that started more than four decades ago offers a surprising twist. It turns out that your ability to delay gratification as a four-year-old can partly predict your weight decades later, adding to growing evidence that helping kids improve their “cognitive control” could have powerful impacts on their later lives.

<http://www.theglobeandmail.com/life/health-and-fitness/fitness/how-having-self-control-as-a-kid-can-affect-your-health-later/article4575936/>

5. The ‘skip-generation’ family

About 30,000 Canadian children live with grandparents full-time. According to 2011 census figures released Wednesday, 269,315 Canadian children — almost five per cent of those under the age of 14 — lived in households that contained at least one grandparent. Of these children, 30,005 lived in “skip-generation” families for all kinds of reasons — their parents died prematurely, or moved away to get an education or find a job, or were struggling with addictions or mental health.

<http://www.ottawacitizen.com/skip+generation+family/7268651/story.html#ixzz28LMtSaeI>

6. Embrace infant sleeping bags save lives

In 2009, shortly after Jane Chen moved to India, she met a young woman who had watched helplessly as each of her three babies died. Sujatha's small village, two hours outside of Bangalore, lacked the incubators and other medical technology that might have saved their lives. Her second child was born two months premature. When he turned blue, his parents placed the boy under light bulbs in hopes of warming him. He died the next day. Such stories of preventable death, all too common throughout much of the developing world, are the driving force behind Chen's social venture, Embrace. The organization has developed an infant sleeping bag, heated with a wax-like material that keeps it at body temperature for hours. It's simple, portable, effective and cheap.

<http://www.sfgate.com/technology/dotcommentary/article/Embrace-infant-sleeping-bags-save-lives-3905173.php#ixzz285qOBgFK>

7. The Power of Play: Promoting Child Development with a Breakthrough Concept

Recently, UNICEF with support from the U.S. Fund for UNICEF and Disney became partners in UNICEF@Play an innovative play and recreation project that brings opportunities for play to extremely vulnerable children. Mobile playground units consisting of giant foam blocks, empower children ages 3 to 12 to influence the space around them and design their own course of play, and encourage them to dream and create through dramatic, constructive, and gross motor play.

<http://www.mailman.columbia.edu/news/power-play-promoting-child-development-breakthrough-concept>

8. CDC on Obesity: Public Health or Politics?

The CDC has operated generally with bipartisan support for several decades regardless of who was in the White House or which party controlled Congress. Campaigns targeting the issues the CDC has championed -- such as tobacco cessation and obesity prevention -- were funded and backed with little objection. Its hallmark issues have varied little with the political ideology of whichever party controlled Washington. But now, projects the CDC funds are gaining increased attention from Republicans in Washington, who are saying the CDC's latest efforts are blurring the line between lobbying and what a federal agency can support.

<http://tinyurl.com/8gy2mum>

9. Economic abuse affects maternal mental health and parenting, study finds

Mothers who experience economic and psychological abuse during the first year of a relationship with their child's father are more likely to become depressed and spank the child in year five, researchers from the Rutgers School of Social Work have found.

<http://medicalxpress.com/news/2012-10-economic-abuse-affects-maternal-mental.html#jCp>

10. Programs to get kids moving do little to fight obesity

Programs encouraging children to be physically active have little impact on their weight, a review suggests.

British researchers examined 20 studies on after-school and community programs to encourage kids to get active.

"This review provides strong evidence that physical activity interventions have had only a small effect [approximately four minutes more walking or running per day] on children's overall activity levels," Terence Wilkin, a professor of endocrinology and metabolism at Plymouth University Campus in England and his co-authors concluded in this week's issue of the British Medical Journal.

"This finding may explain, in part, why such interventions have had limited success in reducing the body mass index or body fat of children."

<http://www.cbc.ca/news/health/story/2012/09/28/physical-activity-children.html>

11. Canada needs to take better care of its vulnerable children: UN

United Nations officials say they're concerned vulnerable Canadian children may be falling through the cracks of a fractious federal system that lacks accountability and a clear strategy.

In hearings in Geneva to examine Canada's adherence to the Convention on the Rights of the Child, Ottawa was repeatedly taken to task for incoherence about how federal and provincial programs actually help kids.

The UN's committee on the rights of the child said Canada needs to "raise the bar" in how it protects the rights of children, especially when it comes to aboriginal, disabled and immigrant kids.

[Global Edmonton | Canada needs to take better care of its vulnerable children: UN](#)

12. Fit for Delivery Program May Help Limit Baby Weight

An intervention reduces excess gestational weight gain and postpartum weight retention, at least in the short term, a randomized trial showed.

Pregnant women who underwent a "fairly low-intensity" behavioral intervention were less likely to exceed recommend amounts of gestational weight gain and more likely to return to their pre-pregnancy weight within 6 months after delivery, according to Suzanne Phelan, PhD, of California Polytechnic State University in San Luis Obispo.

However, women who received standard care and those who received the additional intervention were equally likely to have returned to their pre-pregnancy weight by 1 year (P=0.19), she reported at the Obesity Society meeting here.

<http://www.medpagetoday.com/MeetingCoverage/OBESITY/34918>

13. Children More Likely to Discuss Mental Health with Friends than Parents: RBC Poll

More than half of Canadian parents (53 per cent) have never discussed their children's mental health with anyone, according to the 2012 RBC Children's Mental Health Parents Poll. Most of these parents (65 per cent) assume their child would come to them if they had a problem - but they may not be correct.

Children are more likely to confide in friends (50 per cent) about their mental health concerns rather than their mother (30 per cent), a health professional (22 per cent) or father (10 per cent), according to

a companion online poll of 115 youth who visited the Kids Help Phone website, Canada's leading online and phone counselling service for youth. Among the 45 per cent of parents who have talked about their children's mental health with someone, only half (49 per cent) have talked about it with their child. <http://www.rbc.com/newsroom/2012/1003-cmh-parent-poll.html>

14. Fertility rates are rising in women with schizophrenia

In recent years, many experts have come to believe that women with schizophrenia now have more opportunities to become pregnant, for a number of reasons. This was partly because fewer women with schizophrenia are living in institutions and more are receiving community-based care, giving them more opportunities to engage in relationships. Also, there is a trend toward aggressive treatment of schizophrenia in young patients. There have also been changes in the types of medications used. Older schizophrenia medications elevated a hormone called prolactin, which made women less likely to be fertile. In newer drugs, this side-effect is either temporary or only occurs in higher doses. <http://www.womenshealthmatters.ca/health-news/feature-articles/fertility-rates-are-rising-in-women-with-schizophrenia>

II. RECENT REPORTS AND RESEARCH

**indicates journal subscription required for full access*

15. Pediatric Sleep Disorders and Special Educational Need at 8 Years: A Population-Based Cohort Study*

Karen Bonuck, Trupti Rao, Linzhi Xu

OBJECTIVES

To examine associations between sleep-disordered breathing (SDB) and behavioral sleep problems (BSPs) through 5 years of age and special educational need (SEN) at 8 years.

METHODS

Parents in the Avon Longitudinal Study of Parents and Children reported on children's snoring, witnessed apnea, and mouth-breathing at 6, 18, 30, 42, and 57 months, from which SDB symptom trajectories, or clusters, were derived. BSPs were based on report of ≥ 5 of 7 sleep behaviors at each of the 18-, 30-, 42-, and 57-month questionnaires. Parent report of SEN (yes/no) at 8 years was available for 11 049 children with SDB data and 11 467 children with BSP data. Multivariable logistic regression models were used to predict SEN outcome by SDB cluster and by cumulative report of SEN.

RESULTS

Controlling for 16 putative confounders, previous history of SDB and BSPs was significantly associated with an SEN. BSPs were associated with a 7% increased odds of SEN (95% confidence interval [CI] 1.01–1.15), for each ~1-year interval at which a BSP was reported. SDB, overall, was associated with a near

40% increased odds of SEN (95% CI 1.18–1.62). Children in the worst symptom cluster were 60% more likely to have an SEN (95% CI 1.23–2.08).

CONCLUSIONS

In this population-based longitudinal study, history of either SDB or BSPs in the first 5 years of life was associated with increased likelihood of SEN at 8 years of age. Findings highlight the need for pediatric sleep disorder screening by early interventionists, early childhood educators, and health professionals.

<http://pediatrics.aappublications.org/content/130/4/634.abstract?etoc>

16. Efficacy of Family-Based Weight Control Program for Preschool Children in Primary Care*

Teresa Quattrin et al

OBJECTIVE

To test the efficacy of an innovative family-based intervention for overweight preschool-aged children and overweight parents conducted in the primary care setting.

METHODS

Children with BMI \geq 85th percentile and an overweight parent were randomized to intervention or information control (IC). Trained staff delivered dietary and physical/sedentary activities education to parents over 6 months (10 group meetings and 8 calls). Parents in the intervention received also behavioral modification. An intention-to-treat analysis was performed by using mixed analysis of variance models to test changes in child percent over BMI (%OBMI) and z-BMI and to explore potential moderators of group differences in treatment response.

RESULTS

Ninety-six of 105 randomized families started the program: 46 children (31 girls/15 boys) in the intervention and 50 (33 girls/17 boys) in the IC, with 33 and 39 mothers and 13 and 11 fathers in intervention and IC, respectively. Baseline characteristics did not differ between groups. Children in the intervention group had greater %OBMI and z-BMI decreases at 3 and 6 months compared with those assigned to IC ($P < .0021$). A greater BMI reduction over time was also observed in parents in the intervention compared with parents assigned to IC ($P < .0001$). Child %OBMI and parent BMI changes were correlated ($r = .31$; $P = .003$). Children with greater baseline %OBMI were more likely to have a greater %OBMI decrease over time ($P = .02$).

CONCLUSIONS

Concurrently targeting preschool-aged overweight youth and their overweight parents for behavioral weight control in a primary care setting reduced child %OBMI and parent BMI, with parent and child weight changes correlating.

<http://pediatrics.aappublications.org/content/130/4/660.abstract?etoc>

17. US National Vital Statistics Reports: Births: Preliminary Data for 2011, Vol 61, number 5

The U.S. birth rate continued its decline in 2011, according to a preliminary report from the Centers for Disease Control, and researchers link a part of the downturn in births to the economy.

http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05.pdf

18. Reducing Childhood Obesity in Ontario through a Health Equity Lens

Steve Barnes, Policy Analyst, Wellesley Institute, October 2012

Not all children are affected equally by the burden of obesity and poor health. Children in families that do not have adequate resources are more likely to be obese and face a greater burden of ill health than children who grow up in families that are better off. Contributors to poor health include poverty, a lack of safe and affordable housing, inadequate access to good food, being socially marginalized, and faring poorly in a range of other determinants of health. While these determinants affect everybody, children are particularly negatively impacted.

This paper sets out strategies to reduce childhood obesity in Ontario and its associated health problems by taking a health equity and social determinants of health approach.

<http://www.wellesleyinstitute.com/wp-content/uploads/2012/10/Reducing-Childhood-Obesity-in-Ontario.pdf>

19. Inspired Learning: Evaluation of Vibrant Communities' National Supports

Vibrant Communities (VC) was a ten-year action research initiative that involved 13 Canadian communities. They all sought effective local solutions to poverty reduction by applying comprehensive approaches. The objectives of this pan-Canadian learning partnership were to reduce poverty, increase engagement, change public policy and enable community innovation.

VC was established in 2002 through the partnership of three national sponsors – Tamarack – An Institute for Community Engagement, the Caledon Institute and The J.W. McConnell Family Foundation – and 13 communities across the country. Tamarack was responsible for overall leadership, coaching and strategy. The J.W. McConnell Family foundation provided grants to Trail Builder communities, hosted periodic funders' forums and shaped the dissemination strategy. Caledon prepared relevant policy papers, documented local efforts and helped design an evaluation framework for the initiative.

Vibrant Communities has had a positive impact on thousands of low-income households across Canada. This report outlines the results of providing national supports to such a large and complex pan-Canadian initiative.

http://vibrantcanada.ca/files/evaluation_report-aug2012.pdf

20. Early learning programs that promote children's developmental and educational outcomes

Resource sheet no. 15 produced for the Closing the Gap Clearinghouse

Linda J Harrison, Sharon Goldfeld, Eliza Metcalfe and Tim Moore

August 2012

The early years are a critical period where the pathways to a child's lifetime social, emotional and educational outcomes begin. Although early experiences do not determine children's ongoing development, the patterns laid down early tend to be very persistent and some have lifelong consequences.

http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs15.pdf

21. Pregnancy Outcomes in Women With and Without Gestational Diabetes Mellitus According to The International Association of the Diabetes and

Pregnancy Study Groups Criteria, Obstetrics & Gynecology: October 2012 - Volume 120 - Issue 4 - p 746–752

Bodmer-Roy, Sonja MD; Morin, Lucie MD; Cousineau, Jocelyne MD, PhD; Rey, Evelyne MD, MSc

OBJECTIVE

To estimate the incidence of gestational diabetes mellitus (GDM) according to The International Association of the Diabetes and Pregnancy Study Groups (IADPSG) criteria and the pregnancy complications in women fulfilling these criteria but who are not considered diabetic according to the Canadian Diabetes Association criteria.

METHODS

We estimated the rate of GDM according to the IADPSG criteria from November 2008 to October 2010. Then, we conducted a chart review to compare maternal and neonatal outcomes between women classified as GDM according to the IADPSG criteria but not by the Canadian Diabetes Association criteria (group 1; n=186) and nondiabetic women according to both criteria (group 2; n=372). Results were expressed as crude (odds ratio [OR]) or adjusted OR and 95% confidence interval (CI). The study has a statistical power of 80% to detect a difference between 16% and 8% in large for gestational age newborns (α level of 0.05; two-tailed).

RESULTS

The rate of GDM using the IADPSG criteria was 27.51% (95% CI 25.92–29.11). Group 1 presented similar rates of large-for-gestational-age newborns (9.1% compared with 5.9%, adjusted OR 1.58, 95% CI 0.79–3.13; $P=.19$), delivery complications (37.1% compared with 30.1%, OR 1.37, 95% CI 0.95–1.98; $P=.10$), preeclampsia (6.5% compared with 2.7%, adjusted OR 2.40, 95% CI 0.92–6.27; $P=.07$), prematurity (6.5% compared with 2.7%, OR 1.10, 95% CI 0.53–2.27; $P=.85$), neonatal complications at delivery (13.4% compared with 9.7%, OR 1.45, 95% CI 0.84–2.49; $P=.20$), and metabolic complications (10.8% compared with 14.2%, OR 0.73, 95% CI 0.42–1.26; $P=.29$) compared with group 2.

CONCLUSION

Women classified as nondiabetic by the Canadian Diabetes Association Criteria but considered GDM according to the IADPSG criteria have similar pregnancy outcomes as women without GDM. More randomized studies with cost-effectiveness analyses are needed before implementation of these criteria.

http://journals.lww.com/greenjournal/Fulltext/2012/10000/Pregnancy_Outcomes_in_Women_With_and_Without.3.aspx

22. Preventing Unintended Pregnancies by Providing No-Cost Contraception, Obstetrics & Gynecology: POST AUTHOR CORRECTIONS, 3 October 2012

Peipert, Jeffrey F. MD, PhD; Madden, Tessa MD, MPH; Allsworth, Jenifer E. PhD; Secura, Gina M. PhD, MPH

OBJECTIVE

To promote the use of long-acting reversible contraceptive (LARC) methods (intrauterine devices [IUDs] and implants) and provide contraception at no cost to a large cohort of participants in an effort to reduce unintended pregnancies in our region.

METHODS

We enrolled 9,256 adolescents and women at risk for unintended pregnancy into the Contraceptive CHOICE Project, a prospective cohort study of adolescents and women desiring reversible contraceptive methods. Participants were recruited from the two abortion facilities in the St. Louis region and through provider referral, advertisements, and word of mouth. Contraceptive counseling included all reversible methods but emphasized the superior effectiveness of LARC methods (IUDs and implants). All participants received the reversible contraceptive method of their choice at no cost. We analyzed abortion rates, the percentage of abortions that were repeat abortions, and teenage births.

RESULTS

We observed a significant reduction in the percentage of abortions that were repeat abortions in the St. Louis region compared with Kansas City and nonmetropolitan Missouri ($P<.001$). Abortion rates in the CHOICE cohort were less than half the regional and national rates ($P<.001$). The rate of teenage birth within the CHOICE cohort was 6.3 per 1,000, compared with the U.S. rate of 34.3 per 1,000.

CONCLUSION

We noted a clinically and statistically significant reduction in abortion rates, repeat abortions, and teenage birth rates. Unintended pregnancies may be reduced by providing no-cost contraception and promoting the most effective contraceptive methods

http://journals.lww.com/greenjournal/Abstract/publishahead/Preventing_Unintended_Pregnancies_by_Providing.99945.aspx

III. CURRENT INITIATIVES

23. CLICK for Babies: Period of PURPLE Crying Caps

Knitters and crocheters across North America are being asked to make purple colored baby caps to help educate parents and caregivers.

The grassroots campaign called, *CLICK for Babies: Period of PURPLE Crying Caps*, invites knitters and crocheters across North America to make purple colored baby caps which will be delivered to families in November and December with the *Period of PURPLE Crying*, an evidence based program that educates parents about normal infant crying, ways to cope with the crying and the dangers of reacting in frustration by shaking or abusing an infant.

<http://clickforbabies.org/>

24. High Infant Mercury Levels in Lake Superior Basin Leads to EPA Grant in US

High levels of mercury are prevalent in infants living in the Lake Superior Basin. A recent study shows that 10% of Minnesota babies have unsafe levels of the neuro-toxin related to mercury.

It's a serious problem that the Minnesota Department of Health is gearing up to fight.

<http://www.northlandsnewscenter.com/news/local/High-Infant-Mercury-Levels-Lead-to-EPA-Grant--172744941.html>

IV. UPCOMING EVENTS

25. Long-term Effects of Prenatal Substance Exposure on Children

February 26, 2013, 10:00-11:30 am PST

Presenter: Barry Lester, Ph.D.

Founding Director of the Center for the Study of Children at Risk

This webinar will review outcomes of longitudinal studies of children with prenatal drug exposure, and examine how the combination of prenatal exposure and environmental adversity can result in the development of behavior disorders, including early onset of adolescent substance use. A new model examining prenatal exposure within the broader context of the wear and tear on the body's response to stress will be presented.

<http://aia.berkeley.edu/training/online/webinars/2013series/>

26. Integrated Strategies for Home Visiting training

Vancouver, November 6-9, 2012

This engaging, interactive training program is packed with information, discussion, and activities specifically designed to ensure home visitors will emerge with the knowledge and practical skills to implement successful services for families. In this 4-day skill-driven course, home visitors and other family practitioners will acquire new tools for motivating and communicating with parents of young children. You'll learn how to support parents to form secure attachments, be involved in their child's development, strengthen the foundations of their family and problem-solve.

<http://bccf.ca/professionals/events/info?reset=1&id=62>

27. Life With Baby Conference: Building Resilience in Parents & Children

November 28, 2012, York Region

Keynote Speakers: Dr. Stuart Shanker, Jennifer Kolari

Participants will:

- Learn how to build resilience in themselves and their children or the children they care for
- Gain a better understanding of self-regulation, resilience and attachment in young children
- Better understand parenting behaviours cross-culturally
- Take away information about evidence-based parenting programs available in GTA
- Acquire practical tips and strategies for positive parenting

<http://www.lifewithababy.com/AllRegions?eventId=557458&EventViewMode=EventDetails>

28. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

February 6-8, 2013

Hilton Markham Suites & Conference Centre

REGISTRATION OPENS OCTOBER 12, 2012!

Some featured topics:

- Childhood Obesity Prevention
- Key Message to Support the Baby-Friendly Initiative
- Food allergies in infants and children
- Lessons in Community Engagement
- Building Resilience
- Prescription Drug Abuse in among Aboriginal Women in Ontario
- Working with LBGTQ Parents
- Initiatives to Prevent and Support Families Living with FASD
- Infant Mental Health Promotion
- Preconception Initiatives in Ontario
- Exploring Social Media Tools

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

29. 3rd Annual Anishinabek G7 FASD ~ STANDING STRONG Conference

November 27, 28 & 29th, 2012

Holiday Inn (on Regent Street) in Sudbury, Ontario

Early Bird Registration fee: \$199 until October 12th.

Regular Registration: \$275 (after October 12th)

Honorable Justice Murray Sinclair,

FASD Hall of Fame Inductee & Executive Director of FASCETS: **Diane Malbin**

Lawyer **Jonathan Rudin** ~ Program Manger at Aboriginal Legal Services & co-lead of the Justice Committee of FASD Ontario Network of Expertise

Jeff Noble, FASD Trainer, Coach & Consultant www.fasdforever.com

International FASD Conference Presenters: **Judy Pakozdy & Matthew Pakozdy**plus many more exciting workshops and facilitators.

Posters & Registration forms to be officially released Sept. 18th, 2012.

This event is proudly co-hosted by the **Noojmowin Teg Health Centre, Shkagamik-Kwe Health Centre, North Shore Tribal Council** and the **Union of Ontario Indians** FASD Programs. It is made possible with the wonderful support of **First Nation & Inuit Health, Health Canada.**

Laurie McLeod-Shabogesic , FASD Program Coordinator, Union of Ontario Indians

Toll free: 1-877-702-5200

Tel (705) 497-9127 ext. 2296

mcllau@anishinabek.ca

30. FASD Forum 2012

KidsAbility Centre for Child Development , Kitchener, ON
Monday, November 12, 2012 from 8:30 AM to 4:30 PM (EST)

FASD Forum 2012 - Practical Community Response:

Please join us to hear keynote speaker Dan Dubovsky, FASD Specialist with the SAMHSA FASD Centre of Excellence

- Learn why effective strategies are important and how they can prevent secondary disabilities.
- Come away with practical strategies for your toolkit.
- Learn about exciting community initiatives in Waterloo Region.

Lutherwood's Dr. Karen MacLeod and Jenni Smith, C.Y.C. will discuss practical strategies to support the disability.

(The SAMHSA FASD Center is an agency of the U.S. Department of Health & Human Services devoted to preventing and treating FASD)

<http://www.eventbrite.com/event/3180678495#>

31. One day breastfeeding refresher: Breastfeeding Current Research and Updates

Friday, October 12, 2012

Perth District Health Unit, Stratford Ontario

This refresher is intended for health care professionals who have completed a Level One Breastfeeding course previously

Facilitator:

Kathy Venter, RN, IBCLC

Participants:

The Level One 18 hour WHO course is ideally the prerequisite for this one day session. Information presented will be a review and enhancement of knowledge based on current research.

Objectives:

This one day refresher course for health professionals explores evidence-based, best practice that protects, promotes and supports breastfeeding. Practitioners will understand and be able to effectively and confidently implement care that facilitates the initiation and maintenance of breastfeeding.

To register, please contact Tina Feltz by Wednesday, October 10, 2012 at:

519-271-7600 ext. 288 or email: tfeltz@pdhu.on.ca

32. Triple P Knowledge Exchange 2012

November 21 and 22, 2012

Toronto

The two day event features keynote presentations by Dr. Matthew Sanders, the creator and author of Triple P Positive Parenting, and offers a variety of other presentations and workshops from experienced

clinicians, researchers and Triple P practitioners. This event is for those agencies and individuals involved in delivering Triple P programs across the province. . The variety of topics will appeal to both those who manage and direct the delivery of Triple P as well as trained practitioners involved with delivering programs to parents.

<https://knowledgeexchange2012.ca/>

V. RESOURCES

33. AAP Issues Guidance on Adopted Children

Parents should tell children if they're adopted, and pediatricians should help them address challenges in rearing an adopted child, according to a report from the American Academy of Pediatrics (AAP).

<http://tinyurl.com/9bduq57>

34. New Breastfeeding Posters

Posters unveiled at Breastfeeding and the Brain conference envision breastfed babies becoming whiz kids, petroleum engineers, and even hockey stars

<http://www.breastfeedingalberta.ca/index.php/resources/posters>

35. Safe Kids USA

Safe Kids USA is a nationwide network of organizations working to prevent unintentional childhood injury, the leading cause of death and disability for children ages 1 to 14.

Among other things, they educate families, provide safety devices to families in need and advocate for better laws to help keep children safe, healthy and out of the emergency room.

<http://www.safekids.org/safety-basics/safety-guide/baby-safety-basics/>

36. Purple Crying

The Period of PURPLE Crying is a new way to help parents understand this time in their baby's life, which is a normal part of every infant's development. It is confusing and concerning to be told your baby "has colic" because it sounds like it is an illness or a condition that is abnormal. When the baby is given medication to treat symptoms of colic, it reinforces the idea that there is something wrong with the baby, when in fact, the baby is going through a very normal developmental phase. That is why we prefer to refer to this time as the Period of PURPLE Crying. This is not because the baby turns purple while crying. The acronym is a meaningful and memorable way to describe what parents and their babies are going through.

<http://www.purplecrying.info/sections/index.php?sct=1&>

37. Family Facts: BC Council Blog- Canadian Stepfamilies: Composition & Complexity

The reality in Canada today is that a fairly large proportion of married couples will end up becoming divorced. Additionally, a fairly large proportion of these divorced couples, with or without children, will end up re-establishing themselves in a step, or blended, family.

So, with all of this re-arrangement occurring, the question to ask is: what do we know about the composition of blended families in Canada?

<http://bccf.ca/professionals/blog/2012-09/canadian-stepfamilies-composition-and-complexity>

38. Best Start Resource Centre website for parents- www.HealthyBabyHealthyBrain.ca

This website offers 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, physical activity, attachment, self-regulation, discipline, stress, etc. The website is intended for future parents and for parents of children aged zero to three.

The videos show real-life situations. Some of the videos include expert commentary on the parent-child interactions. The website also contains links to useful additional resources. All the videos can be shared through online social networks.

Service providers are encouraged to promote this website to parents and a number of tools have been developed (all downloadable from:

http://beststart.org/healthybabyhealthybrain/campaign_components.html).

Some suggestions:

- Link www.HealthyBabyHealthyBrain.ca from your organization's website using the downloadable Web buttons.
- Use the Articles for Parents in your newsletters and send them to your local media.
- Use the Camera-ready Ads in your newsletters and send them to your local media.
- Order and distribute magnets or tear-off sheets to parents attending your programs.
- Promote the website and key messages on monitors in waiting rooms using the ready-made image, sized for television monitors.
- Offer parent sessions using the ready-to-use workshop.

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

39 Preschool Nutrition Videos on YouTube

Dietitians at the Haldimand-Norfolk Health Unit have created a series of short and FUN preschool nutrition videos called "Dietitians Dish on Preschool Nutrition." They provide key nutrition messages that correspond to each question on the NutriSTEP® preschool screening tool

Watch them here: www.youtube.com/hnhucommunications

40. For Me, as a Parent...

The *For Me, as a Parent...* kit is neither a program nor an evaluation instrument, but rather an intervention support tool that offers concrete aid to professionals working to support parents in their roles with their children. Based on an approach that builds upon parents' skills, needs and motivations, the *For Me, as a Parent...* kit offers a set of tools for discussion and interaction that can enhance and facilitate the application of support programs already in place.

The materials in the kit are suitable for all parents of children ages 0 to 11 years. The target parents might be those who: (a) live in extremely vulnerable situations (e.g. parents followed after having been reported to the director of youth protection); (b) are known to be at risk (e.g. target clientele of programs for integrated perinatal and early childhood services); (c) present a specific characteristic (e.g. intellectual disability); or (d) have a child with a particular challenge (e.g. autism, handicap, ADHD).

<http://formeasaparent.com/the-approach/>

VI. FEATURED BEST START RESOURCES

41. Learning to Play and Playing to Learn: What Families Can Do: Revised/ Apprendre à jouer et jouer pour apprendre: Ce que les familles peuvent faire

The Best Start Resource Centre is pleased to announce that "Learning to Play and Playing to Learn: What Families Can Do" has just been revised. The revised version includes the new Nipissing District Developmental Screens for 2, 3, 4 and 5 year-olds. The language of the booklet is aligned with the language used in Kindergarten and is familiar to the Kindergarten team and parents. This booklet will help parents, and all who care for children, support play-based learning at home, in child care and preschool settings, and Kindergarten. Particular attention is given to attachment, self-regulation and play. It is suitable for parents of children under the age of 6 and in particular for parents of children from 18 months to 5 years.

http://www.beststart.org/resources/hlthy_chld_dev/index.html

Le Centre de ressources Meilleur départ est heureux d'annoncer que «Apprendre à jouer et jouer pour apprendre: Ce que les familles peuvent faire » vient d'être révisé. La nouvelle version comprend les nouveaux questionnaires de dépistage du district de Nipissing pour 2, 3, 4 et 5 ans. La langue de la brochure est alignée avec la langue utilisée à la maternelle et est familière à l'équipe de la maternelle et des parents. Cette brochure aidera les parents et tous ceux qui s'intéressent au soutien des enfants basé sur le jeu d'apprentissage à la maison, les soins aux enfants d'âge préscolaire et les paramètres de la maternelle. Une attention particulière est donnée à l'attachement, l'autorégulation et le jeu. Elle est adaptée pour les parents d'enfants de moins de 6 ans, et en particulier pour les parents d'enfants de 18 mois à 5 ans.

http://www.meilleurdepart.org/resources/develop_enfants/index.html

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:

OHPE - The free weekly Ontario Health Promotion E-mail bulletin (OHPE) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion. <http://www.ohpe.ca/>

Click4HP - An open, facilitated public listserv, Click4HP is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion. <https://listserv.yorku.ca/archives/click4hp.html>

The Maternal Newborn and Child Health Promotion (MNCHP) Network - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health. <http://www.beststart.org/services/MNCHP.html>

Health Promotion Today / Promotion de la santé aujourd'hui - Our bilingual blog keeps you informed of news and topics related to health promotion. <http://www.blogs.healthnexusante.ca/>

Follow us on **Twitter** to stay up to date on all things related to health promotion. https://twitter.com/Health_Nexus

View our video resources on **YouTube** and **Vimeo** (<http://www.youtube.com/user/healthnexusante>, <https://vimeo.com/user9493317>)

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

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

En français:

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

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

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

Suivez-nous sur **Twitter** pour demeurer au fait de tout ce qui concerne la promotion de la santé. https://twitter.com/Nexus_Sante

Visionner nos ressources vidéo sur **YouTube** et **Vimeo** (<http://www.youtube.com/user/healthnexusante>, <https://vimeo.com/user9493317>)

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