

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 preconception health, prenatal health and early child development. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

September 13, 2013

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I. NEWS & VIEWS

1. How Much Does It Cost to Raise a Child in Canada?

An opinion piece written by the Wellesley Institute (Wellesley Institute, August 22, 2013) and an article in the Globe and Mail (Globe and Mail, August 22, 2013) both discuss a new report by the Fraser Institute, *The Cost of Raising Children*. Both articles critique the findings that suggest you can raise a child on \$3000-\$4000 a year. The report claims this amount is based on children's essential needs, but it does not take into consideration a number of expenses, with child care being the most significant and costly. Both critiques note that leaving out child care costs is not realistic and does not reflect the reality that most families need child care.

Wellesley Institute: <http://www.wellesleyinstitute.com/news/raising-a-child-is-cheap-and-cheerful-as-long-as-mom-stays-at-home/>

Globe and Mail: http://www.theglobeandmail.com/life/the-hot-button/can-canadian-parents-really-raise-a-child-for-3000-a-year/article13913005/?utm_medium=Newsletter&utm_source=Globe%20Life&utm_type=text&utm_content=GlobeLife&utm_campaign=107253866

Fraser Institute Report: <http://www.fraserinstitute.org/uploadedFiles/fraser-ca/Content/research-news/research/publications/MeasuringCostChildren.pdf>

2. Maternal Suicides Need More Attention

This article (CBC News, September 9, 2013) discusses a recent editorial by Kirsten Patrick, Deputy Editor at the Canadian Medical Association Journal (CMAJ). She recommends that maternal mental health be better understood and says preventative measures should be put in place in Canada. She argues that Canada should audit any maternal deaths (as is common practice in the UK) in order to determine what happened and how treatment can be more accessible and improved to support women living with postpartum depression and other mental health issues.

CBC article: <http://www.cbc.ca/news/health/story/2013/09/09/suicide-maternal-postpartum-depression.html>

CMAJ Editorial: <http://www.cmaj.ca/content/early/2013/09/09/cmaj.131248.full.pdf+html>

3. Canada Has No National Standard for Newborn Screening. Here's Why It Should.

This article (Globe and Mail, August 25, 2013) discusses the need for a national standard for newborn screening in Canada. In Canada, newborn screening is a provincially managed program and there is no consistency regarding what diseases newborns are screened for across the country. Those advocating for a national standard argue that all newborns, regardless where they are born, should have the opportunity to be tested for the same rare diseases. At this point, the Public Health Agency of Canada has confirmed that it will not be taking on this issue as newborn screening programs are provincially funded.

http://www.theglobeandmail.com/life/health-and-fitness/health/canada-has-no-national-standard-for-newborn-screening-heres-why-it-should/article13940675/?utm_medium=Newsletter&utm_source=Globe%20Life&utm_type=text&utm_content=GlobeLife&utm_campaign=107280383

II. RECENT REPORTS AND RESEARCH

** indicates journal subscription required for full text access*

4. Probiotic Administration in Early Life, Atopy, and Asthma: A Meta-Analysis of Clinical Trials

Elazab, N., Mendy, A., Gasana, J., Vieira, E. R., Quizon, A., & Forno, E. (2013). Probiotic administration in early life, atopy, and asthma: A Meta-analysis of clinical trials. *Pediatrics*, 132, 666-676. doi:10.1542/peds.2013-0246.

ABSTRACT:

Background and Objective: Probiotics may reduce the risk of atopy and asthma in children. However, results from clinical trials have been conflicting, and several of them may have been underpowered. We performed a meta-analysis of randomized, placebo-controlled trials to assess the effects of probiotic supplementation on atopic sensitization and asthma/wheeze prevention in children.

Methods: Random-effects models were used to calculate pooled risk estimates. Meta-regression was conducted to examine the effect of potential factors on probiotics efficacy.

Results: Probiotics were effective in reducing total immunoglobulin E (IgE) (mean reduction: -7.59 U/mL [95% confidence interval (CI): -14.96 to -0.22]; $P = .044$). Meta-regression showed that the reduction in IgE was more pronounced with longer follow-up. Probiotics significantly reduced the risk of atopic sensitization when administered prenatally (relative risk: 0.88 [95% CI: 0.78 to 0.99]; $P = .035$ for positive result on the skin prick test and/or elevated specific IgE to common allergens) and postnatally (relative risk: 0.86 [95% CI: 0.75 to 0.98]; $P = .027$ for positive result on skin prick test). Administration of *Lactobacillus acidophilus*, compared with other strains, was associated with an increased risk of atopic sensitization ($P = .002$). Probiotics did not significantly reduce asthma/wheeze (relative risk: 0.96 [95% CI: 0.85 to 1.07]).

Conclusions: Prenatal and/or early-life probiotic administration reduces the risk of atopic sensitization and decreases the total IgE level in children but may not reduce the risk of asthma/wheeze. Follow-up duration and strain significantly modified these effects. Future trials for asthma prevention should carefully select probiotic strain and consider longer follow-up.

<http://pediatrics.aappublications.org/content/132/3/e666.long>

5. Full-Day Kindergarten Study Highlights

Ontario Ministry of Education. (2013). Full day Kindergarten study. Retrieved September 9, 2013 from <http://news.ontario.ca/edu/en/2013/09/full-day-kindergarten-study-highlights.html>

BACKGROUND:

A study of full-day kindergarten (FDK) was conducted in partnership with Queen's and McMaster universities from 2010-2012. The purpose of this research was to measure the impact of FDK, and to help identify effective practices to improve the delivery of the program moving forward. Quantitative and qualitative evaluation methods such as data collection, case studies, phone interviews, online surveys, classroom observation and focus groups were used in schools across the province over the two-year period.

The current quantitative results focus on data from 693 children - 52 per cent girls, 48 per cent boys - from 125 participating schools:

- 258 children were enrolled in FDK for two years (junior kindergarten and senior kindergarten)
- 210 children who took one year of FDK (senior kindergarten only)
- 225 children had no exposure to FDK.

The Early Development Instrument (EDI), which is a UNESCO-reviewed measurement of early childhood development, was used to measure student development in the following five areas:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognition
- Communication skills and general knowledge.

Key findings from the analysis include:

- Overall, students in FDK are better prepared to enter Grade 1 and to be more successful in school. In every area, students improved their readiness for Grade 1 and accelerated their development.
- Comparisons of children with two years of FDK instruction and children with no FDK instruction showed that FDK: (1) Reduced risks in social competence development from 10.5 per cent to 5.2 per cent; (2) Reduced risks in language and cognitive development from 16.4 per cent to 4.3 per cent; and (3) Reduced risks in communication skills and general knowledge development from 10.5 per cent to 5.6 per cent.

The complete study is expected to be available in fall 2013.

Backgrounder: <http://news.ontario.ca/edu/en/2013/09/full-day-kindergarten-study-highlights.html>

FR: <http://news.ontario.ca/edu/fr/2013/09/points-saillants-de-letude-sur-le-programme-dapprentissage-des-jeunes-enfants-a-temps-plein.html>

Detailed data from the analysis: <http://www.edu.gov.on.ca/kindergarten/FullDay/KindergartenData.pdf>

FR: <http://news.ontario.ca/edu/fr/2013/09/points-saillants-de-letude-sur-le-programme-dapprentissage-des-jeunes-enfants-a-temps-plein.html>

6. Neurological and Developmental Outcome in Extremely Preterm Children Born in England in 1995 and 2006: The EPICure Studies

Moore, T., Henessy, E. M., Myles, J., Johnson, S. J., Draper, E. S., Costeloe, E. J., & Marlow, N. (2013). Neurological and developmental outcome in extremely preterm children born in England in 1995 and 2006: The EPICure studies. *British Medical Journal*. doi: 10.1136/bmj.e7961

ABSTRACT:

Objective: To determine outcomes at age 3 years in babies born before 27 completed weeks' gestation in 2006, and to evaluate changes in outcome since 1995 for babies born between 22 and 25 weeks' gestation.

Design: Prospective national cohort studies, EPICure and EPICure 2.

Setting: Hospital and home based evaluations, England.
Participants 1031 surviving babies born in 2006 before 27 completed weeks' gestation.

Outcomes: For 584 babies born at 22-25 weeks' gestation were compared with those of 260 surviving babies of the same gestational age born in 1995. Main outcome measures Survival to age 3 years, impairment (2008 consensus definitions), and developmental scores. Multiple imputation was used to account for the high proportion of missing data in the 2006 cohort.

Results: Of the 576 babies evaluated after birth in 2006, 13.4% (n=77) were categorised as having severe impairment and 11.8% (n=68) moderate impairment. The prevalence of neurodevelopmental impairment was significantly associated with length of gestation, with greater impairment as gestational age decreased: 45% at 22-23

weeks, 30% at 24 weeks, 25% at 25 weeks, and 20% at 26 weeks ($P < 0.001$). Cerebral palsy was present in 83 (14%) survivors. Mean developmental quotients were lower than those of the general population (normal values 100 (SD 15)) and showed a direct relation with gestational age: 80 (SD 21) at 22-23 weeks, 87 (19) at 24 weeks, 88 (19) at 25 weeks, and 91 (18) at 26 weeks. These results did not differ significantly after imputation. Comparing imputed outcomes between the 2006 and 1995 cohorts, the proportion of survivors born between 22 and 25 weeks' gestation with severe disability, using 1995 definitions, was 18% (95% confidence interval 14% to 24%) in 1995 and 19% (14% to 23%) in 2006. Fewer survivors had shunted hydrocephalus or seizures. Survival of babies admitted for neonatal care increased from 39% (35% to 43%) in 1995 to 52% (49% to 55%) in 2006, an increase of 13% (8% to 18%), and survival without disability increased from 23% (20% to 26%) in 1995 to 34% (31% to 37%) in 2006, an increase of 11% (6% to 16%).

Conclusion: Survival and impairment in early childhood are both closely related to gestational age for babies born at less than 27 weeks' gestation. Using multiple imputation to account for the high proportion of missing values, a higher proportion of babies admitted for neonatal care now survive without disability, particularly those born at gestational ages 24 and 25 weeks.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3514471/>

7. Understanding Women's Interpretations of Infant Formula Advertising

Parry, K., Taylor, E., Hall-Dardess, P., Walker, M., & Lobbok, M. (2013). Understanding women's interpretations of infant formula advertising. *Birth, 40*(2), 115-124. doi: 10.1111/birt.12044

ABSTRACT:

Background: Exclusive breastfeeding for 6 months and continued breastfeeding for at least 1 year is recommended by all major health organizations. Whereas 74.6 percent of mothers initiate breastfeeding at birth, exclusivity and duration remain significantly lower than national goals. Empirical evidence suggests that exposure to infant formula marketing contributes to supplementation and premature cessation. The objective of this study was to explore how women interpret infant formula advertising to aid in an understanding of this association.

Methods: Four focus groups were structured to include women with similar childbearing experience divided according to reproductive status: preconceptional, pregnant, exclusive breastfeeders, and formula feeders. Facilitators used a prepared protocol to guide discussion of infant formula advertisements. Authors conducted a thematic content analysis with special attention to women's statements about what they believed the advertisements said about how the products related to human milk (superior, inferior, similar) and how they reported reacting to these interpretations.

Results: Participants reported that the advertisements conveyed an expectation of failure with breastfeeding, and that formula is a solution to fussiness, spitting up, and other normal infant behaviors. Participants reported that the advertisements were confusing in terms of how formula-feeding is superior, inferior or the same as breastfeeding. This confusion was exacerbated by an awareness of distribution by

health care practitioners and institutions, suggesting provider endorsement of infant formula.

Conclusions: Formula marketing appears to decrease mothers' confidence in their ability to breastfeed, especially when provided by health care practitioners and institutions. Therefore, to be supportive of breastfeeding, perinatal educators and practitioners could be more effective if they did not offer infant formula advertising to mothers.

<http://onlinelibrary.wiley.com/doi/10.1111/birt.12044/abstract>

https://cdr.lib.unc.edu/indexablecontent?id=uuid:eec6f152-b37c-43cc-9c7a-8180efd562af&ds=DATA_FILE

III. CURRENT INITIATIVES

8. Take part in YWCA Week Without Violence

October 14-20, 2013

Each year during the third week of October, Canadians bond with people in over 90 countries around the world to mark YWCA's Week Without Violence™, a week-long series of community events promoting diverse approaches to creating a violence-free world. More than 9,500 people in schools, workplaces and neighbourhood organizations throughout Canada recognize this annual violence prevention initiative aimed at making violence a thing of the past.

<http://ywcacanada.ca/en/pages/www/introduction>

9. Call for Abstracts - Health in All Policies: Taking Intersectoral Action for Equitable and Sustainable Health

November 5-6, 2014: Burnaby, BC

The Public Health Association of British Columbia and Partners present a Regional Conference in partnership with Pan-American Health Organization. Abstract Applications will be accepted online for the Conference until September 15, 2013. Please consult the Call for Abstracts Guidelines before completing the online abstract submission. All persons making a presentation will be required to register for the conference.

<http://www.phabc.org/>

IV. UPCOMING EVENTS

10. Using the Natural Laws to Find Breastfeeding Solutions

September 11, 2013: Ottawa, ON

September 12, 2013: Guelph, ON

Registration is now open for La Leche League Canada Health Professional Seminars presenting Nancy Mohrbacher, IBCLC, FILCA. The Seminar topics will include:

- The Natural Laws of Breastfeeding
- Concerns about Milk Production
- Breastfeeding Behaviours
- Nipple Pain and Trauma

<http://www.lllc.ca/health-professional-seminars>

11. Workshop for Parents: Putting an End to Sleepless Nights

September 12, 2013: Scarborough, ON

In this workshop to help parents with their infant's sleep, Karen Parkinson, RN will work with parents to:

- Support their newborns with good sleep patterns
- Set routines
- Understanding their baby's sleep needs

<http://www.vha.ca/home/putting-an-end-to-sleepless-nights-workshop.html>

12. Attachment Parenting International and Non-Violent Communication = Growing Your Peaceful Family

September 24, 2013: Online

Harness Your SuperPower of Combining Compassionate Parenting AND Nonviolent Communication (NVC) with special guest Ingrid Bauer, co-moderated by Lu Hanessian and Barbara Nicholson.

Topics to be covered:

- The story of unmet needs: in our kids and ourselves
- The powerful intersection of attachment parenting (AP) and NVC
- The practice and purpose of nonviolent communication: what is NVC?
- Making NVC a natural part of your parenting
- Balancing and nurturing an AP marriage with NVC
- The heart of nonviolent communication
- Common misconceptions and (therefore) challenges
- The benefits of API + NVC in your family

Don't miss this opportunity to understand why and how you and your family are affected by painful conflict, and learn the power you already have to shift your family from resentment and defence to empathy, understanding and forgiveness.

https://org2.salsalabs.com/o/5590/p/salsa/event/common/public/?event_KEY=68087

13. The Best Start Resource Centre - Supporting Parents: A Train-the-Trainer Workshop

September 27, 2013: Kitchener Waterloo, ON and October 2, 2013, Markham, ON

The Best Start Resource Centre will be holding two regional workshops for service providers. For registrations information go to: http://beststart.org/index_eng.html

This workshop is designed to prepare service providers to successfully deliver staff learning events using the Supporting Parents, When Parents Experience Mental Health Challenges modules in a reflective learning style. Hands-on activities will be used to support potential facilitators and become familiar with aspects of reflective practice, behaviour change and motivational interviewing. To view the modules visit: http://beststart.org/resources/ppmd/supporting_parents_modules.html.

This workshop is intended for service providers in maternal/child health who are responsible to support staff and their professional development. Participants will explore the competencies needed to deliver the modules as successful staff training events.

- Understand the background for the development of the modules.
- Know how to prepare for the delivery of the modules.
- Learn or reinforce skills and strategies to engage their learners.
- Discuss how to use reflective questions and other information from the workshop handouts.

Speakers:

Dr. Leslie Born MSc, PhD has a Master's in Mental Health Counseling (Niagara University) and PhD in Medical Science (University of Toronto). Dr. Born is Assistant Professor (part time) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Born has an extensive background in women's mental health, including pregnancy and postpartum. She has written and delivered seminars on maternal mental health, interpersonal psychotherapy, motivational interviewing, and patient supported self-management. Dr. Born contributed to Creating Circles of Support for Expectant and New Mothers and Supporting Parents with Mental Health Challenges, practical handbooks and workshops by the Best Start Resource Centre, Health Nexus.

Hiltrud Dawson, Best Start Resource Centre works with the Best Start Resource Centre, funded to support Ontario service providers who address preconception, prenatal, maternal and child health. She has worked extensively on breastfeeding, perinatal mood and anxiety disorders and infant health. In her present capacity, Hiltrud assists communities across the province by providing workshops, consultations and developing new provincial resources.

Note: The \$70 registration fee includes a binder with a copy of the modules' slides, notes and handouts.

For inquiries about registration contact:

Roshni Juttun: r.juttun@healthnexus.ca 1-800-397-9567 or 416-408-2249 ext. 2336

For content inquiries contact:

Hiltrud Dawson: h.dawson@healthnexus.ca 1-800-397-9567 or 416-408-2249 ext. 2250

14. International Childbirth Education Association - Professional Childbirth Educator Workshop

October 3-4, 2013, Toronto, ON

The Mount Sinai Hospital Prenatal Education Program is hosting an ICEA Professional Childbirth Educator Workshop. The workshop is geared towards both new and seasoned Childbirth Educators and attending the entire workshop will meet the contact hour requirement for ICEA Childbirth Educator Certification. It also provides 16 CEU's for Registered Nurses. To find out more about ICEA and the Childbirth Educator Certification process, please go to <http://www.icea.org/> and go to the Certification heading.

<http://www.jmbirthconsultants.com/workshops/childbirtheducator.html>

15. Upcoming Workshop for Health Care Providers: Identifying Complexities and Solutions to Nurture Infant Mental Health

October 4, 2013: London, ON

Under the leadership of the Middlesex-London Health Unit, the Community Early Years Partnership and the Physician Champion Committee are pleased to offer a full day workshop entitled 'Identifying Complexities and Solutions to Nurture Infant Mental Health.' This workshop has been accredited for 5 Mainpro®-C credits and 1 Mainpro-M1 credits.

This interactive workshop will provide participants with a deeper understanding of prenatal and early years factors that can significantly impact a child's developmental trajectory. The cost of the workshop for Physicians is \$100. Note that there is a discounted rate of \$75 for Nurse Practitioners, Registered Nurses, and Allied Health Professionals. A further discounted rate of \$50 will be charged for Family Medicine Residents and Students.

Early registration is recommended as space is limited. For questions or further information about this workshop, contact Joanne Simpson, RN, Public Health Nurse at 519-663-5317 ext. 2586.

<https://www.healthunit.com/news/identifying-complexities-solutions-to-nurture-Infant-mental-health>

16. Early Years Symposium: Continuing the Journey – Making Early Learning Visible

October 19, 2013: Toronto, ON

This one-day symposium will be of interest to teachers, ECE educators, administrators and teaching assistants working in full day early learning Kindergarten programs. All are invited to learn, network, celebrate and plan with members of your school team and others from across Ontario. This highly interactive day features two keynote speakers and breakout sessions with school teams across Ontario, and faculty who are deeply immersed in all aspects of early learning. Reactions and responses from all participants will ensure lively dialogue! Full day early learning school teams from across Ontario, in

breakout sessions, will present best practices relating to community and family engagement.

<http://bit.ly/EarlyYearsSymposium>

17. Best Start Resource Centre - Child and Family Poverty Workshop

November 18, 2013: Oshawa, ON

This interactive workshop is for service providers who work with young children, with parents of young children, or who have the opportunity to influence the health and development of young children.

This workshop will address pertinent information for service providers working with families with young children (0-6 years old) living in poverty. It will share information about rates of child poverty, consequences of child poverty, strategies that influence the impact of child poverty, and strategies that influence the rate of child poverty.

Details about the program and registration will be posted on the Best Start website in the coming weeks.

www.beststart.org

V. RESOURCES

18. Early Years: Practical Strategies for Promoting Physical Activity

The British Heart Foundation National Centre for Physical Activity and Health has created an online, *Early Years: Practical Strategies for Promoting Physical Activity* practice briefing designed to give practitioners and managers of early years settings ideas for promoting physical activity for children under five years old.

The briefing presents recommendations in three sections:

- Section 1 – Planning and developing physical activity initiatives
- Section 2 – Working with parents and carers
- Section 3 – Increasing physical activity in early years settings

The briefing concludes with a summary of the National Institute for Clinical Excellence (NICE) public health guidance on behaviour change.

The briefing is also accompanied by two check lists designed to help commissioners or early years setting managers to assess their initiatives against the recommendations in the briefing, and to highlight strategies that are important for consideration at the different levels of planning.

<http://www.bhfactive.org.uk/homepage-resources-and-publications-item/382/index.html>

19. Making the Case: Tools for Supporting Local Alcohol Policy in Ontario

Making the Case is a resource created by CAMH Health Promotion Resource Centre in Partnership with Public Health Ontario. The resource is intended to build awareness of

the need for local action on alcohol-related harms, and is intended to help public health stakeholders, healthy community partnerships, and other relevant groups develop and implement local alcohol policies.

Making the Case features three tools:

- An Alcohol Policy Approaches Table, which includes examples of how to take local action, based on the seven World Health Organization-recommended approaches
- Local Action Tables, which map the actions described above against areas recommended by the National Alcohol Strategy, Ontario Public Health Standards, and local leaders
- A Resource Inventory, which compiles information about taking policy action to reduce alcohol-related harm.

http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Making%20the%20Case%20Tools%20for%20Supporting%20Local%20Alcohol%20Policy%20in%20Ontario.pdf

20. World Health Organization Guidelines for Preventing Early Pregnancy and Poor Reproductive Outcomes (available in French)

This resource focuses on key actions that aim to reduce the number of adolescent pregnancies in developing countries. The main recommended actions are to:

- Prevent early pregnancy: by preventing marriage before 18 years of age, by increasing knowledge and understanding of the importance of pregnancy prevention; by increasing the use of contraception; and by preventing coerced sex
- Prevent poor reproductive outcomes: by reducing unsafe abortions; and by increasing the use of skilled antenatal, childbirth and postnatal care

These guidelines are primarily for policy-makers, planners and program managers from governments, nongovernmental organizations and development agencies, as well as, public health researchers and practitioners, professional associations, etc.

EN: http://whqlibdoc.who.int/publications/2011/9789241502214_eng.pdf

FR: http://apps.who.int/iris/bitstream/10665/75466/1/WHO_FWC_MCA_12.02_fre.pdf

21. No Time to Wait: The Healthy Kids Strategy (available in French)

No Time to Wait: The Healthy Kids Strategy is a resource developed by the Healthy Kids Panel that is intended to help achieve the Government of Ontario's target of reducing childhood obesity by 20% by 2017. The resource recommends a three-part strategy for achieving the greatest positive impact on child health as well as a substantial return on investment for Ontario. The three elements of the strategy are:

- Start all kids on the path to health;
- Change the food environment; and
- Create healthy communities.

EN: <http://pcyi.org/uploads/File/HEALTHYKIDSPANELREPORT201303.pdf>

FR: http://www.health.gov.on.ca/fr/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf

VI. FEATURED BEST START RESOURCES

22. Pimotisiwin: A Good Path for Pregnant and Parenting Aboriginal Teens

This resource will help service providers in supporting Aboriginal teens who are pregnant and parenting, as well as their children. To provide continuity, the resource also includes brief information about preventing teen pregnancies. The information will assist in strengthening programs and services in a culturally appropriate manner.

http://beststart.org/resources/aboriginal_health.html

23. Open Hearts, Open Minds: Services that are Inclusive of First Nations, Métis and Inuit Families

This report shares how, with an open heart and open mind, service providers can positively influence the inclusion of First Nation, Métis and Inuit families in services. The report provides key concepts and approaches for being inclusive. An overview of Canada's history gives a cursory background as to why Aboriginal peoples have been excluded and marginalized from services. The report shares insights on inclusive strategies, policies, hiring practices, attitudes, spaces and relationships. Cultural context and cultural safety are also discussed.

http://beststart.org/resources/aboriginal_health.html

About This Bulletin

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

Other Health Nexus Communications:

Electronic Bulletins

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

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

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

Online Networks (listservs)

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

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

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

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

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

Blogs

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

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

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