

MNCHP Network Bulletin



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by/par health **nexus** santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in 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 27, 2013

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I. NEWS & VIEWS

1. The Rug Rat Race – The Case for a Canada-Wide Policy for Early Childhood Education

The Rug Rat Race - The Case for a Canada-Wide Policy for Early Childhood Education is a CBC Radio One special series on Education (CBC, September 3, 2013). This series examines what parents are doing in the early-years to prepare their children for school and life. It examines the potential advantage that upper and middle-class parents have over those families with fewer resources and the impact on children. The topics include: benefits of early childhood education, high income parents, infants and early learning, childhood education and care policies, low income parents, and parental pressures.

Online recording: <http://bit.ly/RugRatRace>

Full summary: <http://www.cbc.ca/bc/community/blog/2013/08/the-rug-rat-race-a-province-wide-cbc-radio-one-special-series-on-education.html>

2. Innovating in Early Head Start: Can Reducing Toxic Stress Improve Outcomes for Young Children?

This article (Center on the Developing Child (CDC) – Harvard University, 2013) discusses the impact of toxic stress – defined as “excessive or prolonged activation of stress response systems in the body” – on child development in low income American

families. It also highlights the *Early Head Start* program, which is designed to support these families and foster strong relationships between child and caregiver and be a possible protective factor for toxic stress. The article also discusses recent research grants offered by the U.S. Administration for Children and Families that aim to “improve basic parent-child interactions in the highest-risk families receiving weekly visits” (i.e. family interventions to promote positive care-giving techniques).

http://developingchild.harvard.edu/index.php/resources/stories_from_the_field/tackling_toxic_stress/innovating_in_early_head_start/?utm_source=Center+on+the+Developing+Child%27s+mailing+list&utm_campaign=c3730e4c84-September+2013+Newsletter&utm_medium=email&utm_term=0_b803499e01-c3730e4c84-11033869

3. Government of Canada supporting maternal and child health in developing countries

This article (CBC, September 25, 2013) discusses the Government of Canada’s announcement to contribute a total of \$1.1 billion to the Muskoka Initiative – a program to support maternal, newborn, and child health in developing countries. These funds will assist programming in this area until 2015.

CBC article: <http://www.cbc.ca/news/politics/harper-pegs-203m-for-women-s-health-in-developing-countries-1.1867612>

Muskoka Initiative: <http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/En/FRA-119133138-PQT>

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

* 4. Home Visiting and Outcomes of Preterm Infants: A Systematic Review*

Goyal, N., Teeters, A., & Ammerman, R. T. (2013). Home visiting and outcomes of preterm infants: A systematic review. *Pediatrics*, 132(3), 502-516.

ABSTRACT:

Background and Objectives: Home visiting is 1 strategy to improve child health and parenting. Since implementation of home visiting trials 2 decades ago, US preterm births (<37 weeks) have risen by 20%. The objective of this study was to review evidence regarding home visiting and outcomes of preterm infants.

Methods: Searches of Medline, Cumulative Index to Nursing and Allied Health Literature, Cochrane Database of Systematic Reviews, Cochrane Controlled Trial Register, PsycINFO, and Embase were conducted. Criteria for inclusion were (1) cohort or controlled trial designs; (2) home-based, preventive services for infants at medical or social risk; and (3) outcomes reported for infants born preterm or low birth weight (<2500

g). Data from eligible reports were abstracted by 2 reviewers. Random effects meta-analysis was used to synthesize data for developmental and parent interaction measures.

Results: Seventeen studies (15 controlled trials, 2 cohort studies) were reviewed. Five outcome domains were identified: infant development, parent-infant interaction, morbidity, abuse/neglect, and growth/nutrition. Six studies (n = 336) demonstrated a pooled standardized mean difference of 0.79 (95% confidence interval 0.57 to 1.02) in Home Observation for Measurement of the Environment Inventory scores at 1 year in the home-visited groups versus control. Evidence for other outcomes was limited. Methodological limitations were common.

Conclusions: Reviewed studies suggest that home visiting for preterm infants promotes improved parent-infant interaction. Further study of interventions targeting preterm infants within existing programs may strengthen the impact and cost benefits of home visiting in at-risk populations.

<http://www.ncbi.nlm.nih.gov/pubmed/23940238>

* 5. Prevalence of Fetal Alcohol Spectrum Disorders in Child Care Settings: A Meta-analysis*

Lange, S., Shield, K., Rhem, J., & Popova, S. (2013). Prevalence of Fetal Alcohol Spectrum Disorders in child care settings: A meta-analysis. *Pediatrics*. doi: 10.1542/peds.2013-0066

ABSTRACT:

Background: Children often enter a child-care system (eg, orphanage, foster care, child welfare system) because of unfavourable circumstances (eg, maternal alcohol and/or drug problems, child abuse/neglect). Such circumstances increase the odds of prenatal alcohol exposure, and thus this population can be regarded as high risk for fetal alcohol spectrum disorders (FASD). The primary objective was to estimate a pooled prevalence for fetal alcohol syndrome (FAS) and FASD in various child-care systems based on data from existing studies that used an active case ascertainment method.

Methods: A systematic literature review, using multiple electronic bibliographic databases, and meta-analysis of internationally published and unpublished studies that reported the prevalence of FAS and/or FASD in all types of child-care systems were conducted. The pooled prevalence estimates and 95% confidence intervals (CIs) were calculated by using the Mantel-Haenszel method, assuming a random effects model. Sensitivity analyses were performed for studies that used either passive surveillance or mixed methods.

Results: On the basis of studies that used active case ascertainment, the overall pooled prevalence of FAS and FASD among children and youth in the care of a child-care system was calculated to be 6.0% (60 per 1000; 95% CI: 38 to 85 per 1000) and 16.9% (169 per 1000; 95% CI: 109 to 238 per 1000), respectively.

Conclusions: The results confirm that children and youth housed in or under the guardianship of the wide range of child-care systems constitute a population that is high-

risk for FASD. It is imperative that screening be implemented in these at-risk populations.

<http://pediatrics.aappublications.org/content/early/2013/09/04/peds.2013-0066.abstract?sid=b876a6c0-86ef-4b70-8619-5afb625f7deb>

6. 18 Percent of Pregnant Women Drink Alcohol During Early Pregnancy

Substance Use and Mental Health Services Administration. (2013). 18 Percent of women drink Alcohol during early pregnancy. *Substance Use and Mental Health Services Administration*. Retrieved from

<http://www.samhsa.gov/data/spotlight/spot123-pregnancy-alcohol-2013.pdf>

EXCERPT:

Women who drink alcohol while pregnant increase the risk that their infants will have physical, learning, and/or behavior problems, including Fetal Alcohol Spectrum Disorder (FASD). These problems are caused by alcohol and can be life long. Combined 2011 to 2012 data from the National Survey on Drug Use and Health (NSDUH) show that 8.5 percent of pregnant women aged 15 to 44 drank alcohol in the past month. Also, 2.7 percent binge drank. Among women aged 15 to 44 who were not pregnant, 55.5 percent drank alcohol in the past month, and 24.7 percent binge drank. Most alcohol use by pregnant women occurred during the first trimester. Alcohol use was lower during the second and third trimesters than during the first (4.2 and 3.7 percent vs. 17.9 percent). These findings suggest that many pregnant women are getting the message and not drinking alcohol.

<http://www.samhsa.gov/data/spotlight/spot123-pregnancy-alcohol-2013.pdf>

7. School-based Programs to Reduce Bullying and Victimization: Evidence and Implications for Public Health

Traynor, R., Edmonds, M., & Dobbins, M. (2013). School-based programs to reduce bullying and victimization: Evidence and implications for public health. Hamilton, ON: McMaster University. Retrieved from http://www.healthevidence.org/documents/byid/22728/Farrington2009_EvidenceSummary_EN.pdf

EXCERPT:

This high quality review is based on 41 program evaluations of moderate methodological quality. School-based anti-bullying programs reduced the rates of both perpetration (i.e. act of bullying) and victimization (i.e. being bullied). Specific program elements independently associated with a decrease in bullying include: (1) parent training/meetings, disciplinary methods, and intensity of program for children; and (2) victimization include: use of anti-bullying videos, disciplinary methods, and duration of program for children. A program element associated with an increase in victimization was work with peers, including peer mentoring and mediation. Specific design features associated with more effective programs include programs that target older children and programs with outcome measures twice per month.

http://www.healthevidence.org/documents/byid/22728/Farrington2009_EvidenceSummary_EN.pdf

* 8. Risks and Safety of Pandemic H1N1 Influenza Vaccine in Pregnancy: Birth Defects, Spontaneous Abortion, Preterm Delivery, and Small for Gestational Age Infants.*

Chambers, C. D., Johnson, D., Xu, R., Luo, Y., Louik, C., Allen, A...Jones, K. L. (2013). Risks and safety of pandemic h1n1 influenza vaccine in pregnancy: Birth defects, spontaneous abortion, preterm delivery, and small for gestational age infants. *Vaccine*. doi: 10.1016/j.vaccine.2013.08.097

ABSTRACT:

Introduction: There is a need for additional information on the fetal risks and relative safety of the pandemic H1N1 monovalent or trivalent influenza (pH1N1)-containing vaccines in women exposed during pregnancy.

Methods: To assess risks and relative safety of the pH1N1-containing vaccines, we conducted a prospective cohort study of pH1N1-vaccine-exposed and unexposed comparison women residing in the U.S. or Canada who were recruited during pregnancy and followed to outcome between October 2009 and August 2012. For exposure to the pH1N1 vaccine, adjusted relative risks (RRs) and 95% confidence intervals (CIs) were estimated for major birth defects and infants small for gestational age. Adjusted hazard ratios (HRs) and 95% CIs were estimated for spontaneous abortion and preterm delivery for time-varying exposure.

Results: There were 1032 subjects available for analysis; 841 women were exposed to a pH1N1-containing vaccine in pregnancy, and 191 women were unexposed to any influenza vaccine in pregnancy. Nine of 328 (2.7%) first-trimester-exposed pregnancies resulted in an infant with a major birth defect compared to 6/188 (3.2%) in the unexposed (adjusted RR 0.79, 95% CI 0.26-2.42). The HR for spontaneous abortion was not elevated (adjusted HR 0.92, 95% CI 0.31-2.72). Adjusted HRs for preterm delivery were elevated for exposure anytime in pregnancy (3.28, 95% CI 1.25-8.63), specifically with exposure in the 1st or 2nd trimester. However, the mean decrease in gestational age in the exposed pregnancies was approximately three days. Adjusted RRs for small for gestational age infants on weight and length approximated 1.0.

Conclusions: For the 2009-12 influenza seasons combined, we found no meaningful evidence of increased RR or HR for major birth defects, spontaneous abortion, or small for gestational age infants. There was some evidence of an increased HR for preterm delivery following pH1N1-influenza vaccine exposure; however the decrease in gestational age on average was approximately three days.

<http://www.ncbi.nlm.nih.gov/m/pubmed/24016809/>

* 9. Breastfeeding Concerns at 3 and 7 Days Postpartum and Feeding Status at 2 Months.*

Wagner, E. A., Chantry, C. J., Dewey, K. G., & Nommsen-Rivers, L. A. (2013). Breastfeeding concerns at 3 and 7 days postpartum and feeding status at 2 months. *Pediatrics*. doi: 10.1542/peds.2013-0724

ABSTRACT:

Objective: We characterized breastfeeding concerns from open-text maternal responses and determined their association with stopping breastfeeding by 60 days (stopping breastfeeding) and feeding any formula between 30 and 60 days (formula use).

Methods: We assessed breastfeeding support, intentions, and concerns in 532 expectant primiparas and conducted follow-up interviews at 0, 3, 7, 14, 30, and 60 days postpartum. We calculated adjusted relative risk (ARR) and adjusted population attributable risk (PAR) for feeding outcomes by concern category and day, adjusted for feeding intentions and education.

Results: In 2946 interviews, 4179 breastfeeding concerns were reported, comprising 49 subcategories and 9 main categories. Ninety-two percent of participants reported ≥ 1 concern at day 3, with the most predominant being difficulty with infant feeding at breast (52%), breastfeeding pain (44%), and milk quantity (40%). Concerns at any postpartum interview were significantly associated with increased risk of stopping breastfeeding and formula use, with peak ARR at day 3 (eg, stopping breastfeeding ARR [95% confidence interval] = 9.2 [3.0–infinity]). The concerns yielding the largest adjusted PAR for stopping breastfeeding were day 7 “infant feeding difficulty” (adjusted PAR = 32%) and day 14 “milk quantity” (adjusted PAR = 23%).

Conclusions: Breastfeeding concerns are highly prevalent and associated with stopping breastfeeding. Priority should be given to developing strategies for lowering the overall occurrence of breastfeeding concerns and resolving, in particular, infant feeding and milk quantity concerns occurring within the first 14 days postpartum.

<http://pediatrics.aappublications.org/content/early/2013/09/18/peds.2013-0724.abstract>

III. CURRENT INITIATIVES

10. Photo Drive: Aboriginal Family Photos

The Best Start Resource Centre is looking for Aboriginal family photos to use in our new resources. If you would like to share high resolution pictures of your family engaged in positive family practices, we would like to include these photos in our new resources. If your photo is selected, we will send you a release form to sign to give us permission to use your photo. A small honorarium will be paid for photos that could be used in future Best Start resources. Please forward your pictures to y.lawson@healthnexus.ca along with your contact information.

11. 2014 Global Summit on the Physical Activity of Children – The Power to Move Kids

The Global Summit on the Physical Activity of Children is now accepting abstracts for a variety of presentations at the 2014 Global Summit. If your work includes original research in the field, or you have a best practices case study that should be shared with this international audience, we encourage your submission. Abstracts must be submitted by December 1, 2013. Abstracts will be reviewed and authors will be notified by e-mail whether their abstract has been accepted or not by January 15, 2014.

See how to submit abstracts online: http://meridican.cvent.com/events/2014-global-summit-on-the-physical-activity-of-children/custom-36-c4eba5c1ea4c4910ad696c7a28076257.aspx?utm_source=Global+Summit+Newsletter+%237+-+September%2C+2013+Meet+&utm_campaign=Summit+Newsletter+%237&utm_medium=email

12. Eat Well Campaign

From school lunches to weeknight dinners, Health Canada's Eat Well campaign has tips on healthy eating when you're short on time. Coming soon – Visit HealthyCanadians.gc.ca/EatWell where you'll find the "Healthy Eating Grocery Store Challenge" then play the game with your kids next time you go to the grocery store. www.healthycanadians.gc.ca/eatwell

IV. UPCOMING EVENTS

13. Bellies, Bumps, and Babies Events

In partnership with Head Start For Baby we are on a mission to connect parents early on in their parenting journey and equip them with the resources they need to get connected to other parents and local help in their community. Upcoming events are held in communities across Ontario. Please share with your networks.

Please come out and share information with parents at the Bellies, Bumps and Babies events. Do you provide services for parents? Please contact dulice@lifewithababy.com to reserve a table.

[Bellies, Bumps & Babies event - Scarborough](#)

September 28, 2013 from 10:00 AM - 12:00 PM: Scarborough Chinese Alliance Church - Finch & Midland Ave.

[Bellies, Bumps & Babies event - Haliburton](#)

October 5, 2013 from 10:00 AM - 12:00 PM: Haliburton, Ontario Early Years Centre (behind Halco Plaza)

[Bellies, Bumps & Babies event - Thornhill](#)

October 5, 2013 from 10:00 AM - 12:00: Thornhill Golf & Country Club

[Bellies, Bumps & Babies event - Thornhill PM Session](#)

October 5, 2013 from 2:00 PM - 4:00 PM: Thornhill Golf & Country Club

[Circles of Support - Newmarket](#)

October 10, 2013 from 10 AM - 12 PM: Welcome Centre Newmarket - 16655 Yonge Street, Unit #26, Newmarket

[Bellies, Bumps & Babies event - Burlington](#)

October 19, 2013 from 10:00 AM - 12:00 PM: Tansley Woods Community Centre - 1996 Itabashi Way Burlington

[Bellies, Bumps & Babies event - Grimsby](#)

October 26, 2013 from 10:00 AM - 12:00: Peach King Centre - 162 Livingston Avenue, Grimsby

[Bellies, Bumps & Babies event - Toronto](#)

October 27, 2013 from 10:00 AM - 12:00: Toronto Midtown

14. Postpartum Depression Awareness Walk

October 9, 2013: Waterloo, ON

It is known that 1 in 5 women and 1 in 10 men in Canada will experience a Postpartum mood disorder. WE also know that peer support prevents postpartum depression by 50%. Join the Postpartum Depression Awareness Walk to reduce isolation and prevent postpartum depression from 11:00am – 1:00pm at the Waterloo Park at the Bandshell. Dr. Ginette Lafreniere, Director of the Manulife Centre for Healthy Living, will be speaking at the event. There will be a toddler/kids active area, story time and crafts, and loads of freebies including Empire Theatre Tickets.

Register at: www.lifewithbaby.com

15. The 23rd Annual National Breastfeeding Conference

October 17, 2013: Toronto, ON

The 23rd Annual National Breastfeeding Conference promises to be a stimulating, informative and exciting venue to connect with colleagues. Our speaker line-up this year includes Jane Morton, Jan Barger, David Clarke, Toronto Public Health, Janette Festival, Sharon Unger, Debbie Stone, and Anita Kozyrskyj. The Conference has also received its official IBLCE approval for 10.5 L CERPs and 2.0 E CERPs. For all the conference information, including our eleven-page PDF brochure and online registration, log onto:

<http://breastfeedingconference.com>

Online registration is now open. To register go to:

www.breastfeedingconference.com/register.html

16. Health Evidence Webinar Series

October 30, 2013: Online

Health Evidence is preparing to launch a webinar series this fall, with funding support from KT Canada. The first webinar – scheduled for October 30 – will be hosted in partnership with the Canadian Cochrane Centre. This webinar will summarize and present the findings from:

Dobbins, M., Husson, H., DeCorby, K., & LaRocca, R. L. (2013). School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *Cochrane Summaries*. Retrieved from <http://summaries.cochrane.org/CD007651/school-based-physical-activity-programs-for-promoting-physical-activity-and-fitness-in-children-and-adolescents-aged-6-to-18>

We will have more information about this and the other webinars planned for the series soon. Follow us on Twitter ([#HEwebinar](#)) for the latest updates.

http://chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=240%3Acrdcn-parents-level-of-education-and-their-adult-childrens-risk-of-experiencing-major-depression&Itemid=6&lang=en

17. CRDCN - Parents' Level of Education and Their Adult Children's Risk of Experiencing Major Depression (available in French)

November 5, 2013: Online

This Fireside Chat is in collaboration with the Canadian Research Data Centre Network Depression in early adulthood strikes at a critical time. An individual may be pursuing studies or apprenticeships, or starting a career or a family. A disruption caused by depression can potentially derail these events and have lifelong consequences.

In this webinar, Dr. Quesnel-Vallée will review the findings of a recent study - the first in Canada – examining the impact of mother's and father's education on depression in early adulthood. The study employs a sample of 1,267 participants from Statistics Canada's National Population Health Survey. The respondents were first interviewed in 1994, when they were between 12 and 24 years old, and living with their parents. They were then followed for 12 years, and their risk of major depressive episode was assessed when they were between 22 and 36 years old. One of the most striking conclusions is that children of women who did not finish high school were twice as likely to experience a major episode of depression in early adulthood as children whose mothers obtained a high school diploma.

http://chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=240%3Acrdcn-parents-level-of-education-and-their-adult-childrens-risk-of-experiencing-major-depression&Itemid=6&lang=en

18. 2013 Canadian Injury Prevention and Safety Promotion Conference

November 5-7, 2013: Montreal, QC

Parachute and the Canadian Red Cross are pleased to announce the 2013 Canadian Injury Prevention and Safety Promotion Conference.

The conference theme is Evidence to Action: Prevent Injury and Violence Now!

<http://www.injurypreventionconference.ca/home/2013/5/10/parachute-and-the-canadian-red-cross-are-pleased-to-announce.html>

19. Child and Family Poverty Workshop

November 18, 2013: Oshawa, Ontario

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

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

www.beststart.org

20. Canadian Association of Perinatal and Women's Health Nurses 3rd Annual Conference

November 21-23, 2013: Niagara Falls, ON

The Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) is proud to invite you to its 3rd National Conference which will be held at the Sheraton on the Falls in Niagara Falls, Ontario.

This year's conference, entitled "Evolving through the Mist of Change", will feature some recognized and dynamic keynote speakers as well as over 85 oral and poster presentations from colleagues across Canada on a variety of topics pertaining to perinatal and women's health.

Niagara Falls is a wonderful place to visit with its many well-known tourist attractions, and there are not-to-be-missed fun social events planned for conference delegates. We hope that you will join us to learn about the latest trends and practices, while networking with colleagues and having stimulating conversations! For more information or to register for the conference, please see our Preliminary Program on our website www.capwhn.ca

21. The Sandbox Project 2014 Conference – Save the Date!

January 23, 2013: Toronto, ON

The Sandbox Project 4th Annual Conference will be on January 23rd, 2014 at TELUS House in Toronto. More details will be posted as they become available.

<http://sandboxproject.ca/2013/01/23/the-sandbox-project-2013-conference/>

V. RESOURCES

22. Healthy Families Hamilton Now on Facebook

The Family Health Division of Public Health Services in the City of Hamilton is pleased to announce the launch of our new Facebook page called Healthy Families Hamilton. Hamilton parents and caregivers can visit this page for quick, up-to-date, and reliable information from Registered Nurses and Registered Dietitians about pregnancy and parenting children from birth to age six years.

The Healthy Families Hamilton team of experts will share information, respond to questions and engage in conversations about:

- pregnancy
- breastfeeding
- parenting
- child safety
- growth and development
- healthy eating, and
- taking care of yourself as a parent

Please encourage your clients to visit our page. Our staff will be live on the Healthy Families Hamilton page from Monday to Friday, 8:30am to 4:30pm (excluding holidays). Be sure to “Like” the page on Facebook at: www.facebook.com/healthyfamilieshamilton

23. New Resource - Ontario's Poverty Reduction Strategy: Making Transit a Priority

Access to transit needs to be a significant component of any initiative to reduce and ultimately eliminate poverty in Toronto and Ontario. Toronto Public Health collaborated with Social Planning Toronto to convene a number of groups with a shared interest in making sure that affordable, accessible transit is part of Ontario's next Poverty Reduction Strategy. From that conversation, a background paper, “Make Affordable Transit an Issue in Ontario's Next Poverty Reduction Strategy” was developed for use by individuals and organizations working to shape the next phase of Ontario's Poverty Reduction Strategy. This resource can be accessed from:

<http://www.socialplanningtoronto.org/reports/making-transit-a-priority/>

24. Parent Action Pack from Parent Action on Drugs

A new Parent Action Pack to help parents guide teens in making healthier and safer decisions about alcohol and other drugs is now available from Parent Action on Drugs. The Parent Action Pack is a free print and online resource providing parents with up-to-date, research-based information about teen development and alcohol and other drugs. The Parent Action Pack provides parents with the tools to help their sons and daughters make healthier choices and give them the confidence and resiliency to successfully deal with the stresses that impact teens today.

The Parent Action Pack will help parents and other caregivers to:

- understand how teenagers think
- get the facts about alcohol and other drugs, including caffeine, marijuana and prescription drugs
- use effective strategies and talking points to have meaningful conversations with teens
- make the most of their influence with their sons and daughters

This resource is available for health professionals to provide to parents and caregivers of adolescents in the 14 -18 year age range. The Parent Action Pack is free of charge and is available to order in bulk. Visit www.parentactionpack.ca to order or download a copy of the Parent Action Pack or to learn more about the resource.

25. Video: How the Environment Affects Fertility, Pregnancy, and Childhood Development

The National Institute of Environmental Health Sciences (NIEHS), part of the National Institutes of Health, has produced a video that may interest your readers. The video, "How the environment affects fertility, pregnancy, and childhood development", provides women with helpful tips on how to have a healthy pregnancy and how NIEHS research played a role in those discoveries.

To view the video, please click here: <http://www.youtube.com/watch?v=J6XqDRdGScY&feature=c4-overview&list=UUxg2OdLAFrKISDCI0Yjgwsq>

26. UNICEF UK Baby Friendly Initiative Standards

The UNICEF UK Baby Friendly Initiative has today published the evidence behind its revised standards of care. The evidence and rationale for the UNICEF UK Baby Friendly Initiative Standards is a new publication that brings together all the evidence behind Baby Friendly's standards around breastfeeding and relationship-building.

Its aim is to collate the considerable body of knowledge and skills, research, practice and policy into one place. The work critically analyses the available evidence and highlights both good practice and gaps in the current information.

The new Baby Friendly Initiative standards, introduced at the end of 2012 following a large consultation involving clinicians, academics, policy makers and mothers, incorporate the previously used Ten Steps to Successful Breastfeeding and the Seven Point Plan for Sustaining Breastfeeding in the Community, but update and expand them to fully reflect the latest evidence around delivering the best outcomes for mothers and babies in the UK.

This book will be updated as new evidence and practice emerges. Hard copies will be available to order soon.

http://www.unicef.org.uk/BabyFriendly/Resources/General-resources/The-evidence-and-rationale-for-the-UNICEF-UK-Baby-Friendly-Initiative-standards/?utm_source=email&utm_medium=warm_email&utm_campaign=bfi&tracked_linkID=13BF02327

VI. FEATURED BEST START RESOURCES

27. Supporting Parents When Parents Experience Mental Health Challenges: Ready to Use Workshops for Service Providers

The Best Start Resource Centre developed this ready-to-use workshop to meet the needs of service providers who are working with parents experiencing mental health challenges. There is no cost to the workshop. It can be downloaded from the Best Start Resource Centre website.

This workshop consists of four modules suitable for a full-day workshop or four 1 – 1.5 hour learning events. They provides information, links to other resources, highlights resources service providers can use on a day-to-day basis, and provides support through discussion of cases and reflective questions. Service providers will benefit most when the modules are worked through in a group format supported by a facilitator. If that is not an available option, service providers can work through each module individually in a reflective manner.

EN: http://www.beststart.org/resources/ppmd/supporting_parents_modules.html

28. Pregnancy Is Not Always What You Expect – Booklet (available in French)

Pregnancy is a time when some women are at greater risk of becoming depressed and/or anxious. This booklet talks about strategies to help you:

- Take care of your mental health before and during pregnancy.
- Understand the risk factors that can lead to depression or anxiety during pregnancy.
- Know if you are depressed or anxious during pregnancy.

Get help and treatment.

EN: http://www.beststart.org/resources/ppmd/TakeCareMentalHealth_EN_rev.pdf

FR: http://www.meilleurdepart.org/resources/ppmd/TakeCareMentalHealth_FR_rev.pdf

About This Bulletin

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Online Networks (listservs)

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[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.

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