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----- I. NEWS & VIEWS -----

ONTARIO

BREASTFEEDING CONSULTANTS RESIGN TO PROTEST FORMULA TRAINING

This article (CBC News, 2008, June 25) reports that 2 lactation consultants (Renee Hefti-Graham and Linda Good) resigned from Burnaby General hospital because they were concerned that hospital employees are being influenced by an infant formula company. These consultants quit after receiving e-mails sent by managers inviting them to attend an educational seminar on infant feeding organized by Nestle. The company ended up cancelling the event but Hefti-Graham said the seminar violates a World Health Organization order that regulates the marketing of breast milk substitutes. According to the Fraser Health Authority, staff may have been told about the seminar by e-mail, but the health authority did not sponsor it and is not connected with Nestle in any way.

<http://www.cbc.ca/health/story/2008/06/25/bc-breastfeeding-consultants-resign-burnaby-.html?ref=rss>

GOVERNMENT OF ONTARIO ANNOUNCES IT WILL TAKE LESS WORK TO OBTAIN BABY'S BIRTH CERTIFICATE

The Government of Ontario (2008, May 21) announced that parents of newborn babies in Ontario will be able to use an online service to register their baby's birth, and get a birth certificate and a Social Insurance Number. This registration service, a joint project between Service Ontario and Service Canada, is now offered in 26 communities, but will be available across all of Ontario by the end of 2009.

<http://ogov.newswire.ca/ontario/GPOE/2008/05/21/c2802.html?lmatch=&lang=e.html>

HIGH-RISK CHILDREN NEED DENTAL PROGRAMS THAT WORK

The Ontario Dental Association (ODA) is sponsoring a 3-part symposium at the International Association of Dental Research Conference entitled "Designing Dental Programs for High-Risk Children". Dr. Ian McConnachie, ODA Past-President, notes that "What we have clearly isn't working here in Ontario or in many places for that matter... This symposium is a great opportunity to work to fix it. We, the ODA, the stakeholders and the international experts are going to lay out a road map and we are going to make it better – kids here and everywhere deserve that".

<http://www.newswire.ca/en/releases/archive/July2008/02/c9079.html>

MORE SUPPORTS FOR CHILDREN IN CARE OF CHILDREN'S AID SOCIETIES

The Government of Ontario (2008, June 26) announced that children and youth in care will now have more opportunities to build the skills and confidence they will need when they leave care. New funding is going to help children in the care of Children's Aid Societies to participate in learning and recreational programs that support their healthy development so they are able to achieve their full potential. Supports will include tutoring, skills building, and recreational activities, based on each child's individual plan of care. Youth 15 to 17 years of age will also have savings of up to \$3,300 at full implementation that will be held in bank accounts they can access when they leave care.

<http://www.gov.on.ca/children/english/news/releases/247269.html>

GOVERNMENT OF ONTARIO ANNOUNCES NEW LAW THAT BANS COSMETIC PESTICIDES

The Government of Ontario (2008, June 18) announced that the province-wide ban on the sale and use of pesticides is one step closer with the passage of the "Cosmetic Pesticides Ban Act" by the Ontario legislature. This summer the government will consult on the specifics of the ban such as: (1) the products to be banned from sale; (2) the ingredients to be banned from use; and (3) the rules around exceptions for agriculture, forestry, and golf courses (with conditions), or other exceptions such as health and safety issues (e.g., fighting West Nile virus). The ban should take effect in spring 2009. Jan Kasperski, chief executive officer of Ontario College of Family Physicians (OCFP), commented on the ban: "The OCFP looks forward to pesticide free communities and thanks the provincial government for their efforts to protect the health of our children and grandchildren".

<http://ogov.newswire.ca/ontario/GONE/2008/06/18/c5701.html?lmatch=&lang=e.html>

CANADA

CAESAREAN SECTIONS AT ALL-TIME HIGH

This article (The National Post, 2008, June 25) provides information about the growing use of caesarean sections (C-sections) to deliver babies. There are 92,799 births a year by C-section (1 in 4 births) and the Society of Obstetricians and Gynaecologists of Canada (SOGC) is urging doctors and women to choose a C-section only when there is a medical reason to justify it. According to Dr. Vyta Senikas, associate executive vice-president of SOGC: "We have to come back to the basics, and the basics are that 90% of women will have a nice vaginal delivery without any problems to produce a healthy mother and baby". The national C-section rate increased from 17.6% in 1993 to 26.3% in 2005-2006 (Canadian Institute for Health Information, 2008). This is concerning because the World Health Organization says any rate higher than 15% signals "inappropriate usage". The C-section rate for Ontario is 27.8% and doctors are saying that several factors are contributing to the increase in the procedure such as: fear of pain during childbirth, convenience, a shortage of doctors willing to deliver babies, and the growing proportion of mothers who are obese (23% of women of childbearing age in Canada). Obese women tend to have bigger babies and longer labours, which increases the risk of a C-section. The demographics have also increased the C-section rate as the average age of a Canadian woman who had a C-section in 2005-2006 was 30.4, compared to 28.7 for women who had a vaginal delivery (Canadian Institute for Health Information, 2008).

News release: <http://www.nationalpost.com/nationalpost/story.html?id=613441>

Report: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_25jul2007_e

THE CANADIAN PUBLIC HEALTH ASSOCIATION (CPHA) RESPONDS TO THE 1ST ANNUAL REPORT FROM CANADA'S CHIEF PUBLIC HEALTH OFFICER (CPHO)

The CPHA responded to the first annual report from Canada's CPHO Dr. David Butler-Jones, which was presented in Parliament on June 18, 2008. The report aims to highlight some of the key current public health issues in Canada and consider those issues in relationship to the determinants of health and how they contribute to health inequalities. In their response, the CPHA notes that they hope the report will stimulate dialogue on the factors that affect human health and the ways to advance public health and reduce inequalities in Canada. CPHA (2008) endorses the actions highlighted in the report, including: (1) the call for a combination of universal and targeted policies and programs that enhance social investments to alleviate poverty and promote health; (2) the development of community capacity to design and put into place effective solutions to health-affecting situations; (3) the facilitation and application of inter-sectoral action for health; (4) the generation and application of knowledge and best practices that will promote, protect, and improve the public's health; and (5) enhanced public health leadership at all levels and across sectors. The report shows that the public health system and the publicly funded health care system have contributed to improved health status of the Canadian population, while at the same time recognizing that these health benefits have not been equally distributed and that a gradient of health inequalities exists for Canadians living with disadvantages that cannot be 'fixed' by health care (e.g., Aboriginal peoples, new Canadians, lone mothers, and those living in poverty). CPHA is calling upon the federal government to reinforce its leadership in public health and take progressive action to address the broad spectrum of determinants of health in consultation with the provincial and territorial governments and municipalities (CPHA, 2008).

<http://www.cpha.ca/en/about/press/h-r2008.aspx>

INTERNATIONAL

U.S. FOOD AND DRUG ADMINISTRATION (FDA) OKAYS 5-IN-1 VACCINE FOR PAEDIATRIC IMMUNIZATIONS

This article (Peck, 2008, June 24) reports that the FDA approved a single vaccine (Pantacel) for immunization against diphtheria, tetanus, pertussis, poliomyelitis, and *Haemophilus influenzae* type b. This vaccine, approved for 4-dose administration at 2, 4, 6, and 15-18 months, may be given as early as 6 weeks and full administration must be completed before the child is 5 years of age. A total of 5,980 participants were involved in clinical trials of at least one dose of the vaccine and the vaccine was generally well tolerated. The adverse event rates ranged from 3.4% to 0.3% across various trials, with the most frequently serious adverse events reported as bronchiolitis, dehydration, and gastroenteritis.

<http://www.medpagetoday.com/InfectiousDisease/Vaccines/tb/9911>

----- II. RECENT REPORTS AND RESEARCH RESULTS -----

ONTARIO

ANNUAL REPORT OF THE PAEDIATRIC DEATH REVIEW COMMITTEE AND DEATHS UNDER FIVE COMMITTEE

This report (2008, June), provided by the Paediatric Death Review Committee (PDRC) and the Deaths Under Five Committee (DU5C) of the Office of the Chief Coroner (OCC) for Ontario, includes: the terms of reference/confidentiality agreement/membership agreement that was updated this year; the classification of death; an overview of data about children's deaths in Ontario; the child death review process; information about the Deaths Under Five Committee; a section about Sudden Infant Death Syndrome (SIDS); a section about Sudden Unexpected Death (SUD); trends in infant deaths; a summary of unsafe sleeping and bed-caring vs. co-sleeping; research on accidental drowning, adolescent suicide, and infant death in car seats; information about organ donation in criminally suspicious and homicide cases, regional supervising Coroner's review, and PDRC medical case review; and cases involving the Children's Aid Society (CAS). The following trends in infant deaths in Ontario were identified: (1) decrease in the number of SIDS; (2) increase in the number of SUD; and (3) unsafe sleeping, bed-sharing were contributing factors to the SUD total. In 2006, there were 5 cases of SIDS and 27 cases of SUD (with bed-sharing or unsafe sleeping as a contributing factor). Preliminary data is provided in the report as well as information from Statistics Canada about infant mortality and suggestions for reducing the chances a baby will die from SIDS or SUD. The report highlights that there has been a decrease in the number of deaths classified as SIDS in the Province of Ontario (140 in 1991 to less than 10 per year). The authors contributed the decrease in the number of cases to education, a stricter definition of SIDS, and the Deaths Under Five investigation questionnaire.

News article: <http://www.cbc.ca/health/story/2008/06/05/sleeping-study.html>

Report: <http://www.oacas.org/pubs/external/prdcannualreport08.pdf>

CANADA

EGG-FREEZING TECHNIQUE OFFERS WOMEN OPTIONS

This study out of McGill University, examined the outcomes of vitrification, a new technique that rapidly freezes fragile eggs to prevent ice crystals from forming, which can damage cells. The researchers analysed the obstetric and perinatal outcomes in 165 pregnancies and 200 infants conceived using vitrified eggs. The results indicate that the mean birth weight and the incidence of congenital anomalies are comparable to rates found in children conceived naturally or by in-vitro fertilization (IVF). The authors concluded that these preliminary findings may provide reassuring evidence that pregnancies and infants conceived following vitrification are not associated with increased risk of adverse obstetric and perinatal outcomes. In a news release, Dr. Cliff Librach, a staff physician at Sunnybrook Health Sciences Centre and director of the Create IVF program commented on the research. "It appears the outcome of the pregnancy and the outcome of the baby is not compromised by the freezing and thawing of the egg". Dr. Librach also highlights that more research is needed to definitively say vitrification is safe since the study only followed a small number of children.

News release: <http://www.thestar.com/article/445806>

Report: <http://www.rbmonline.com/4DCGI/Article/Detail?38%091%09=%203269%09>

FATHERS' USE OF PAID PARENTAL LEAVE

Statistics Canada (2008, June 23) released a study on fathers' use of paid parental leave. Since 2001 the federal Parental Benefits Program increased in length of shareable paid parental leave benefits from 10 weeks to 35 weeks, and eliminated a second 2 week unpaid waiting period for co-sharing parents. Studies revealed mothers increased the time they stayed at home and fathers increased their overall

participation rate from 3% in 2000 to 10% in 2001 after these changes were made. In 2006, Quebec introduced its own Parental Insurance Plan (QPIP), which included higher benefit rates, no unpaid waiting period, coverage of the self-employed, and a 5-week non-transferable leave for fathers. This study, examined the use of paid parental leave by fathers inside and outside of Quebec. The findings revealed that the provisions of the QPIP had a profound impact on the use of paid leave by fathers in Quebec, with 56% of eligible men for the program claiming benefits in 2006 compared to 32% in 2005. The participation rate outside Quebec has remained at around 11% for the past 3 years. Information about the factors that influence an eligible father's decision to use some of the available parental leave is provided.

News release: <http://www.statcan.ca/Daily/English/080623/d080623b.htm>

Report: <http://www.statcan.ca/english/freepub/75-001-XIE/75-001-XIE2008106.htm>

FAMILY INCOME AND RELATED VARIABLES: SUB-PROVINCIAL DATA

Statistics Canada (2008, June 11) released data for various sub-provincial geographies on family income and related variables derived from personal income tax returns filed in the spring of 2007. Total family income includes employment income, investment income, government transfers, pension income and other income.

<http://www.statcan.ca/Daily/English/080611/d080611c.htm>

INTERNATIONAL

PLASTICS THAT MAY BE HARMFUL TO CHILDREN AND REPRODUCTIVE HEALTH

This report (Wargo, Taylor, & Cullen, 2008) was released by Environment and Human Health Inc (EHHI), a non-profit organization composed of physicians, public health professionals, and policy experts dedicated to protecting human health from environmental harms. The study focused on the health effects of bisphenol A (BPA) and di(2-ethylhexyl) phthalate (DEHP), which are chemicals found in some plastics. The report indicates that both the chemicals are hormonally active in test animals. Lead author Dr. Mark Cullen concludes that "while the final verdict on the risks of BPA may remain uncertain for years, the evidence for harm is already strong enough, as this report makes crystal clear, to immediately start protecting potentially vulnerable people — especially children — from any unnecessary exposures". EHHI's report provides an overview of where many products containing both BPA and DEHP can be found and how consumers can try to avoid them. Contributing author Dr. Hugh Taylor highlights that "These plastics may damage a fetus or a child. Preventing exposures to harmful chemicals is the most important thing we can give to the next generation". The report also has recommendations for the federal, state and local governments, and individuals.

<http://www.ehhi.org/reports/plastics/index.shtml>

----- III. CURRENT INITIATIVES -----

BREASTFEEDING WELCOME HERE: HALTON

Halton Baby Friendly Initiative will be launching a new community program called "Breastfeeding Welcome Here" within 6 months. The initiative aims to encourage businesses in the region to post signs saying they are a breastfeeding-friendly location. Businesses that post signs will be listed on the Halton Baby Friendly Initiative website, which also provides information about what is a baby friendly workplace, a workplace toolkit, and a "Breastfeeding Welcome Here" decal order form. Eileen Chuey, a Halton public health nurse and co-ordinator of Halton Baby Friendly Initiative, notes that: "Our mission in Halton is to make breastfeeding the norm...A lot of moms do feel comfortable breastfeeding wherever but it is amazing how many mothers really need to almost have that permission" (thespec.com, 2008, June 25).

News release: <http://www.thespec.com/News/Local/article/392181>

<http://babyfriendlyhalton.ca/orderform.html>

BREASTFEEDING FRIENDLY - ANYTIME. ANYWHERE: TORONTO

Toronto Public Health (2008) and restaurants in Toronto are working together to ensure that breastfeeding women are comfortable and welcome to breastfeed anywhere and anytime. As part of this new campaign to encourage public breastfeeding, Toronto Public Health mailed information packages to 6,100 restaurants and a window decal is available in 20 different languages. In a news article, one first-time mother Leila Monib explained that she was nervous about how others perceived her when she started breastfeeding: "I was very timid at first when I tried breastfeeding. I ended up in the stall of the washroom for over 30 minutes because I was too nervous and anxious of all the stares at the restaurant to actually breastfeed at the table..." "Being able to go into a restaurant and breastfeed in a supportive environment means a lot, and it means that I'll be able to breastfeed longer" (National Post, 2008, June 25).

News release: <http://www.nationalpost.com/life/health/story.html?id=611115>
<http://www.toronto.ca/health/breastfeeding/feedingfriendly.htm>

CAMPAIGN TO PROMOTE FRENCH-LANGUAGE SERVICES IN ONTARIO

The Government of Ontario (2008, June 6) announced that they will be funding the Assemblée de la francophonie de l'Ontario (AFO) to design and implement a campaign to promote French-language services in Ontario with the help of the provincial government. The goal of the campaign is to promote the delivery of quality services in French by the government and community organizations and also to encourage French-speaking Ontario's to request and use these services. Madeleine Meilleur, Minister Responsible for Francophone Affairs, notes: "The French Language Services Act guarantees Francophones in Ontario access to government services in their language. It is our goal to ensure that people benefit from these services in their daily lives".

<http://ogov.newswire.ca/ontario/GPOE/2008/06/06/c9172.html?lmatch=&lang= e.html>

----- IV. UPCOMING EVENTS -----

This section lists events that have not been included in earlier editions of the MNCHP bulletin or listserv postings. For the details of these events and a complete list of events noted in previous MNCHP bulletins and postings, including contact information, links to organizations, and descriptions, see

<http://www.beststart.org/events/otherevents.php>

ONTARIO

FREE TRAINING FOR LESBIAN GAY BISEXUAL TRANS QUEER (LGBTQ) SERVICES PROVIDERS

July 16, 23, 27, 2008 (module 1) and August 13, 20, 27, 2008 (module 2): Toronto, ON

Hosted by: Among Friends

<http://www.beststart.org/events/otherevents.php>

THE COMMUNITIES WE GROW... THE PEOPLE WHO MAKE IT HAPPEN

Sept. 19-20, 2008: Toronto, ON

Hosted by: Family Supports Institute Ontario

<http://www.beststart.org/events/otherevents.php>

SEXPRESSIONS—THE BEST OF THE CLASSROOM EXPERIENCE

October 17, 2008: Ottawa, ON

Hosted by: Sexuality Education for Youth Across Canada and Society of Obstetricians & Gynaecologists of Canada

<http://www.sexpressions.ca/teaching-sex-ed.asp>

ENVIRONMENTAL HEALTH AND GREEN PRACTICE IN CHILD CARE - GROWING UP HEALTHY AND GREEN: A DIALOGUE

October 24-25, 2008: Markham, ON

Hosted by: Seneca School of Early Childhood Education

<http://www.senecac.on.ca/ece/conference/>

SEXPRESSIONS—THE BEST OF THE CLASSROOM EXPERIENCE

November 14, 2008: Markham, ON

Hosted by: Sexuality Education for Youth Across Canada and Society of Obstetricians & Gynaecologists of Canada

<http://www.sexpressions.ca/teaching-sex-ed.asp>

ONTARIO INJURY PREVENTION CONFERENCE

November 16-18, 2008: Toronto, ON

Hosted by: Ontario Injury Prevention Resource Centre

http://www.oninjuryresources.ca/home/save_the_date_for_the_2008_ont.html#more

CANADA

SPECIALINK'S EARLY CHILDHOOD INCLUSION: APPLYING LESSONS LEARNED NATIONAL SYMPOSIUM

August 20-23, 2008: Winnipeg, MB

Hosted by: SpecialLink Canada, the National Centre for Child Care Inclusion

http://www.speciallinkcanada.org/home_en.html

----- V. RESOURCES -----

ZERO ALCOHOL RESOURCE NOW AVAILABLE IN PORTUGUESE

Ottawa Public Health offers a "Zero Alcohol" poster, which was adapted from an alcohol-free pregnancy awareness campaign in France. The poster is available in 8 languages; the most recently released version is in Portuguese. It includes health promotion messages consistent with "The Sensible Guide To a Healthy Pregnancy" from Health Canada.

http://ottawa.ca/residents/health/support/professionals/perinatal/zero_en.html

INFORMATION SHEETS: PARENTING SKILLS AND DISCIPLINE

The Centre of Excellence for Early Childhood Development (CEECD) released 2 new information sheets to help parents and practitioners gain a better understanding of parenting skills and discipline. The resources are available in English and in French.

<http://www.child-encyclopedia.com/en-ca/parenting-skills/key-messages.html?GCId=40>

"FAMILIES IN TRANSITION": NEW RESOURCE FOR PARENTS AND FAMILIES SUPPORTING THEIR TRANS CHILDREN

This publication, released by Central Toronto Youth Services, is the first comprehensive Canadian publication to address the needs of parents and families supporting their trans children. It summarizes the experiences, strategies, and successes of a working group of community consultants (researchers, counsellors, community leaders, parents, as well as trans youth themselves). The guide aims to be inviting and inclusive of families who may be at any one of a number of stages, and especially so for parents who may have had their adolescent or young adult child come out recently as trans. The resource also provides practical and sensitive parent-to-parent and professional therapeutic advice, and tries to anticipate and address common questions and concerns, as well as normalize the varied reactions families may have. The guide offers accurate, up-to-date information on terminology, health, and issues related to transition, and suggests to families important ways they can take care of themselves and one another through this challenging and critical time. It also provides a provincial context and relevant local resources for continued youth and family support towards strengthening families.

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

BULLETIN: WOMEN AND HOMELESSNESS

The Ontario Women's Health Network releases a quarterly E-bulletin addressing specific issues relating to women's health in Ontario, emphasizing the social determinants of health. The Spring 2008 E-bulletin uses data from a 2006/2007 survey of homeless people in Toronto to examine the life-threatening impact of homelessness, and illustrates just how significant of a determinant housing is for women's health. The findings suggest that homeless women are not healthy and they are not safe. The respondents reported alarming rates of violence, pain, mental distress, and serious physical health conditions but difficulty accessing the healthcare, social services and supports they urgently need (e.g., adequate housing). The survey also captures the experience of women who are homeless and parenting or living with a low-income. One survey respondent explained the stress of being a homeless parent: "The hardest part [about being homeless] for me is thinking about my son and where he's at ... Another parent explained the difficulties raising a child on a low income: "As a single mother I have had to struggle for both me and my child. Yes, I've worked and I'm a hard worker. But sometimes it just doesn't pay the rent". The bulletin provides recommendations for improving the health of homeless women and eliminating homelessness such as: (1) Ensuring women have adequate incomes; (2) A universal system of publicly funded early childhood education and care; (3) Addressing the barriers in the health care system for women; and (4) Addressing the shortage of services and programs for homeless women, including more flexibility and control over their daily routines in shelters and reducing social isolation.

<http://www.owhn.on.ca/ebulletin.htm>