

# 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](#).*

**September 21, 2012**

*The next bulletin will be released October 5, 2012.*

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## I. NEWS & VIEWS

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### 1. How Early Social Deprivation Impairs Long-Term Cognitive Function

A growing body of research shows that children who suffer severe neglect and social isolation have cognitive and social impairments as adults. A study from Boston Children's Hospital shows, for the first time, how these functional impairments arise: Social isolation during early life prevents the cells that make up the brain's white matter from maturing and producing the right amount of myelin, the fatty "insulation" on nerve fibers that helps them transmit long-distance messages within the brain.

The study also identifies a molecular pathway that is involved in these abnormalities, showing it is disrupted by social isolation and suggesting it could potentially be targeted with drugs. Finally, the research indicates that the timing of social deprivation is an important factor in causing impairment. The findings are reported in the September 14th issue of the journal Science.

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<http://neurosciencenews.com/how-early-social-deprivation-impairs-long-term-cognitive-function-oligodendrocytes-myelin/>

### 2. 48 States, D.C., Puerto Rico Have Taken The Healthy Babies Challenge

48 states as well as the District of Columbia and Puerto Rico have pledged their support to give more babies a healthy start in life by reducing premature birth and infant mortality, the March of Dimes and the Association of State and Territorial Health Officials (ASTHO) announced on September 13, 2012.

<http://www.sacbee.com/2012/09/12/4815314/48-states-dc-puerto-rico-have.html#storylink=cpy>

### 3. Investing in child and maternal health has long-term dividends: Globe Editorial

Investing in the cognitive development of babies is an innovative way to fight poverty. Children, after all, are a country's best resource. And helping them reach their potential pays long-term dividends.

<http://www.theglobeandmail.com/commentary/editorials/investing-in-child-and-maternal-health-has-long-term-dividends/article4541181/>

### 4. Promoting vaccine benefits: public health officials call for a rethink of communication with parents

Public health officials must find better ways to communicate with parents about the risks and benefits of childhood vaccination, researchers and public health officials agree.

That task is particularly challenging in the absence of a national, or a provincial, vaccine surveillance registry because, to target messages effectively, accurate and timely information about vaccination rates and trends is critical.

Primary health practitioners can also play a key role by engaging parents in non-judgmental discussions about vaccination at key moments during the course of having children and early development.

The call for better information and better communication is prompted by the re-emergence of vaccine-preventable illnesses, such as whooping cough and measles, the outbreaks of which are associated with a drop in vaccination rates.

<http://healthydebate.ca/2012/09/topic/health-promotion-disease-prevention/promoting-vaccine-benefits-public-health-officials-call-for-a-rethink-of-communication-with-parents>

### 5. Pregnancy Safe for Most Heart Disease Patients

Women with heart disease are at greater risk than other women when going through a pregnancy, but most still have positive outcomes, a registry showed.

Compared with healthy pregnant women, those with structural or ischemic heart disease had higher rates of preterm birth (15% versus 8%), fetal death (1.7% versus 0.35%), and maternal mortality (1% versus 0.007%), but absolute rates remained relatively low, according to Jolien Roos-Hesselink, MD, of Erasmus Medical Center in Rotterdam, and colleagues.

The risks conferred by heart disease were magnified in women with cardiomyopathies and in those living in developing countries, the researchers reported online in the *European Heart Journal*.

However, they wrote, "most patients with adequate counseling and optimal care should not be discouraged and can go safely through pregnancy."

<http://www.medpagetoday.com/OBGYN/Pregnancy/34726>

### 6. Preventing unintentional injuries in Indigenous children and youth in Canada

Unintentional injuries are the leading cause of death in Canadian Indigenous children and youth, occurring at rates three to four times the national average. Death and disabling injuries not only devastate families and communities but take a heavy toll on health care resources. The lack of statistics, ongoing surveillance or injury prevention programs for Indigenous children and adolescents further compound human and health care costs. Indigenous communities are heterogeneous culturally, in terms

of access to resources, and even as to risks and patterns of injury. Yet in general, they are far more likely to be poor, to have substandard housing and to have difficulty accessing health care, factors which increase the risk and impact of injury. There are urgent needs for injury surveillance, research, capacity-building, knowledge dissemination, as well as for injury prevention programs that focus on Indigenous populations. Effective injury prevention would involve multidisciplinary, collaborative and sustainable approaches based on best practices while being culturally and linguistically specific and sensitive.

[https://s3.amazonaws.com/files.cps.ca/document/964/abridged\\_e.pdf?AWSAccessKeyId=AKIAIQDIKLPWFMPMSEAA&Expires=2145934800&Signature=4ptku6WJ55D5mAM8tVfDcUJmYaU%3D](https://s3.amazonaws.com/files.cps.ca/document/964/abridged_e.pdf?AWSAccessKeyId=AKIAIQDIKLPWFMPMSEAA&Expires=2145934800&Signature=4ptku6WJ55D5mAM8tVfDcUJmYaU%3D)

## 7. Council of Ministers of Education, Canada Statement on Play-Based Learning

At the recent World Conference on Early Childhood Care and Education, organizers, keynote speakers, scientists, experts, and political figures underscored the enormous benefits of early learning.<sup>1</sup>

CMEC agrees with this position and believes that purposeful playbased early learning sets the stage for future learning, health, and well-being. MEC Statement on Play-Based Learning

[http://www.cmec.ca/Publications/Lists/Publications/Attachments/282/play-based-learning\\_statement\\_EN.pdf](http://www.cmec.ca/Publications/Lists/Publications/Attachments/282/play-based-learning_statement_EN.pdf)

## 8. Canadian Census tracks 'new' families

The Sept. 19 report from Statistics Canada will reflect the extent to which "family" now carries almost as many definitions as there are people, with new figures expected on: couples without kids, blended families, "skip-generation" parenting, same-sex unions, 20-somethings who have re-turned to the nest, single parents, and just about every con-figuration in between.

"The complexity of house-holds is increasing. We're seeing, for example, a shift back to multiple-generation homes for social, economic and biologic-al reasons," says Nora Spinks, CEO of the Vanier Institute of the Family in Ottawa. "We anticipate that (the census data) will be very rich."

Spinks says the Vanier Institute plans to "drill into" the findings over the coming months, plumbing possible implications for policy-makers.

"(The stepfamily data) is certainly going to help when it comes to determining whether there are adequate support services in the community for blended families," says Spinks.

Demographer Evelyne Lapierre-Adamcyk says the Census numbers will affect all Canadians, as government and non-profits use them to shape programming and determine where funds are needed.

<http://www.ottawacitizen.com/life/Census+tracks+families/7251814/story.html#ixzz26kGY47we>

## 9. Teen Obesity Linked to Mom's Smoking in Pregnancy: Study

New research suggests how smoking during pregnancy may increase a child's risk of obesity during adolescence.

Children born to mothers who smoked while pregnant show structural changes in their brains, which make them more partial to fatty foods and prone to subsequent weight problems, the study found.

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_128921.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_128921.html)

## 10. Food Stamps: Fat Times For Food Companies, Recipients in \$72B Program

A record number of Americans—46.7 million, or nearly 1 in 7—now uses the food stamp program, according to the Department of Agriculture. The annual cost of SNAP (the Supplemental Nutrition Assistance Program, as the food stamp program is officially known) hit \$72 billion last year, up from \$30 billion four years earlier.

SNAP's swelling size and cost have earned it fresh scrutiny from critics, who say SNAP is making two different constituencies fat—big corporations and the poor—the first, figuratively; the second, literally. Many health advocates, concerned by Americans' increasing obesity, argue that food stamp purchases should be disallowed for items high in salt or fat or sugar—candy, say, or fatty meats, potato chips and soda. Mayor Michael Bloomberg of New York City, who has a particular antipathy to sweet drinks, has urged the Department of Agriculture to exclude sodas from food stamp eligibility.

<http://abcnews.go.com/Business/food-stamps-making-food-companies-fat/story?id=17166643#.UE9OyK515Xm>

## 11. Presidential Physical Fitness Test to Be Replaced After 2012-13

If you're like me, you remember having to endure the Presidential Physical Fitness Test back in the day, which tested students in curl-ups, pull-ups, a timed shuttle run, an endurance run/walk, and the sit-and-reach.

If you're like me, being faced with the prospect of 40 push-ups, 10 pull-ups, and a 6:30 mile run for a Presidential Physical Fitness Award as a 14-year-old was about as appealing as a daily trip to the principal's office. (Let's be honest: I'd be lucky to hit those benchmarks now, 10 years later.)

Starting next school year, the test will become a thing of the past. It's being replaced by the Presidential Youth Fitness Program (PYFP), a "health-related, criterion-based assessment" which resulted from a partnership between the President's Council on Fitness, Sports, and Nutrition, the Amateur Athletic Union, the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD), Cooper Institute, and the Centers for Disease Control and Prevention.

The departure from the test, part of the President's Challenge, signals a move away from measuring students' performance and puts more emphasis on assessing students' health, according to the PYFP's website. Well and Good

"To keep fitness in a positive mode, children's individual fitness scores will not be used as a criteria for grading in physical education class and will be confidential between the teacher, student, and parent," said Paul Roetert, chief executive officer of the AAHPERD, in a statement.

Under the new program, students' fitness will be measured using the Cooper Institute's FITNESSGRAM, which measures five areas of health-related fitness: aerobic capacity, body composition, flexibility, muscle strength, and muscular endurance. FITNESSGRAM's Healthy Fitness Zone standards "represent the minimal levels of fitness needed for good health based on the student's age and gender," according to the PYFP website.

The PYFP's website also includes a section devoted to professional development, which includes a free monthly webinar series on youth fitness and health. The first webinar in this series will take place on Tuesday, Sept. 25, at 1 p.m. Eastern, where the AAHPERD will walk through the basics of the new PYFP. "Through the new Presidential Youth Fitness Program, physical education teachers will have access to the necessary tools they need to help children develop healthy lifestyles that will optimize their health and educational experience beyond the school years," said the AAHPERD's Roetert in a statement.

While the PYFP won't be issuing Youth Fitness Test awards anymore, free PYFP school recognition certificates will be offered. Certificates, medals, and badges will also be available in an online store as rewards for students who participate in the program.

Nancy Brown, chief executive officer of the American Heart Association, threw her support behind the PYFP in a statement released today.

"This assessment will be a great way to evaluate the health impact of physical education programs in schools and allow for a standardized comparison of fitness levels of children across the country," she said. "The information collected can be used to inform course curriculum development, children's physical activity programming, and policy change."

It's been a good run, Physical Fitness Test. I'll always remember how few pull-ups I could do back in my earlier years, thanks to you.

[http://blogs.edweek.org/edweek/schooled\\_in\\_sports/2012/09/presidential\\_physical\\_fitness\\_test\\_to\\_b\\_e\\_replaced\\_after\\_2012-13\\_school\\_year.html](http://blogs.edweek.org/edweek/schooled_in_sports/2012/09/presidential_physical_fitness_test_to_b_e_replaced_after_2012-13_school_year.html)

## **12. Increased risk of prematurity and low birth weight in babies born after 3 or more abortions**

One of the largest studies to look at the effect of induced abortions on a subsequent first birth has found that women who have had three or more abortions have a higher risk of some adverse birth outcomes, such as delivering a baby prematurely and with a low birth weight.

[http://www.sciencecodex.com/increased\\_risk\\_of\\_prematurity\\_and\\_low\\_birth\\_weight\\_in\\_babies\\_born\\_after\\_3\\_or\\_more\\_abortions-97553](http://www.sciencecodex.com/increased_risk_of_prematurity_and_low_birth_weight_in_babies_born_after_3_or_more_abortions-97553)

## **13. Pregnancy in Lupus Poses Unique Challenges**

The risk of active disease in pregnant women with systemic lupus erythematosus far outweighs the risks of most medications.

Indeed, the risk of pregnancy loss doubles if lupus is active during pregnancy and jumps fourfold if the autoimmune disease is active in the 3 months before conception.

"My general rule is that the inflammation of active lupus is more dangerous to a pregnancy than medications," said Dr. Megan Clowse, director of the Duke University Autoimmunity in Pregnancy Registry in Durham, N.C. "We don't have a medication that will cause a 40% pregnancy loss. So I think it's important to continue medications within this population, although some drugs are certainly better than others."

<http://www.obgynnews.com/news/top-news/single-article/pregnancy-in-lupus-poses-unique-challenges/c4ff95d4f99923f05731e7c40c76a6ea.html>

## **14. Almost a third of kids are overweight, with prevalence higher for boys: study**

Almost a third of Canadian children are either overweight or obese, says a report from Statistics Canada that bases its figures on the World Health Organization method of determining ideal weights for youth around the globe.

Using data from the 2009-2011 Canadian Health Measures Survey, Thursday's report suggested 31.5 per cent of those aged five to 17 — an estimated 1.6 million young Canadians — are overweight or obese.

The proportion was slightly higher among younger youth. Almost 33 per cent of five- to 11-year-olds were overweight or obese, compared to 30 per cent of those 12 to 17.

The percentage of kids who were overweight — but not obese — was similar across age groups.

But when it came to those deemed obese, more boys than girls fit the WHO definition, with 15.1 per cent of boys being obese compared to eight per cent of girls.

<http://www.canada.com/health/Almost+third+kids+overweight+with+prevalence+higher+boys+study/7271901/story.html>

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## II. RECENT REPORTS AND RESEARCH

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*\*indicates journal subscription required for full access*

### 15. Separate care for new mother and infant versus rooming-in for increasing the duration of breastfeeding

Jaafar SH, Lee KS, Ho JJ.

#### **Background**

Separate care for a new mother and infant may affect the duration of breastfeeding, breastfeeding behaviour and may have an adverse effect on neonatal and maternal outcomes.

#### **Objectives**

To assess the effect of mother-infant separation versus rooming-in on the duration of breastfeeding (exclusive and total duration of breastfeeding).

#### **Search methods**

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 June 2012).

#### **Selection criteria**

Randomised or quasi-randomised controlled trials (RCTs) investigating the effect of separate mother-infant care versus rooming-in after hospital birth or at home on the duration of breastfeeding, proportion of breastfeeding at six months and adverse neonatal and maternal outcomes.

#### **Data collection and analysis**

Two review authors independently assessed the studies for inclusion and assessed trial quality. Two review authors extracted data. Data were checked for accuracy.

#### **Main results**

There were 23 reports from 19 potential trials identified. After assessment, one trial (involving 176 women) met our inclusion criteria.

One trial reported an overall median duration of any breastfeeding of four months. Exclusive breastfeeding before discharge from hospital (at day four postpartum) was significantly lower in the separate care group compared with the rooming-in group (risk ratio (RR) 0.58; 95% CI 0.42 to 0.81; one trial, 141 women).

#### **Authors' conclusions**

We found little evidence to support or refute the practice of mother-infant separation versus rooming-in. Therefore, we see no reason to practise it. We recommend a well designed RCT to investigate full mother-infant rooming-in versus partial rooming-in or separate care on all of the primary and secondary outcomes suggested.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006641.pub2/pdf/abstract>

Cochrane Database of Systematic Reviews 2012, Issue 9.Art.No.:CD006641.DOI:  
10.1002/14651858.CD006641.pub2

## 16. A Critical Period for Social Experience–Dependent Oligodendrocyte Maturation and Myelination

Manabu Makinodan, Kenneth M. Rosen, Susumu Ito, Gabriel Corfas

*Science*, Vol. 337 No. 6090, 14 September 2012.

Early social isolation results in adult behavioral and cognitive dysfunction that correlates with white matter alterations. However, how social deprivation influences myelination and the significance of these myelin defects in the adult remained undefined. We show that mice isolated for 2 weeks immediately after weaning have alterations in prefrontal cortex function and myelination that do not recover with reintroduction into a social environment. These alterations, which occur only during this critical period, are phenocopied by loss of oligodendrocyte ErbB3 receptors, and social isolation leads to reduced expression of the ErbB3 ligand neuregulin-1. These findings indicate that social experience regulates prefrontal cortex myelination through neuregulin-1/ErbB3 signaling and that this is essential for normal cognitive function, thus providing a cellular and molecular context to understand the consequences of social isolation.

<http://www.sciencemag.org/content/337/6100/1357>

## 17. Outcome of pregnancy in patients with structural or ischaemic heart disease: Results of a registry of the European Society of Cardiology \*

Roos-Hesselink JW, Ruys TPE, Stein JI, et al

### Aims

To describe the outcome of pregnancy in patients with structural or ischaemic heart disease.

### Methods and results

In 2007, the European Registry on Pregnancy and Heart disease was initiated by the European Society of Cardiology. Consecutive patients with valvular heart disease, congenital heart disease, ischaemic heart disease (IHD), or cardiomyopathy (CMP) presenting with pregnancy were enrolled. Data for the normal population were derived from the literature. Sixty hospitals in 28 countries enrolled 1321 pregnant women between 2007 and 2011. Median maternal age was 30 years (range 16–53). Most patients were in NYHA class I (72%). Congenital heart disease (66%) was most prevalent, followed by valvular heart disease 25%, CMP 7%, and IHD in 2%. Maternal death occurred in 1%, compared with 0.007% in the normal population. Highest maternal mortality was found in patients with CMP. During pregnancy, 338 patients (26%) were hospitalized, 133 for heart failure. Caesarean section was performed in 41%. Foetal mortality occurred in 1.7% and neonatal mortality in 0.6%, both higher than in the normal population. Median duration of pregnancy was 38 weeks (range 24–42) and median birth weight 3010 g (range 300–4850). In centres of developing countries, maternal and foetal mortality was higher than in centres of developed countries (3.9 vs. 0.6%,  $P < 0.001$  and 6.5 vs. 0.9%  $P < 0.001$ )

**Conclusion**

The vast majority of patients can go safely through pregnancy and delivery as long as adequate pre-pregnancy evaluation and specialized high-quality care during pregnancy and delivery are available. Pregnancy outcomes were markedly worse in patients with CMP and in developing countries.

*European Heart Journal* 2012; DOI:10.1093

<http://eurheartj.oxfordjournals.org>.

**18. More Pregnant Women on Blood Pressure Drugs: Study**

Growing numbers of pregnant women are on medicines to treat high blood pressure, new research indicates.

"The reasons for the increase are not entirely clear," said study author Dr. Brian Bateman, an assistant professor of anesthesia at Harvard Medical School.

While it's important to manage high blood pressure during pregnancy, certain drugs are preferred due to their safety profile. In the study, Bateman found that many women were not on those drugs.

"We need to do more research to figure out which medicines are the best for insuring a good pregnancy outcome for both mother and baby," he said.

The findings are published in the October issue of *Hypertension*.

Bateman and his colleagues examined Medicaid claims from 2000 to 2007, looking for the records of women who had completed pregnancies. Of the more than 1 million women, nearly 48,500 (4.4 percent) took blood pressure medicines during pregnancy. From the start of the study to the end, the proportion of women taking the drugs increased from 3.5 percent to 4.9 percent.

Some were on the medicines before getting pregnant, Bateman said. Others developed high blood pressure during pregnancy and were then put on the drugs.

The range of blood pressure medicines varied greatly, Bateman found. Often, women were on medicines other than methyldopa (Aldomet) or labetalol (Normodyne, Trandate), two drugs that are typically recommended during pregnancies.

Other medicines, including ACE inhibitors, should not be used during pregnancy, according to the American Congress of Obstetricians and Gynecologists, due to possible hazards to the developing fetus. For all of the blood pressure medicines, 1.9 percent of the woman took them during the first trimester, 1.7 percent during the second trimester and 3.2 percent during the third trimester. For ACE inhibitors, 4.9 percent of those women took these during the second trimester and 1.1 percent in the third trimester.

Bateman found that women on blood pressure medicines tended to be older than those not on the drugs. They were more likely to be white or black compared to other ethnicities. They were more likely than nonusers to have diabetes and kidney disease.

While Bateman's study didn't look at why the number of women taking blood pressure drugs is on the rise, he speculated that the obesity epidemic and women delaying childbirth until they are older (and at more risk of getting high blood pressure) may explain the increase.

Older maternal age may indeed explain much of the increase, according to Dr. Suzanne Steinbaum, director of women and heart disease at the Heart and Vascular Institute of Lenox Hill Hospital, in New York City.

"When I look at my [pregnant] patients, they are not obese, just a little older," she said. "We are looking at a different group of women than what once was -- women who are older and maybe sicker and having babies."

High blood pressure in pregnancy definitely needs to be treated, Steinbaum said. However, some of the medications are dangerous to the baby. Methyldopa and labetalol are viewed as safest, Steinbaum agreed. "There's a safety record [with those]," she said.

Her advice? "If you are thinking of getting pregnant and you have high blood pressure and you take medication, talk to your doctor. You might be on a medicine that is not safe [during pregnancy]."

"I think this has been little studied," she said of the safety of blood pressure drugs during pregnancy. The U.S. National Institutes of Health and the Agency for Healthcare Research and Quality funded the research.

#### **More information**

To learn more about high blood pressure in pregnancy, visit the [U.S. National Heart, Lung, and Blood Institute](http://www.nhlbi.nih.gov). 

(SOURCES: Brian Bateman, M.D., assistant professor, anesthesia, Harvard Medical School, Boston; Suzanne Steinbaum, D.O., spokeswoman, American Heart Association's Go Red for Women campaign, and attending cardiologist and director, women and heart disease, Heart and Vascular Institute, Lenox Hill Hospital, New York City; October 2012 *Hypertension* )

<http://womenshealth.gov/news/headlines/668428.cfm>

## **19 Gestational Exposure to Urban Air Pollution Related to a Decrease in Cord Blood Vitamin D Levels**

[Nour Baiz](#), et al.

EDEN Mother-Child Cohort Study Group

#### **Abstract**

##### **Context**

Vitamin D deficiency has been implicated in the increased risk of several diseases. Exposure to air pollution has been suggested as a contributor to vitamin D deficiency. However, studies that have examined the effects of air pollution on vitamin D status are few and have never focused on prenatal life as an exposure window.

##### **Objective**

Our aim was to investigate the associations between gestational exposure to urban air pollutants and 25-hydroxyvitamin D [25(OH)D] cord blood serum level in 375 mother-child pairs of the EDEN birth cohort.

##### **Design**

The Atmospheric Dispersion Modelling System (ADMS-Urban) pollution model, a validated dispersion model combining data on traffic conditions, topography, meteorology, and background pollution, was used to assess the concentrations of two major urban pollutants, particulate matter less than 10  $\mu\text{m}$  in diameter ( $\text{PM}_{10}$ ) and nitrogen dioxide ( $\text{NO}_2$ ), at the mother's home address during pregnancy. Cord blood samples were collected at birth and were analyzed for levels of 25(OH)D.

##### **Results**

Maternal exposure to ambient urban levels of  $\text{NO}_2$  and  $\text{PM}_{10}$  during the whole pregnancy was a strong predictor of low vitamin D status in newborns. After adjustment, log-transformed 25(OH)D decreased by 0.15 U ( $P = 0.05$ ) and 0.41 U ( $P = 0.04$ ) for a 10- $\mu\text{g}/\text{m}^3$  increase in  $\text{NO}_2$  and  $\text{PM}_{10}$  pregnancy levels,

respectively. The association was strongest for third-trimester exposures ( $P = 0.0003$  and  $P = 0.004$  for  $\text{NO}_2$  and  $\text{PM}_{10}$ , respectively).

#### Conclusion

Gestational exposure to ambient urban air pollution, especially during late pregnancy, may contribute to lower vitamin D levels in offspring. This could affect the child's risk of developing diseases later in life.

<http://jcem.endojournals.org/content/early/2012/08/17/jc.2012-1943.abstract?sid=4d146bf3-e63a-4b48-8930-c68ed6022745>

## 20. Effect of a collaborative interdisciplinary maternity care program on perinatal outcomes

[Susan J. Harris](#), et al

#### Abstract

**Background:** The number of physicians providing maternity care in Canada is decreasing, and the rate of cesarean delivery is increasing. We evaluated the effect on perinatal outcomes of an interdisciplinary program designed to promote physiologic birth and encourage active involvement of women and their families in maternity care.

**Methods:** We conducted a retrospective cohort study involving 1238 women who attended the South Community Birth Program in Vancouver, Canada, from April 2004 to October 2010. The program offers comprehensive, collaborative, interdisciplinary care from family physicians, midwives, community health nurses and doulas to a multiethnic, low-income population. A comparison group, matched for neighbourhood of residence, maternal age, parity and gestational age at delivery, comprised 1238 women receiving standard care in community-based family physician, obstetrician and midwife practices. The primary outcome was the proportion of women who underwent cesarean delivery.

**Results:** Compared with women receiving standard care, those in the birth program were more likely to be delivered by a midwife (41.9% v. 7.4%,  $p < 0.001$ ) instead of an obstetrician (35.5% v. 69.6%,  $p < 0.001$ ). The program participants were less likely than the matched controls to undergo cesarean delivery (relative risk [RR] 0.76, 95% confidence interval [CI] 0.68–0.84) and, among those with a previous cesarean delivery, more likely to plan a vaginal birth (RR 3.22, 95% CI 2.25–4.62). Length of stay in hospital was shorter in the program group for both the mothers (mean  $\pm$  standard deviation 50.6  $\pm$  47.1 v. 72.7  $\pm$  66.7 h,  $p < 0.001$ ) and the newborns (47.5  $\pm$  92.6 v. 70.6  $\pm$  126.7 h,  $p < 0.001$ ). Women in the birth program were more likely than the matched controls to be breast-feeding exclusively at discharge (RR 2.10, 95% CI 1.85–2.39).

**Interpretation:** Women attending a collaborative program of interdisciplinary maternity care were less likely to have a cesarean delivery, had shorter hospital stays on average and were more likely to breast-feed exclusively than women receiving standard care.

<http://www.cmaj.ca/content/early/2012/09/10/cmaj.111753.abstract>

## 21. Associations Between Physical Activity and Overweight Among U.S. Youth by Immigrant Generation: Results From the 2007 National Survey of Children's Health \*

JPAH Volume 9, Issue 6, August  
2012, 9, 840 – 848

### Background

This study examines relations between parent and youth physical activity (PA; days per week), sports participation, and overweight (BMI  $\geq$  85th percentile) among U.S. youth, and whether this relationship varies by immigrant generation and sex.

### Methods

Participants included 28,691 youth ages 10–17 years from the 2007 National Survey of Children's Health. Youth were grouped into first, second, and third or higher generation. Primary analyses include Chi-square and post hoc tests to assess mean differences, and adjusted logistic regressions to test associations between weight status and independent variables.

### Results

Each additional day youth participated in PA decreased their odds of overweight (OW) by 10% [OR: 0.90 (0.87–0.94)]; participation in sports significantly reduced their odds of OW by 17% [OR: 0.83 (0.71–0.98)]. First generation boys who participated in sports had 70% lower odds of OW [OR: 0.30 (0.11–0.83)] compared with first generation boys who did not participate in sports. For third generation girls, participation in sports reduced the odds of OW by 23% [OR: 0.77 (0.62–0.96)] compared with those who did not participate in sports.

### Conclusion

The protective influence of PA on youth's risk of OW varies by immigrant generation and sex. Parent PA was not related to youth's risk of OW.

[http://www.unicef.org/videoaudio/PDFs/APR\\_Progress\\_Report\\_2012\\_final.pdf](http://www.unicef.org/videoaudio/PDFs/APR_Progress_Report_2012_final.pdf)

## 22. Committing to Child Survival: A Promise Renewed

The number of children under the age of 5 dying globally has dropped from nearly 12 million in 1990 to an estimated 6.9 million in 2011.

[http://www.unicef.org/infobycountry/usa\\_65829.html](http://www.unicef.org/infobycountry/usa_65829.html)

## 23. Socioeconomic status and the brain: mechanistic insights from human and animal research

Nature Reviews. Vol. 11., 651-659.

© Nature Publishing Group: doi:10.1038/nrn2897

### Abstract

Human brain development occurs within a socioeconomic context and childhood socioeconomic status (SES) influences neural development — particularly of the systems that subserve language and executive function. Research in humans and in animal models has implicated prenatal factors, parent–child interactions and cognitive stimulation in the home environment in the effects of SES on neural development. These findings provide a unique opportunity for understanding how environmental factors can lead to individual differences in brain development, and for improving the programmes and policies that are designed to alleviate SES-related disparities in mental health and academic achievement.

<http://tinyurl.com/9gx7zh2>

## 24. Family Functioning and Early Learning Practices in Immigrant Homes\*

Sunyoung Jung, Bruce Fuller, Claudia Galindo

Child Development, Volume 83, Issue 5, pages 1510–1526, September/October 2012

Poverty-related developmental-risk theories dominate accounts of uneven levels of household functioning and effects on children. But immigrant parents may sustain norms and practices—stemming from heritage culture, selective migration, and social support—that buffer economic exigencies. Comparable levels of social-emotional functioning in homes of foreign-born Latino mothers were observed relative to native-born Whites, despite sharp social-class disparities, but learning activities were much weaker, drawing on a national sample of mothers with children aging from 9 to 48 months ( $n = 5,300$ ). Asian-heritage mothers reported weaker social functioning—greater marital conflict and depression—yet stronger learning practices. Mothers' migration history, ethnicity, and social support helped to explain levels of functioning, after taking into account multiple indicators of class and poverty. <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2012.01788.x/abstract>

## 25. Self-Reported Energy Intake by Age in Overweight and Healthy-Weight Children in NHANES, 2001–2008\*

### Abstract

The relationship between energy intake and obesity in children has yielded inconsistent results. Efforts to improve dietary intake as a means of improving weight status have largely yielded disappointing results.

Self-reported energy intake for younger, but not older, overweight/obese children is higher than healthy-weight peers. In early childhood, higher (or excessive) energy intake may lead to onset of obesity, but other mechanisms may be important to maintain obesity through adolescence.

<http://pediatrics.aappublications.org/content/early/2012/09/04/peds.2012-0605d.abstract?papetoc>

## 26. Association Between Urinary Bisphenol A Concentration and Obesity Prevalence in Children and Adolescents

### Context

Bisphenol A (BPA), a manufactured chemical, is found in canned food, polycarbonate-bottled liquids, and other consumer products. In adults, elevated urinary BPA concentrations are associated with obesity and incident coronary artery disease. BPA exposure is plausibly linked to childhood obesity, but evidence is lacking to date.

### Objective

To examine associations between urinary BPA concentration and body mass outcomes in children.

### Design, Setting, and Participants

Cross-sectional analysis of a nationally representative subsample of 2838 participants aged 6 through 19 years randomly selected for measurement of urinary BPA concentration in the 2003-2008 National Health and Nutrition Examination Surveys.

### Main Outcome Measures

Body mass index (BMI), converted to sex- and age-standardized z scores and used to classify participants as overweight (BMI  $\geq$ 85th percentile for age/sex) or obese (BMI  $\geq$ 95th percentile).

### Results

Median urinary BPA concentration was 2.8 ng/mL (interquartile range, 1.5-5.6). Of the participants, 1047 (34.1% [SE, 1.5%]) were overweight and 590 (17.8% [SE, 1.3%]) were obese. Controlling for race/ethnicity, age, caregiver education, poverty to income ratio, sex, serum cotinine level, caloric intake, television watching, and urinary creatinine level, children in the lowest urinary BPA quartile had a lower estimated prevalence of obesity (10.3% [95% CI, 7.5%-13.1%]) than those in quartiles 2 (20.1% [95% CI, 14.5%-25.6%]), 3 (19.0% [95% CI, 13.7%-24.2%]), and 4 (22.3% [95% CI, 16.6%-27.9%]). Similar patterns of association were found in multivariable analyses examining the association between quartiled urinary BPA concentration and BMI z score and in analyses that examined the logarithm of urinary BPA concentration and the prevalence of obesity. Obesity was not associated with exposure to other environmental phenols commonly used in other consumer products, such as sunscreens and soaps. In stratified analysis, significant associations between urinary BPA concentrations and obesity were found among whites ( $P < .001$ ) but not among blacks or Hispanics.

### Conclusions

Urinary BPA concentration was significantly associated with obesity in this cross-sectional study of children and adolescents. Explanations of the association cannot rule out the possibility that obese children ingest food with higher BPA content or have greater adipose stores of BPA.

<http://jama.jamanetwork.com/article.aspx?articleid=1360865>

## 27. A Review of Evidence-Based Approaches for Reduction of Alcohol Consumption in Native Women Who Are Pregnant or of Reproductive Age

### Background:

Fetal alcohol spectrum disorders (FASDs) are the leading preventable cause of developmental disabilities in the United States and likely throughout the world. FASDs can be prevented by avoiding alcohol use during pregnancy; however, efforts to prevent risky alcohol consumption in women of childbearing potential have not been universally successful.

### Objectives:

Data suggest that successful interventions may require tailoring methods to meet the needs of specific populations and cultures. Key findings of interventions previously tested among American Indian and Alaskan Native (AI/AN) women who are or may become pregnant, data gaps, and promising ongoing interventions are reviewed.

### Methods:

A systematic review of the current literature on empirically based interventions among AI/AN women was conducted. Selected alternative approaches currently being tested in AI/AN settings are also described. *Results:* Similar to findings among other populations of women in the United States, a number of interventions have been implemented; however, only a small number have measured results. Approaches have included standard interventions involving hospitalization, inpatient, or outpatient care; wellness education; traditional approaches; and case management for high-risk women. An ongoing Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol comparing the effectiveness of a web-based culturally adapted tool, or a peer health educator model to standard clinical practice is described.

### Conclusion:

Translation of successful interventions from other settings to AI/AN populations holds promise. *Scientific Significance:* FASDs represent a significant health issue with high personal and societal costs. Improvement of interventions to prevent prenatal alcohol consumption in specific populations, including AI/AN women, is a critical public health need.

Read More: <http://informahealthcare.com/doi/abs/10.3109/00952990.2012.694521>

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## III. CURRENT INITIATIVES

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### 28. Presidential Youth Fitness Program

The Presidential Youth Fitness Program is a voluntary program that includes an assessment, professional development, and motivational recognition to empower students to adopt and maintain an active lifestyle. The rollout of the Presidential Youth Fitness Program signals a move from measuring performance using the President's Challenge Youth Fitness Test to assessing health using [FITNESSGRAM](http://www.presidentialyouthfitnessprogram.org/)® <http://www.presidentialyouthfitnessprogram.org/>

### 29. Participants Needed For Research on Immigration And Disability

We are looking for volunteers to take part in a study of the experiences of **Iranian immigrant mothers** in accessing services for their **children with disabilities** in Toronto, Ontario, Canada. As a participant in this study, you would be asked to: Participate in a one-on-one interview and/or a focus group.

Your participation would involve one or two sessions that will last approximately 1-2 hours each. In appreciation for your time, you will receive a digital camera valued at 70\$.

For more information about this study, or to participate in this study, please contact:

Yasaman Jalali-Kushki, PhD Student

Department of Educational and Counselling Psychology

McGill University, 416-837-6731

Email: [yasaman.jalali-kushki@mail.mcgill.ca](mailto:yasaman.jalali-kushki@mail.mcgill.ca)

Student of Dr. Tara Flanagan

Email: [tara.flanagan@mcgill.ca](mailto:tara.flanagan@mcgill.ca)

### 30. Accelerating Public Health Systems Research in Ontario: Building an Agenda

You are being invited to participate in a study conducted by Dr. Anita Kothari and Dr. Sandra Regan. Briefly, the study involves surveying individuals and organizations with an interest or expertise in public health to identify public health research priorities. Your perspective on these public health research priorities will contribute to development of an Ontario Public Health Systems Research Agenda. The survey will take less than 10 minutes to complete. Please forward this email to individuals in your organization with an interest or expertise in public health.

If you would like to participate in this study, please click on the link below to access the letter of information and survey link. The deadline for completing the survey is October 1st, 2012.

<http://www.surveymonkey.com/s/PHSRAgenda>

If you have any questions or require additional information regarding this study or survey, please telephone Sandra Regan at (519) 661-2111 ext. 86574 or email [sregan4@uwo.ca](mailto:sregan4@uwo.ca).

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## IV. UPCOMING EVENTS

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### 31. IT'S A DAD'S LIFE: Engaging Men on Their Journey as Fathers

Monday November 5, 2012, 9 am to 4 pm (EST)  
The Hospital for Sick Children, 555 University Ave., Toronto, ON  
1st Floor, Daniels Hollywood Theatre  
Or via teleconference

With Brian Russell, Provincial Coordinator, Dad Central Ontario

The place of fathers in the world of parenting is changing dramatically. In marketing, media and malls we see men engaging their children in new ways. But as family service agencies are we able to keep pace with this growing reality? And most importantly, are we reaching the fathers that need the most support?

This full-day workshop offers participants:

- an overview of the experience of a dad today
- some ideas of things that influence a dad's involvement with his family
- a glimpse into specific situations:
  - fathers involved with child welfare
  - Aboriginal fathers
  - fathers and mental health of families
  - young fathers
- what research is showing about how men bond with children
- the impact on families when fathers are involved and uninvolved
- an assessment of present practice with families vis a vis engaging fathers
- best practice strategies
- resources to use to engage fathers

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

### 32. Motivational Interviewing for Health Practitioners

Nov 15th/2012  
Hilton Garden Inn Toronto/Vaughan  
Facilitators: Dr Don Morrow and Dr Jennifer Irwin  
For more information and to register go to: <http://www.eventbrite.com/event/4184333454>

### 33. Resiliency skills training program for Professionals

November 5-9, 2012

Toronto, Ontario

(RIRO Trainer “intensive”)

Reaching IN...Reaching OUT (RIRO) is an evidence-based resiliency skills training program for PROFESSIONALS who work with young children and their families.

RIRO skills training *helps adults help young children* develop a resilient approach to handling life’s inevitable stresses and challenges. The training also helps professionals cope more effectively with work and life stresses and provides a framework to enhance their reflective practice.

Bounce Back & Thrive! (BBT), a NEW resiliency skills training program for PARENTS of children under 8 years is now available.

Authorized RIRO trainers who have a strong background in facilitating parent groups and whose organizations offer parent education are eligible to apply to become BBT trainers to deliver the training to parents in their communities.

**Registration forms and details about the RIRO trainer’s intensive and both skills training programs are available at:** [www.reachinginreachingout.com/becometrainer.htm](http://www.reachinginreachingout.com/becometrainer.htm)

### 34. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

**Save The Date!**

**February 6-8, 2013**

Hilton Markham Suites & Conference Centre

Full Program details will be updated on the conference website over the next month. Registration will begin in early October.

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 LBGTTQQ2S 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](http://www.beststart.org/index_eng.html)

### 35. SAVE THE DATE: 3rd Annual Anishinabek G7 FASD ~ STANDING STRONG Conference

November 27, 28 & 29<sup>th</sup>, 2012

Holiday Inn (on Regent Street) in Sudbury, Ontario

**Early Bird Registration fee:** \$199 until October 12<sup>th</sup>.

**Regular Registration:** \$275 (after October 12<sup>th</sup>)

**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](http://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. 18<sup>th</sup>, 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-Shabogesis

FASD Program Coordinator, Union of Ontario Indians

Toll free: 1-877-702-5200

Tel (705) 497-9127 ext. 2296

[mc1lau@anishinabek.ca](mailto:mc1lau@anishinabek.ca)

### **36. Royal Society of Canada Annual Symposium: The New Science Of Child Development**

Friday, November 16, 2012, 8:00am – 4:00pm

Room 102 – Ottawa Convention Centre

55 Colonel By Drive, Ottawa, Ontario K1N 9J2

General Public: \$110, RSC Fellows: \$100, Students: \$50

The Royal Society of Canada (RSC) invites you to our Annual Symposium, The New Science of Child Development presented by the Canadian Institute for Advanced Research (CIFAR).

Our Symposium on early childhood development will explore in depth the multi-faceted factors that shape the health, education, and psychological well-being of our children. Tom Boyce, as well as eight multidisciplinary experts will document different facets of this new knowledge, examine how it helps us understand the role of early environment in development, and discuss the extent to which it can be harnessed to guide current and new programs and policy in Canada. Please join this very important discussion on how we can improve the development and quality of life of our future generations.

This event is open to the public.

For more information, or to register, please visit:

[http://www.rsc-src.ca/symp\\_home.php](http://www.rsc-src.ca/symp_home.php)

### **37. Mainprio C workshop with Dr. Jean Clinton**

Wednesday October 17<sup>th</sup> 2012 from 8:30 am to 4:45 pm  
**Holiday Inn Conference Centre 30 Fairway Rd. S., Kitchener, 1<sup>st</sup> Floor**  
**Full day Accredited Program for 6 Mainpro C Credits or ½ day for 3 credits**

Topics:

The keynote speaker will be Dr. Jean Clinton on Maternal-child Attachment

The morning sessions include the 18 Month Well Child Exam or the Prenatal Nutrition, Breastfeeding and Feeding the Infant and Toddler

The afternoon sessions include Fetal Alcohol Spectrum Disorder or Antenatal and Postpartum Mood Disorders

Registration full day \$150.00 or half day \$80.00 workshop.

[http://chd.region.waterloo.on.ca/en/partnersProfessionals/resources/MAINPRO\\_C\\_WORKSHOP.pdf](http://chd.region.waterloo.on.ca/en/partnersProfessionals/resources/MAINPRO_C_WORKSHOP.pdf)

### 38. La Leche League Canada Health Professional Seminars

La Leche League Canada Health Professional Seminars for Fall 2012 features Linda J. Smith, MPH, IBCLC, FACCE, FILCA

Linda J. Smith is a lactation consultant, childbirth educator, author, and internationally-known consultant on breastfeeding and birthing issues. She is the author of *Impact of Birthing Practices on Breastfeeding*, *Comprehensive Lactation Consultant Exam Review* and *Coach's Notebook: Games and Strategies for Lactation Education*. Visit Linda's website at <http://www.bflrc.com/index.htm> for more information about Linda's work.

The fall series is entitled **From Birth to Co-sleeping: How Choices Affect Breastfeeding** and will be presented in:

**St. Catharines, ON on Monday October 15 at Brock University**

**Ajax/Whitby, ON on Wednesday October 17 at McLean Community Centre**

**Edmonton, Alberta on Friday October 19 at Providence Renewal Centre**

The Seminar topics include:

Impact of Birthing Practices on Breastfeeding

Fostering the New Normal: Breastfeeding for Two years and Beyond

The Co-Sleeping Controversy: Reducing SIDS deaths and Increasing Breastfeeding are Compatible Goals

Teaching or Preaching? Reframing the "Breast is Best" Message in Light of New Research

**CERPs Allocated by IBLCE 5.35L**

Register on-line at <http://www.lllc.ca/health-professional-seminars>; early bird rate (before September 28, 2012): \$160. After September 28th, registration fee will be \$175.

For more information please email [events@lllc.ca](mailto:events@lllc.ca).

### 39. Panel discussion Where's Mental Health in Chronic Disease Prevention?

Tuesday, October 30, 2012 // 1pm-3pm

Admission to the panel discussions, both in-person and virtually, is free of charge.

New this year, the Ontario Chronic Disease Prevention Alliance (OCDPA) is launching a panel discussion series in order to facilitate discussion on key topics related to chronic disease prevention in Ontario. These panel discussions are being hosted in partnership with OCDPA organizations.

<http://www.ocdpa.on.ca/>

#### **40. 2012 Alberta FASD Conference: Creating Connections, Building Relationships, Growing Communities**

Delta Edmonton South Hotel and Conference Centre

October 22-23, 2012

Registration Fee: \$200.00

We invite you to join us in this important multidisciplinary conference focused on Fetal Alcohol Spectrum Disorder (FASD) and its impact on individuals, families, communities and society at large. This year's conference will have a special focus on creating connections, building relationships, and growing communities. Keynote speakers Dr. Patch Adams, Dr. Samantha Nutt, and Dr. Michael Ungar will each bring a unique perspective on how we can work better together at a family, community and global level to help those in need. The conference will also feature over 30 breakout sessions on the latest practices in FASD prevention, assessment and support.

Please visit [www.fasd-cmc.alberta.ca](http://www.fasd-cmc.alberta.ca) for more information and a link to online registration. For additional information or any questions, please contact Amanda Amyotte at 780-422-6494 or [amanda.amyotte@gov.ab.ca](mailto:amanda.amyotte@gov.ab.ca)

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## **V. RESOURCES**

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#### **41. Reproductive Health Access Project-Downloadable Fact Sheets**

The Reproductive Health Access Project (RHAP) seeks to ensure that women and teens at every socioeconomic level can readily obtain birth control and abortion from their own primary care clinician. Through training, advocacy and mentoring programs, RHAP helps family physicians and other clinicians make birth control and abortion a part of routine medical care

[http://www.reproductiveaccess.org/fact\\_sheets/switching\\_bc.htm](http://www.reproductiveaccess.org/fact_sheets/switching_bc.htm)

#### **42. Opportunities for Business to Improve Women's and Children's Health - A short guide for companies**

**Author(s)/Publisher(s):**

The Innovation Working Group (IWG) in support of Every Woman Every Child Initiative

Norwegian Agency for Development Cooperation (NORAD) and  
The Partnership for Maternal, Newborn & Child Health (PMNCH)

**Publication date:** 2012

**Number of pages:** 44

**Language:** English

This document highlights a broad range of specific and practical opportunities for improving the health of women and children while also generating value for private enterprise. We call this “shared value”. It provides information about the health needs of women and children in developing and emerging economies to help companies from various business sectors, including pharmaceutical, medical devices, ICT, media and financial identify investment opportunities – through their core business, philanthropy, employees as well as public policy and advocacy. It identifies areas where they can have the greatest impact providing access to innovative technologies, products and services. Private Enterprise for Public Health aspires to catalyze a “collective approach” to creating transformative partnerships to help save the lives of 16 million women and children. These partnerships need to be sustainable and scalable and include a broad range of public and private stakeholders to make lasting progress.

This guide originated in collaboration with the Innovation Working Group (IWG) in support of Every Woman Every Child (EWEC). The Partnership for Maternal, Newborn & Child Health (PMNCH), which hosts the secretariat of IWG, developed this guide with Global Development and FSG social impact consultants through extensive consultations with over 80 stakeholders from more than 40 international companies, governments, UN agencies, NGOs, foundations, academia and health professionals, including meeting at the 2012 World Economic Forum in Davos. The guide was developed in collaboration with the World Health Organization (WHO), the United Nations Foundation (UNF), and was supported by the Norwegian Agency for Development Cooperation (Norad)

[http://www.who.int/pmnch/topics/part\\_publications/20120628\\_private\\_enterprise\\_guide/en/index.html](http://www.who.int/pmnch/topics/part_publications/20120628_private_enterprise_guide/en/index.html)

### **43. Fetal Alcohol Spectrum Disorder Community of Practice**

This community is a group of people who want to learn and connect with others in relation to FASD. It was a recommended place to network, share ideas, post videos, post notices of conferences and anything else participants would like to share with members of the FASD community. Members are encouraged you to discover, collaborate, and network within this supportive environment.

<http://www.fasdcommunity.ca/join>

### **44. National Collaborating Centres (NCCs) for Public Health E-Bulletin September 2012**

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.

[http://www.nccph.ca/155/NCC\\_E-Bulletin\\_September\\_2012.ccnsp](http://www.nccph.ca/155/NCC_E-Bulletin_September_2012.ccnsp)

#### **45. 2011 Census of Population: Families, households, marital status, structural type of dwelling, collectives**

Families and living arrangements of Canadians underwent further change and diversification during the past five years, according to data from the 2011 Census of Population. A more detailed analysis is available in the report, *“Portrait of Families and Living Arrangements in Canada”*.

Census data show that married couples declined as a proportion of all census families between 2006 and 2011. Nevertheless, they still formed the predominant family structure in Canada, accounting for two-thirds of all families.

In contrast, the proportion of common-law couples and lone-parent families both increased. For the first time, common-law couples outnumbered lone-parent families in 2011.

The number of same-sex married couples nearly tripled between 2006 and 2011, reflecting the first full five-year period for which same-sex marriage has been legal across the country.

The 2011 Census of Population counted stepfamilies for the first time. They represented about one in eight couple families with children.

Census data also show the evolving living arrangements of children within Canadian families. About two-thirds of children aged 14 and under lived with married parents in 2011, while an increasing share lived with common-law parents.

For the first time, the census counted the number of children in stepfamilies and foster children. Data showed 1 out of every 10 children aged 14 and under in private households lived in a stepfamily in 2011.

Foster children aged 14 and under represented 0.5% of children in this age group in private households.

<http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011001-eng.cfm>

#### **46. Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months**

*A joint statement of Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada.*

This statement provides health professionals with evidence-informed principles and recommendations for infant nutrition from birth to six months of age.

The Joint Working Group encourages health professionals to use this statement to develop practical feeding guidelines for parents and caregivers in Canada, and to promote the communication of accurate and consistent messages on infant nutrition in the first six months.

Guidance on nutrition from six months to two years of age will be available in early 2014.

<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

#### **47. Everything you Wanted to Know: Kids and Poverty**

Socio-economic status is one of the strongest predictors of life outcomes. It impacts your education, your health, your career choices, your friends and, most importantly, your children. Poverty is a heavy burden that families strain to get out from under. But how? It's long been known that a good education can pull a child out of poverty, but it's also known that poor children do poorly overall. Why? Is it the

school, the teachers, the parents, the neighbourhood? Or is the issue far too complex to deal with at the micro level? We don't have all the answers but we've explored the issue of child poverty and education from many different angles and have compiled what we found out here.

<http://tvoparents.tvop.org/special/kids-and-poverty>

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## VI. FEATURED BEST START RESOURCES

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### 48. Healthy Baby Healthy Brain Campaign: Official Launch, October 3, 2012

In an effort to respond to the needs of service providers across Ontario, the Best Start Resource Centre is developing and implementing an awareness campaign on supporting early brain development through healthy child development. The campaign will be launched in October 2012.

This campaign is based on the research done by the Best Start Resource Centre in early 2011. This information is compiled in a report titled "Early Brain Development, Parent Knowledge in Ontario", available at [http://www.beststart.org/resources/hlthy\\_chld\\_dev/index.html](http://www.beststart.org/resources/hlthy_chld_dev/index.html).

Our research showed that, although parents are well aware of the importance of the early years, they do not always know what they can do to help their child's development. The campaign is designed for parents expecting a baby and parents who have a child aged 0 to 3 years old.

The main focus of the campaign is to provide parents with information on important actions they can take to foster their baby's brain development. These include responding to their baby's needs, interacting with them in a positive way, providing opportunities for learning, etc. Key messages have been defined based on the parent survey results and feedback from parents, topic experts and front line workers. Key messages tie directly to campaign objectives:

- "Start early." Help your baby right from the start.
- "Love builds brains." What your baby needs from you.
- "Playing builds brains." Boosting baby's brain with everyday fun and games.
- "Health builds brains." Health and wellness tips for babies.
- "Baby's world matters." Creating the right environment for healthy brain development.

Most materials produced for service providers and for the public are in French and English. Adaptations are done for each language as necessary.

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

For accompanying resources to this campaign, please click:

[http://www.beststart.org/resources/hlthy\\_chld\\_dev/index.html](http://www.beststart.org/resources/hlthy_chld_dev/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](mailto:mnchp@healthnexus.ca)). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

## **Other Health Nexus communications:**

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

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

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

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

Follow us on **Twitter** to stay up to date on all things related to health promotion. [https://twitter.com/Health\\_Nexus](https://twitter.com/Health_Nexus)

View our video resources on **YouTube** and **Vimeo** (<http://www.youtube.com/user/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](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>