

MNCHP Network Bulletin



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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 7, 2012

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I. NEWS & VIEWS

1. Study Says Preeclampsia Poses Significant Long-Term Health Risk

Ben-Gurion University of the Negev (BGU) researchers have determined that preeclampsia is a significant risk factor for long-term health issues, such as chronic hypertension and hospitalizations later in life. The findings from the retrospective cohort study were just published in the Journal of Maternal-Fetal and Neonatal Medicine.

Thousands of women and their babies die or get very sick from preeclampsia; it affects approximately 5 to 8 percent of all pregnancies. It is a rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine, typically occurring after 20 weeks gestation and up to six weeks postpartum.

According to the study, the BGU researchers found patients with preeclampsia had significantly higher rates of chronic hypertension diagnosed after pregnancy. Patients with preeclampsia were also more likely to be hospitalized at least once. Exposed women had .28 hospitalization per patient rate, while the non-exposed patients had a lower .23 hospitalization per patient rate.

The study included women who gave birth between the years of 1988 to 1998, and had a follow-up until December 2009. It assessed 2,072 patients with mild or severe preeclampsia in one or more of their pregnancies, while the comparison group of 20,742 patients did not have preeclampsia. The study was conducted to evaluate long-term morbidity of patients with hypertensive disorders during pregnancy. Patients with chronic hypertension and pre-gestational diabetes before the pregnancy were excluded. [redOrbit \(http://s.tt/1myYM\)](http://s.tt/1myYM)

2. Social equity may lead to better health

Dr. Michael Marmot was the keynote address at last week's annual general council meeting for the Canadian Medical Association. Aside from being one of the foremost medical experts in the world, Dr. Marmot has been knighted, tasked by the World Health Organization to write its report on the determinants of health, and been a key adviser in British health policy for the past three decades. <http://www2.canada.com/saskatoonstarphoenix/news/forum/story.html?id=b938183f-5638-44d6-bc20-47811f9d0afe>

3. The rate of women with pregnancy-associated cancer is on the increase but rise in older mothers not a major factor

The rate of pregnancy-associated cancer is increasing and is only partially explained by the rise in older mothers suggests new research published today in BJOG: An International Journal of Obstetrics and Gynaecology.

<http://www.healthcanal.com/pregnancy-childbirth/31967-The-rate-women-with-pregnancy-associated-cancer-the-increase-but-rise-older-mothers-not-major-factor.html>

4. If Birth Control Were Free, Which Type Would You Choose?

[The Contraceptive CHOICE Project](#), a ground-breaking initiative by researchers at Washington University in St. Louis, offered women in the St. Louis region access to *any kind of birth control* they wanted for free (swoon, right?), then looked at what method(s) the participants chose and how well their choices worked for them. The researchers found that when cost and lack of information aren't an issue, women are *way* more likely to choose a super-effective method of birth control like the IUD or the implant—in fact 75% of the project's participants chose one of those methods

<http://www.care2.com/greenliving/gold-standard-birth-control.html#ixzz25hq1Xpi8>

5. Pregnant mom's smoking sets baby on path to obesity, says study

For babies whose mothers smoked cigarettes during pregnancy, the result may be a powerful drive to consume fatty foods -- and a heightened risk of becoming obese, says a new study.

The study offers new insights into a connection that has only become evident to researchers in the past decade: that children born to mothers who smoked during pregnancy are more likely to be overweight or obese. In the 1960s and 1970s, close to 40% of U.S and Canadian women smoked during pregnancy, suggesting that tobacco may be one factor in the dramatic run-up of obesity in North America during the past three decades. (Other prenatal factors that may predispose one toward obesity are poorer maternal nutrition, maternal obesity and closely spaced pregnancies.)

<http://www.latimes.com/health/boostershots/la-heb-pregnant-smoking-obesity-20120904,0,3914978.story>

6. Health risks aside, do older parents make better parents?

Science tells us there are greater risks of health complications the longer people wait to have children. But is the wait worth it because older parents make better parents?

Writer William Sutcliffe argues that they do. In an article in *The Guardian*, Mr. Sutcliffe makes the case for delaying fatherhood, claiming that older fathers are “calmer, more patient, less obsessed with personal ambitions,” and their lifestyles are “less frenetic.”

His piece is a response to a study published in the journal *Nature* last week that found that men in their 30s and beyond were more likely than their younger counterparts to pass on genetic mutations that cause autism and schizophrenia. The findings were evidence that women aren't the only ones who need to consider their ticking biological clock.

<http://www.theglobeandmail.com/life/the-hot-button/health-risks-aside-do-older-parents-make-better-parents/article4500665/>

7. Episiotomy, Once 'A Little Snip' Childbirth Routine, Curbed By New Guidelines

In 2005, Woolf was in labor with her first baby, a boy, at a large Los Angeles hospital. She had pushed for no more than two minutes when her doctor announced he was going to perform an episiotomy -- using sterile scissors to snip an incision and expand her vaginal opening.

http://www.huffingtonpost.com/2012/08/22/episiotomy-childbirth-guidelines_n_1799394.html?ncid=edlinkusaolp00000003

8. Fatherhood: the benefits of leaving it late

No man over the age of 40 who has ever had the misfortune to glance in a mirror will be surprised to hear that his sperm quality is not what it once was. You don't need a PhD in genetics to figure out that in biological terms you have long since peaked.

<http://www.guardian.co.uk/commentisfree/2012/aug/26/fatherhood-benefits-leaving-late>

9. Mold Exposure in Infancy May Raise Asthma Risk

Infants exposed to certain types of mold are at greater risk for childhood asthma, according to a new study. "This is strong evidence that indoor mold contributed to asthma development, and this stresses the urgent need for remediating water damage in homes, particularly in low-income urban areas where this is a common issue," the study's lead author, Tiina Reponen, a professor in the environmental health department at the University of Cincinnati College of Medicine, said in a university news release.

In conducting the long-term study, researchers from the University of Cincinnati, the U.S. Environmental Protection Agency and Cincinnati Children's Hospital Medical Center followed the allergy development and respiratory health of nearly 300 infants. All of the infants had at least one parent with allergies. The children were examined once a year for their first four years and reexamined when they turned 7 to determine if they had developed asthma.

During the study, the researchers also took the children's home environment into account to assess their exposure to allergens and mold. Water damage is the usual cause of indoor mold.

The study revealed 25 percent of children developed asthma by the time they were age 7. The only indoor contaminant identified as a risk factor for the condition was mold.

Using a DNA-based mold-analysis tool, the researchers found three particular types of mold were associated with the development of childhood asthma among the infants: *Aspergillus ochraceus*, *Aspergillus unguis* and *Penicillium variable*.

"Previous scientific studies have linked mold to worsening asthma symptoms, but the relevant mold species and their concentrations were unknown, making it difficult for public health officials to develop tools to effectively address the underlying source of the problem," Reponen said.

Based on the study's findings, Reponen added that treatments for asthma might be more effective if they target specific mold species.

The study is published in the August issue of the *Journal of Allergy and Clinical Immunology*.

http://www.philly.com/philly/health/HealthDay667384_20120810_Mold_Exposure_in_Infancy_May_Raise_Asthma_Risk.html#ixzz25VuB8xy0

10. 'Crack Babies' Comparison To Neonatal Drug Withdrawal Ignores Racist Rhetoric Of 1980s, Experts Argue

A recent study by the Journal of the American Medical Association reported that the number U.S. babies born with signs of opiate drug withdrawal has tripled in a decade, a finding that's in line with evidence of an upsurge in abuse of prescription drugs. These infants have been characterized as the 21st-century version of the 1980s "crack baby" epidemic, which swept the country at the height of the war on drugs. But many contend that comparison is irresponsible because it ignores the racialized and pejorative rhetoric of that era, specifically the inherent implication that the term refers to a black baby. http://www.huffingtonpost.com/2012/08/31/crack-babies-neonatal-drug-withdrawal_n_1847712.html?ncid=edlinkusaolp00000003

11. Ontario Dead Last In Terms Of Inequality, Poverty and Funding For Public Services

"Ontario is dead last in Canada when it comes to growing poverty, increasing income inequality and financial support for public services, says a coalition of labour and community groups formed last spring to oppose the province's austerity budget. The report by the Ontario Common Front released at Queen's Park Wednesday, aims to inform Ontarians about the social and economic issues at stake as the province begins drafting next spring's budget, the group says." <http://www.thestar.com/news/canada/politics/article/1248577--ontario-worst-province-in-terms-of-inequality-poverty-and-funding-for-public-services>

12. Midwives, nurses can safely perform abortions

Abortions are just as safe when performed by trained nurse practitioners, midwives and physician assistants as when doctors do them, a new review of the evidence suggests. Researchers analyzed five studies that compared first-trimester abortion complications and side effects based on who performed the procedures in close to 9,000 women - and typically found no differences. "As access to abortion is increasingly restricted, the including of non-physicians in the pool of providers is really vital because fewer and fewer people will have access as there are more and more barriers," said Amy Levi, a professor of midwifery at the University of New Mexico in Albuquerque. Having trained nurses and midwives perform abortions could also allow some women to get care before they would be able to see a doctor - and earlier access typically means fewer complications and better outcomes, Levi said. That's especially the case in developing countries, where doctors who perform abortions may be few and far between. In studies conducted in clinics and hospitals in Asia, Africa and the United States, procedures supervised by nurses or midwives and doctors had similar rates of incomplete abortion, incorrect determination of the fetus' age and complications such as bleeding and injuries to the uterus. For example, in one study of about 1,400 women getting an abortion in Vermont or New Hampshire, there were complications in 2.2 percent of procedures with a physician assistant and 2.3 percent with a doctor. Nathalie Kapp from the World Health Organization in Geneva, Switzerland and her colleagues said the findings don't apply to nurses and midwives who perform abortions without access to emergency care nearby, or to abortions done after the first trimester. They published their findings in *BJOG: An International Journal of Obstetrics and Gynaecology*.

According to the Guttmacher Institute, a sexual and reproductive health organization, 39 states require abortions to be performed by a licensed physician. And Levi, who was not involved in the new study, said only a few allow non-physicians to perform abortions both surgically and medically (with drugs). But the findings are "really powerful" in other parts of the world, where unsafe abortion is one of the leading causes of maternal death and non-physician providers far outnumber doctors, said Levi, who wasn't involved in the new study.

They are also consistent with her expectations after working for a California-based program that trains nurse practitioners, midwives and physician assistants to perform abortions safely, she told Reuters Health.

"Access to safe abortion is imperative for reducing maternal mortality worldwide," Levi said.

"We need to keep the conversation embedded in women's health care, which is where it belongs, and I think this kind of data will help."

SOURCE: bit.ly/OuBwsh BJOG: An International Journal of Obstetrics and Gynaecology, online August 20, 2012.

<http://www.reuters.com/article/2012/08/30/us-midwives-nurses-abortion-idUSBRE87T1BO20120830>

13. Daily Temper Tantrums Not the Norm for Preschoolers: Study

Fewer than 1 in 10 'melt down' that often; finding helps define when parents should be concerned

Less than 10 percent of preschoolers have daily temper tantrums and most of these tantrums are linked to real, momentary frustrations the toddler experiences, new research finds.

"It's very uncommon for children to tantrum daily," said Lauren Wakschlag, lead author of the study, published in the Aug. 29 online edition of the *Journal of Child Psychology and Psychiatry*.

Knowing what is normal and abnormal for young children should go a long way towards more accurately identifying which children need professional help and which children are simply "acting their age," added Wakschlag, who is vice chair of medical social sciences at Northwestern University Feinberg School of Medicine in Chicago.

<http://health.usnews.com/health-news/news/articles/2012/08/29/daily-temper-tantrums-not-the-norm-for-preschoolers-study>

14. Top 10 child health concerns: Exercise, obesity & smoking lead list

In this year's sixth annual survey of top health concerns conducted by the C.S. Mott Children's Hospital National Poll on Children's Health, adults rate 'not enough exercise' as the leading health concern for children in their communities. Childhood obesity and smoking and tobacco use were the second and third most commonly identified child health problems by adults across the United States.

As in past years, many of the top 10 health concerns relate to health behaviors for children and teens: exercise, childhood obesity, smoking and tobacco use, drug and alcohol abuse, teen pregnancy and bullying. Top health concerns this year also include stress, internet safety and child abuse and neglect. 'Not enough exercise' is new to the top of the list of biggest child health problems, as measured in the Poll. From 2007 to 2011, childhood obesity, drug abuse and smoking have consistently been rated as the top 3 health problems for kids from the perspective of adults (not just parents) across the United States.

<http://mottnpch.org/reports-surveys/top-10-child-health-concerns-exercise-obesity-smoking-lead-list>

15. Nurses Stepping Up to Solve Primary Care Challenges

Many of the most prominent participants in the debate over health care reform have promised—or warned—that reform would spark a revolution in the nation's health care system. While the health reform law will change much, the truth is that many parts of the system have been evolving for quite some time, and the changes are already making their mark.

In the area of primary care, economic and demographic pressures have driven innovation. Many such breakthroughs focus on the roles of nurses, many of whom are leading an evolution in the delivery of primary care. Nurse practitioners (NPs) and certified nurse midwives (CNMs), for example, make up a growing portion of the primary care workforce. Meanwhile, RNs and licensed practical nurses (LPNs) are increasingly tracking patients to make sure they get the care they need. In addition, nurses at several levels are managing chronic conditions and coordinating care transitions.

<http://www.rwjf.org/pr/product.jsp?id=74772&c=OTC-RSS&attr=SE>

II. RECENT REPORTS AND RESEARCH

**indicates journal subscription required for full access*

16. Nitrous Oxide for the Management of Labor Pain

Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services

Objectives

The Vanderbilt Evidence-based Practice Center systematically reviewed evidence addressing the use of nitrous oxide for the management of labor pain.

Data Sources

We searched the MEDLINE®, Embase, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases for articles published in English.

Review Methods

We excluded studies that did not address a Key Question, were not original research, or had fewer than 20 participants. We identified a total of 58 publications, representing 59 distinct study populations: 2 of good quality, 11 fair, and 46 poor.

Results

Inhalation of nitrous oxide provided less effective pain relief than epidural analgesia, but the quality of studies was predominately poor. The heterogeneous outcomes used to assess women's satisfaction with their birth experience and labor pain management made synthesis of studies difficult. The strength of evidence was insufficient to determine the effect of nitrous oxide on route of birth. Most maternal harms reported in the literature were unpleasant side effects that affect tolerability (e.g., nausea, vomiting, dizziness, and drowsiness). Apgar scores in newborns whose mothers used nitrous oxide were similar to those of newborns whose mothers used other labor pain management methods or no analgesia. Evidence about occupational harms

and exposure was limited.

Conclusions

The literature addressing nitrous oxide for the management of labor pain has few studies of good or fair quality. Synthesis of effectiveness and satisfaction studies is challenging because of heterogeneous interventions, comparators, and outcome measures. Research assessing nitrous oxide is needed across all of the Key Questions addressed: effectiveness, women's satisfaction, route of birth, harms, and health system factors affecting use.

http://www.effectivehealthcare.ahrq.gov/ehc/products/260/1175/CER67_NitrousOxideLaborPain_Final_Report_20120817.pdf

17. 10 Promising Practices to Guide Local Public Health Practice to Reduce Social Inequities in Health

Sudbury & District Health Unit, 2011

The reports describe the process and findings of the Sudbury & District Health Unit (SDHU) Canadian Health Services Research Foundation (CHSRF) Executive Training for Research Application (EXTRA) Fellowship. The project sought evidence to guide the health unit to orient programs and services to reduce social inequities in health. Through an extensive literature review process, the project identified 10 local public health practices that have potential to reduce social inequities in health.

The technical report (2011) summarizes the 10 practices: 1) Targeting with universalism, 2) Purposeful reporting, 3) Social marketing, 4) Health equity target setting/goals, 5) Equity-focused health impact assessment, 6) Competencies/organizational standards, 7) Contribution to evidence base, 8) Early childhood development, 9) Community engagement, and 10) Intersectoral action. These practices have also been presented with related tools and resources in a series of fact sheets, designed for public health practitioners and community partners.

<http://nccdh.ca/resources/entry/10-promising-practices-guide>

18. Child Poverty: A Practical Tool for Primary Care

Guide to asking important questions about the effects of poverty on everyday life as well as a list of resources available for patients and clients.

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

19. Breast Milk Promotes a Different Gut Flora Growth than Infant Formulas

The benefits of breast milk have long been appreciated, but now scientists at Duke University Medical Center have described a unique property that makes mother's milk better than infant formula in protecting infants from infections and illnesses.

The finding, published in the August issue of the journal *Current Nutrition & Food Science*, explains how breast milk, but not infant formula, fosters colonies of microbiotic flora in a newborn's intestinal tract that aid nutrient absorption and immune system development.

"This study is the first we know of that examines the effects of infant nutrition on the way that bacteria grow, providing insight to the mechanisms underlying the benefits of breast feeding over formula feeding for newborns," said William Parker, PhD, associate professor of surgery at Duke and senior

author of the study. “Only breast milk appears to promote a healthy colonization of beneficial biofilms, and these insights suggest there may be potential approaches for developing substitutes that more closely mimic those benefits in cases where breast milk cannot be provided.”

http://www.dukehealth.org/health_library/news/breast-milk-promotes-a-different-gut-flora-growth-than-infant-formulas

***Current Nutrition & Food Science, Volume 8, Number 3, August 2012**

www.benthamscience.com/contents-JCode-CNF-Vol-00000008-Iss-00000003.htm

20. Fact Sheet: Do All Children Have Places to be Active?

The Challenge: Children who live in lower-income communities and communities of color are more likely to be overweight or obese than White children and children from more affluent backgrounds. They also are likelier to live in neighborhoods with barriers to physical activity such as lower-quality sidewalks, fewer parks and greater danger from crime and traffic. Regular physical activity can improve health and reduce the risk of obesity.

Make an impact: Walkable neighborhoods; safe, clean, and attractive environments; and access to parks and recreational resources can encourage physical activity among all groups, including those at high risk for obesity.

What the findings are about: This fact sheet highlights findings from the research synthesis *Do All Children Have Places to Be Active? Disparities in Access to Physical Activity Environments in Racial and Ethnic Minority and Lower-Income Communities*.

Key Findings and Recommendations:

Lower-income communities and communities with more residents of color generally lack clean and well-maintained sidewalks, trees, appealing architecture and nice scenery—factors that promote walking and other forms of physical activity.

Lower-income people and racial and ethnic minorities who do not have enough access to parks and recreational facilities are less likely to be active.

Lower-income people and racial and ethnic minorities are more likely to live in areas with higher crime rates and more physical and social disorder. These conditions make it difficult for residents to be active.

Active Living Research. Do All Children Have Places to be Active? Fact Sheet. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation; May 2012. Available from: www.activelivingresearch.org.

http://www.activelivingresearch.org/node/12659?utm_source=Newsletter+-+Issue+13%2C+July+2012&utm_campaign=Newsletter+13+-+July+2012&utm_medium=email

21. Investing In the Health Of Children Serving All Children to Catch the Most Vulnerable

Kerry McCuaig

The needs of modern families have changed; the services designed to support them have not. Children's programming in Canada is divided into three distinct streams – education, child care, and family and intervention supports. All promote the healthy development of children as their primary goal, yet they

have little, or no, interaction. There are pockets of innovation and increased levels of investment, but service overlap prevails alongside large gaps. Each stream has its own bureaucracy, culture and mandate. The result is service silos. Children and families don't experience their lives in silos; their needs can't be dissected and addressed in isolation.

<http://www.longwoods.com/content/22945>

22. Lactation and cardiovascular risk factors in mothers in a population-based study: the HUNT-study

International Breastfeeding Journal 2012, 7:8 doi:10.1186/1746-4358-7-8

Published: 19 June 2012

Background

Lactation has beneficial short term effects on maternal metabolic health, but the long term effects are less well known.

Methods

We studied the association between lifetime duration of lactation and cardiovascular risk factors in mothers later in life among 21,368 parous women aged 20 to 85 years attending the second Nord-Trøndelag Health Study (HUNT2) in 1995-1997, Norway, a cross-sectional population-based study. General linear modelling was used to calculate mean values of known cardiovascular risk factor levels in five categories of lifetime duration of lactation. Logistic regression was conducted to estimate odds ratios of hypertension, obesity and diabetes.

Results

Among women aged 50 years or younger, lifetime duration of lactation was significantly and inversely associated with body mass index (P-trend, < 0.001), waist circumference (P-trend, < 0.001), systolic and diastolic blood pressure (both P-trends, < 0.001), and serum levels of triglycerides, total cholesterol and low density lipoprotein cholesterol (all P-trends, < 0.001) after adjustment for covariates. Parous women aged 50 years or younger who had never lactated had higher prevalence of hypertension, obesity and diabetes. In this age group, compared to women who had lactated for 24 months or more, parous women who had never lactated had an OR for hypertension of 1.88 (95% CI 1.41, 2.51), an OR for obesity of 3.37 (95% CI 2.51, 4.51) and an OR for diabetes of 5.87 (95% CI 2.25, 15.3). Among women older than 50 years there were no clear associations.

Conclusion

Lifetime duration of lactation was associated with long term reduced cardiovascular risk levels in mothers aged 50 years or younger.

Open Access PDF: <http://www.internationalbreastfeedingjournal.com/content/7/1/8/abstract>

23. Peanut and tree nut consumption during pregnancy and allergic disease in children—should mothers decrease their intake? Longitudinal evidence from the Danish National Birth Cohort

Ekaterina Maslova et al.

Background

The relation between maternal peanut intake during pregnancy and allergic disease development in children has been controversial.

Objective

We used data from the Danish National Birth Cohort to examine associations between maternal peanut and tree nut intake during pregnancy and allergic outcomes in children at 18 months and 7 years of age.

Methods

We estimated maternal peanut and tree nut intake (n = 61,908) using a validated midpregnancy food frequency questionnaire. At 18 months, we used parental report of childhood asthma diagnosis, wheeze symptoms, and recurrent wheeze (>3 episodes). We defined current asthma at 7 years as doctor-diagnosed asthma plus wheeze in the past 12 months and allergic rhinitis as a self-reported doctor's diagnosis. We also used alternative classifications based on registry-based International Classification of Diseases, Tenth Revision, codes and drug dispensary data. We report here odds ratios (ORs) comparing intake of 1 or more times per week versus no intake.

Results

We found that maternal intake of peanuts (OR, 0.79; 95% CI, 0.65-0.97) and tree nuts (OR, 0.75; 95% CI, 0.67-0.84) was inversely associated with asthma in children at 18 months of age. Compared with mothers consuming no peanuts, children whose mothers reported eating peanuts 1 or more times per week were 0.66 (95% CI, 0.44-0.98) and 0.83 (95% CI, 0.70-1.00) times as likely to have a registry-based and medication-related asthma diagnosis, respectively. Higher tree nut intake was inversely associated with a medication-related asthma diagnosis (OR, 0.81; 95% CI, 0.73-0.90) and self-reported allergic rhinitis (OR, 0.80; 95% CI, 0.64-1.01).

Conclusions

Our results do not suggest that women should decrease peanut and tree nut intake during pregnancy; instead, consumption of peanuts and tree nuts during pregnancy might even decrease the risk of allergic disease development in children.

<http://www.jacionline.org/article/S0091-6749%2812%2900794-4/abstract>

24. Stresses of poverty may impair learning ability in young children

The stresses of poverty — such as crowded conditions, financial worry, and lack of adequate child care — lead to impaired learning ability in children from impoverished backgrounds, according to a theory by a researcher funded by the National Institutes of Health. The theory is based on several years of studies matching stress hormone levels to behavioral and school readiness test results in young children from impoverished backgrounds.

Further, the theory holds, finding ways to reduce stress in the home and school environment could improve children's well being and allow them to be more successful academically.

<http://www.nih.gov/news/health/aug2012/nichd-28.htm>

25. Micronutrients intake is associated with improved sperm DNA quality in older men

Fertility and Sterility, Article in Press, published online 28 August 2012

[Thomas E. Schmid](#), Ph.D, et al

Objective

To investigate whether lifestyle factors such as increased dietary intake of micronutrients reduce the risks of sperm DNA damage, and whether older men benefit more than younger men.

Design

Cross-sectional study design with equalized assignments into age groups.

Setting

National laboratory and university.

Patient(s)

Nonclinical group of 22–80-year-old nonsmoking men (n = 80) who reported no fertility problems.

Main Outcome Measure(s)

Sperm DNA damage measured by alkaline and neutral DNA electrophoresis (i.e., sperm Comet assay).

Result(s)

Sociodemographics, occupational exposures, medical and reproductive histories, and lifestyle habits were determined by questionnaire. The average daily dietary and supplement intake of micronutrients (vitamin C, vitamin E, β -carotene, zinc, and folate) was determined using the 100-item Modified Block Food Frequency Questionnaire (FFQ). Men with the highest intake of vitamin C had approximately 16% less sperm DNA damage (alkaline sperm Comet) than men with the lowest intake, with similar findings for vitamin E, folate, and zinc (but not β -carotene). Older men (>44 years) with the highest vitamin C intake had approximately 20% less sperm DNA damage compared with older men with the lowest intake, with similar findings for vitamin E and zinc. The older men with the highest intake of these micronutrients showed levels of sperm damage that were similar to those of the younger men. However, younger men (<44 years) did not benefit from higher intakes of the micronutrients surveyed.

Conclusion(s)

Men with higher dietary and supplement intake of certain micronutrients may produce sperm with less DNA damage, especially among older men. This raises the broader question of how lifestyle factors, including higher intakes of antioxidants and micronutrients, might protect somatic as well as germ cells against age-associated genomic damage.

<http://www.fertstert.org/article/S0015-0282%2812%2901879-1/abstract>

III. CURRENT INITIATIVES

26. Infant Mental Health Promotion is pleased to announce a partnership with TVOParents.com beginning in September 2012

This initiative is intended to educate Ontario parents on the importance of healthy brain development in the early years of a child's life, from 0 to 4 and to share information on a range of infant mental health and parenting topics.

Our goals are to:

- raise awareness through information and outreach to parents
- share knowledge and resources between TVOParents.com and Infant Mental Health Promotion
- increase parent engagement on both sites

The [TVOParents.com website](#) hosts a wide range of resources for parents including:

Videos – interviews and lectures with top experts in the fields of child development, brain development and mental health.

Articles and blogs - on a range of topics and parenting concerns about a child's physical and mental health: special needs, child development, brain development, social skills and issues, learning and parent involvement.

- Media outreach on TVOParents.com as well as through social media, Facebook and Twitter, to engage parents including distribution of IMHP's weekly tips for parents

Each week TVOParents.com will share tips for parents authored by IMHP on a range of topics to promote positive mental health.

Infant Mental Health Promotion will be providing:

- Content for parents on infant mental health topics, such as: transitions to childcare, brain development research, the impact of the environment and relationships on a young child's mental health, and more...
- Guest blogs by IMHP's director, Chaya Kulkarni, as well as periodic interviews with Cheryl Jackson
- Weekly brain tips for parents which will be posted on TVOParents' social media channels.
- In-depth milestones, the healthy social and emotional development of your child from 0 to 4, created by the Hospital for Sick Children
- Media access to Infant Mental Health Rounds lecture series and IMHP events.

<http://www.imhpromotion.ca/SpecialProjects/TVOParentscomPartnership.aspx>

27. PEI: New Funding For Best Start Program Provides Enhanced Supports For Children And Families

In 2010, Government introduced the Preschool Excellence Initiative, one of the most progressive programs in the country. The initiative marked a fundamental shift in Government's policy focus in the early years from child care to early learning. Government also made a strong statement when they implemented a full-day kindergarten program into the provincial school system. To date, 45 Early Years Centers have been implemented across the province, which has been a huge success and a vital step in the creation of an Early Learning and Child Care System. Now, the provincial government is investing an additional \$60,000 to the Best Start program, on top of the \$90,000 new money provided last year, bringing the overall funding to more than \$1 million annually. The new funding expands the program, allowing families the opportunity to receive Best Start services until their child is 36 months old. Previously, the service was only available until the child became 24 months old.

<http://www.gov.pe.ca/newsroom/index.php3?number=news&newsnumber=8538&dept=&lang=E>

28. Ontario finally getting a breast-milk bank

The Ministry of Health and the three partner hospitals — Mount Sinai, Sunnybrook and Sick Kids — have confirmed the bank will start accepting donations from women in late 2012. Mount Sinai will host the facility.

The first supplies of pasteurized milk will be sent via prescription to neonatal intensive care units early in 2013. Most babies who will receive it will have been born more than 10 weeks early and weigh less than 1.5 kilograms.

The facility — the third bank in the country — will be called the Rogers Hixon Ontario Human Milk Bank. The Rogers Foundation provided a significant donation toward the capital costs, while the province is providing about 55 per cent of the operating costs.

<http://www.thestar.com/healthzone/article/1249995--ontario-finally-getting-a-breast-milk-bank>

IV. UPCOMING EVENTS

29. First Nations Child Poverty Regional Workshops

Presented by the Best Start Resource Centre

Cost is \$60, 9 am to 4pm

Includes registration, a copy of the booklet, snacks and lunch

September 27, 2012

[Cedar Meadows Resort Timmins, ON](#)

http://beststart.org/events/2012/workshop_fn_sep27/index.html

October 4, 2012

[Holiday Inn, Barrie, ON](#)

http://beststart.org/events/2012/workshop_fn_oct4/index.html

October 25, 2012

[RA Centre, Ottawa, ON](#)

http://beststart.org/events/2012/workshop_fn_oct25/index.html

30. Early Years Symposium 2012: Play Based Approaches To Literacy And Numeracy

October 13, 2012

OISE Library, 252 Bloor St. West, Toronto

Description: "2nd Annual! This one-day symposium will be of interest to teachers, ECE educators, administrators and teaching assistants working in full day early learning kindergarten programs. Our highly interactive day features speakers and breakout sessions with school teams across Ontario, and OISE faculty who are deeply immersed in all aspects of early learning.

Reactions and responses from all participants will ensure lively dialogue!"

<http://conted.oise.utoronto.ca/EarlyYearsSymposium.html>

31. Best Start Resource Centre: Child and Family Poverty Workshop

Friday October 26, 2012

NAV CENTRE in Cornwall

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

The registration fee of \$60 includes will include a copy of the resource "[I'm Still Hungry](#)", lunch and healthy snacks.

http://www.beststart.org/events/detail/workshop_oct26_2012/index.html

32. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

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/events/2013/bsannualconf13/index.htm>

33. Webinar: Screening for Intimate Partner Violence in Health Care Settings

Date: November 21, 2012, 1pm to 2pm EST

The Waterloo Region Crime Prevention Council, Region of Waterloo Public Health, Waterloo Region Sexual Assault / Domestic Violence Treatment Centre and the Domestic Assault Review Team of Waterloo Region invite you to participate in a webinar about [Screening for Intimate Partner Violence in Health Care Settings](#). The training will be led by Patricia Mousmanis a community based family physician and Dr. Robin Mason a Scientist at Women's College Hospital in the Violence. Physicians, dentists, nurse practitioners and other health care professionals are encouraged to participate either online or over the

phone. For additional details and registration information please visit:

<http://www.eventbrite.ca/event/3905252716>

34. A Day With Penny Simkin: Rediscovering Normal Birth

September 26, 2012

Kingston, ON

Champlain Maternal Newborn Regional Program

For info and registration information: www.cmnrp.ca

35. Birth Doula Workshop

This Doula Training Course has been approved as a step toward Certification by DONA International. This course is open to any, and all, interested people and is not restricted to health care practitioners.

During the Birth Doula Workshop you will learn about hands on physical labour support, techniques for difficult births, view birth videos, learn about finding clients, the aspects of running a doula business, certification and professionalism.

Prerequisite: Attendees are requested to have attended a 12-hour childbirth education class (as an observer, not as an expectant mom), time permitting.

http://www.tenmoons.ca/doula_training.html

36. 2012 Ophea Conference – Workshop Descriptions Now Available

NEW this year is an easy to use database which allows you to sort by workshop topics and sessions.

Check out our exciting workshops that offer new information and insights on ways to support healthy active living for children and youth.

Topics include Nutrition/Healthy Eating, Mental Health, TGfU, Technology and Physical Literacy.

Visit <http://conference.ophea.net/workshops> for detailed workshop descriptions.

To register, click here: <http://conference.ophea.net/registration>

V. RESOURCES

37. Eating Disorders and Pregnancy

<http://www.aboutkidshealth.ca/En/ResourceCentres/PregnancyBabies/Pregnancy/MaternalConditionsPregnancy/Pages/Eating-Disorders-and-Pregnancy.aspx>

38. Circumcision Policy Statement: American Association of Pediatrics

Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force

of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy's 1999 recommendations in this area. Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The American College of Obstetricians and Gynecologists has endorsed this statement.

<http://pediatrics.aappublications.org/content/130/3/585>

39. Social distribution of health risks and health outcomes: preliminary analysis of the National Health Survey 2007-08

This paper explores the association between selected social and health risk factors on Australians' health. It shows that people with higher household incomes and higher education qualifications are more likely to report better health and less likely to report smoking, and people living outside major cities are more likely to report being an unhealthy weight.

Using data from the 2007-08 National Health Survey (NHS), the effect of social factors on four measures of health status (self-reported health status; cancer; heart, stroke and vascular diseases; and Type 2 diabetes) and three health risk factors (smoking, alcohol consumption and body weight) is examined. Two different statistical methods (univariate and multivariate analysis) were used to examine associations between social factors and the selected diseases and risk factors.

Where people are born, grow, live, work and age affects their health status (Marmot 2004). This paper is an initial exploration to investigate the association between selected social factors and health status. Despite the data limitations, it shows some statistical associations between selected socioeconomic characteristics (social factors) and health conditions and health risk factors.

The social factors investigated were post-school qualification, equivalised household income (income adjusted for the size of the household), occupation category, remoteness and language spoken at home. The effect of sex and age on health status was also investigated.

Free PDF: <http://www.aihw.gov.au/publication-detail/?id=10737422718>

40. Toddler NutriSTEP® Now Available (Nutrition Screening Tool for Every Preschooler)

Now available-Toddler NutriSTEP® is a nutrition risk screening tool for toddlers, aged 18-35 months. The questionnaire is valid and reliable and is available in English and French at Flintbox Technologies [link to <http://flintbox.com/public/project/21849/>]. The supporting educational booklet, How to Build a Healthy Toddler, is also available electronically in English and French at www.nutristep.ca.

The Toddler NutriSTEP® and NutriSTEP® questionnaires are copyright protected and can only be obtained by acquiring a license. For more information, see http://www.nutristep.ca/en/acquire_license.aspx.

<http://nutristep.ca/>

41. Region of Peel: eight multi-language instructional breastfeeding videos online

The Region of Peel now has their eight instructional breastfeeding videos online in seven languages: English, French, Mandarin, Punjabi, Spanish, Urdu and Vietnamese. A drop down menu allows the viewer to select the language of their choice. To access go to:

<http://www.peelregion.ca/health/family-health/breastfeeding/resources/video/index.htm>

42. Healthy Reads beta

Healthy Reads highlights the most interesting public health news out there, as voted by Healthy Readers like yourself! Consider it your public health water cooler. Your participation shapes the conversation and topics that get highlighted. So, give it a try:

- SHARE links to public health news you find interesting. Tag your submissions to help others find them.
- VOTE for posts that interest you. Bury posts that don't interest you.
- DISCUSS topics and news that you care about.

We are a community in beta mode and as a result we will be evolving and learning as we grow. As with any first starts, there will probably be bugs, tweaks and perhaps a few changes along the way. We wholeheartedly encourage your feedback, questions, and ideas throughout this process so that this community reflects your interests and supports your needs. Use the little red tab called "feedback" on the site to leave us your thoughts.

<http://beta.healthyreads.com/register.php>

VI. FEATURED BEST START RESOURCES

43. Prenatal Education Program Modules

The Prenatal Education Program is a teaching aid for face-to-face prenatal education sessions. The audience for these modules includes the pregnant woman and her partner. The program consists of a series of 11 independent modules. Each module includes three files in PDF format: the slides, the speaker notes and a module outline (objectives, teaching aids, references, etc.).

There is no cost to download the files but we ask that you register which will enable us to let you know when an update is available.

http://www.beststart.org/resources/rep_health/prenatal_education_program.php

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>