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

ONTARIO

## LACTRACT INFANT FEEDING SYSTEM

On April 22, 2008, the Ministry of Health and Long-Term Care along with the 14 Local Health Integration Networks (LHINs) hosted the annual "Celebrating Innovations in Health Care Expo". The Neonatal Intensive Care Unit (NICU) multidisciplinary team of Sunnybrook Health Sciences Centre and the Neoteric Technology Limited software experts presented a technology-based program that tracks milk collection, storage, preparation, and eventually the feeding of premature infants using wireless mobile computers and printers. As reviewed by NICU (2008), when a baby is admitted, a barcode label is generated for each baby and for anyone who has a role in ordering a feeding, milk preparation, or feeding the infant. Each mother who will be expressing breast milk is given labels with her baby's barcode to affix to the milk she has pumped. When the physician or dietitian orders a specific feed for a baby, the NICU feed preparation technicians scan the order and prepare customized labels for feeds. The last scanning occurs in the neonatal unit at the time that an infant is fed. Dorothy Dougherty, a registered nurse and certified lactation consultant in the NICU, explains that "Human milk is the gold standard in infant feeding...Breast milk is also considered a body substance product, so it is key that we ensure expressed milk gets to the right baby. Staff find the handheld wireless scanners easy to use and also appreciate that making an error is now almost impossible."

<http://www.sunnybrook.ca/news?id=515>

## GOVERNMENT OF ONTARIO ANNOUNCES RED ALERT SYSTEM FOR EMERGENCY MESSAGES

The Government of Ontario (2008, May 6) announced a new "Red Alert program" so that Ontario families will get more timely and early alerts of impending emergencies. This program, in partnership with broadcasters and other media members, is based on the Amber Alert system for missing children. Minister of Community Safety and Correctional Services Rick Bartolucci notes that this new system "will allow Ontario families to take appropriate action much more quickly in case of an emergency...and has the potential to save lives".

[http://ogov.newswire.ca/ontario/GPOE/2008/05/06/c5379.html?lmatch=&lang=\\_e.html](http://ogov.newswire.ca/ontario/GPOE/2008/05/06/c5379.html?lmatch=&lang=_e.html)

## GOVERNMENT OF ONTARIO OPENS MORE FAMILY LITERACY CENTRES

The Government of Ontario (2008, May 1) announced that 34 new Parenting and Family Literacy Centres will be opened in schools this September. The centres are designed to help children up to 6 years of age build essential language, numbers, and social skills through stories, music, and play. These centres will be located in high-needs communities and will help to ease the transition to kindergarten.

<http://www.edu.gov.on.ca/eng/document/nr/08.05/nr0501b.html>

## 25 IN 5 POVERTY REDUCTION MOVEMENT ON THE RISE

The "25 in 5: Network for Poverty Reduction", a multi-sector coalition of over 100 provincial and community-based organizations, is pushing for a 25% reduction in poverty in 5 years (25 in 5, 2008, April 14). The network has united low-income people, community workers, and advocates in the call for the province to set hard targets and timeliness in its 2009 poverty reduction strategy. The 25 in 5 principles for a strong poverty reduction strategy are: (1) Good, sustaining jobs that lift working Ontarians out of poverty; (2) Liveable incomes, that include those unable to work; and (3) Strong and supportive communities with affordable housing, child care, public education, and community programs that help people connect. Nick Saul of The Stop Community Food Centre and a member of 25 in 5 notes: "The door has been opened on a poverty reduction strategy for Ontario and we intend to make sure we all walk through it together with a bold, comprehensive plan".

<http://www.socialplanningtoronto.org/25in5/April%2014%20-%20presser.pdf>

## CANADA

### LATEST PRODUCT RECALLS

Note: Products that are recalled for containing lead are in excess of the allowable level per the Canadian Hazardous Products Act.

- Dora the Explorer pyjamas: Sleeve opening is too large and violates Canadian Flammability regulations
  - Children's storage bins: Surface paint could contain lead
  - Nintendo character-themed lapel pins: Metal lapel pin contains lead
  - Beco baby butterfly carriers: Poses a fall hazard to babies
  - Hillbilly teeth: Surface paint contains lead
  - Rock 'N Ride plush rocker toys: Poses a fall hazard to children
- [http://www.healthycanadians.gc.ca/pr-rp/pr-rp\\_e.php](http://www.healthycanadians.gc.ca/pr-rp/pr-rp_e.php)
- Mother's Day tote bags: May contain skin irritant
- [http://www.medbroadcast.com/channel\\_health\\_news\\_details.asp?news\\_id=15258&rss=67&rid=999999&channel\\_id=2003&rot=3](http://www.medbroadcast.com/channel_health_news_details.asp?news_id=15258&rss=67&rid=999999&channel_id=2003&rot=3)

#### ALBERTA MIDWIVES RALLY FOR PROVINCIAL FUNDING ON THE INTERNATIONAL DAY OF THE MIDWIFE: MAY 5

The International Day of the Midwife was marked by hundreds of midwives and parents rallying across Alberta for the province to pay for midwifery services (cbc.ca, 2008, May 6). Midwives say they cannot understand why Alberta is not funding their service when British Columbia, Saskatchewan, Manitoba, Ontario and Quebec have midwifery legislation, and Nova Scotia and New Brunswick are both moving toward regulation. According to the midwives, the province could save between \$1,100 and \$1,700 per birth and free up hospital beds by funding midwife-assisted births. Health Minister Ron Liepert says the province already helps midwives by subsidizing their liability insurance, and more support will be coming soon: "What we want to do is ensure we integrate midwifery services into our delivery model, so that it becomes no cost to the patient" (cbc.ca, 2008, May 6).

<http://www.cbc.ca/health/story/2008/05/06/cgy-midwifery.html?ref=rss>

#### ASTHMA MEDICATIONS DURING PREGNANCY HELPS PREVENT BIRTH DEFECTS

This article (Alphonso, 2008, May 8) summarizes a study that will be published in next month's issue of the Journal of Allergy and Clinical Immunology. The researchers found that babies of women who have an asthma attack during the first 3 months of pregnancy were at a greater risk of birth defects than babies of asthmatic mothers who did not have a flare-up during that period. In fact, women who had uncontrolled asthma during this period of fetal development were 48% more likely to have a baby with at least one birth defect compared to those who were taking their medication. Study author Lucie Blais, an associate professor in pharmacy at the University of Montreal, notes that this research should encourage women to continue their asthma treatment during pregnancy to decrease the chances of having an asthma attack, which puts babies at risk of having birth defects.

<http://www.theglobeandmail.com/servlet/story/RTGAM.20080508.wasthma08/BNStory/specialScienceandHealth/home>

#### MORE HIGH-RISK INFANTS BORN IN CANADA BEING SENT TO U.S. HOSPITALS

More than 100 sick newborns have been sent to U.S. hospitals this year because there are no beds available in Canada (The Globe and Mail, 2008, May 5). The Society of Obstetricians and Gynaecologists (SOGC) attributed the transfers to bed closings almost a decade ago, the lack of a national birthing initiative, and too few staff. Dr. Lee, director of the Canadian Neonatal Network, raises concerns: "If you have insufficient resources in the province, what does that mean for those kept in the system? Are they being admitted to the NICU only when they are very sick? Are they being pushed out too early to make room for others?" According to "A National Birthing Initiative for Canada", released January 2008 by the SOGC, the future is also concerning as 600 of the 1,650 obstetricians and gynaecologists in Canada plan to retire within the next 5 years and there are shortages of neonatal intensive care unit nurses. Laurel Ostfield, press secretary to Health Minister George Smitherman, notes that mothers and babies are "getting the care that they need ... It's important that Ontarians know the province is still going to take care of them, which is why we do pay to send [them] out of country" (The Globe and Mail, 2008, May 5).

<http://www.theglobeandmail.com/servlet/story/RTGAM.20080505.wpregnant05/BNStory/specialScienceandHealth/?page=rss&id=RTGAM.20080505.wpregnant05>  
SOGC National Birthing Initiative: [http://www.sogc.org/projects/birthing-strategy\\_e.asp](http://www.sogc.org/projects/birthing-strategy_e.asp)

## MONTREAL CHILDREN'S HOSPITAL PLEADS FOR A UNIVERSAL HEARING-SCREENING PROGRAM

The Montreal Children's Hospital (MCH) of the McGill University Health Centre (2008, May 7) is urging the Government of Quebec to launch a universal hearing-screening program for all newborns in the province. The MCH already conducts hearing-screening tests on babies at McGill affiliated hospitals, but only for children that are considered at high risk of a hearing deficit. MCH paediatrician Hema Patel highlights the importance of universal screening: "Quite simply, it is the right thing to do... When children with hearing loss are identified early and given access to treatment and therapy, the majority will learn to talk. Most provinces already have well-established universal hearing-screening programs. Don't the children of Quebec deserve the same level of care?" A report recently submitted by the Institut national de santé publique du Québec strongly endorses the establishment of a province wide universal hearing-screening program and the administration and professional staff of MCH are encouraging the government to act on the recommendations made in the report. The MCH is also supporting a letter writing campaign for hearing awareness month (May), so that members of the general public, parents of children with hearing deficits, and professionals in health and education can express their support.

<http://www.newswire.ca/en/releases/archive/May2008/07/c5589.html>

## FUNDING FOR CHILD WELFARE ON RESERVES DOES NOT FULFILL FEDERAL OBLIGATIONS

According to Auditor General Sheila Fraser (Government of Canada, 2008, May 6), Indian and Northern Affairs Canada (INAC) does not take sufficient account of federal policy requirements in its funding of First Nations agencies to operate child welfare services. Among the top concerns is the fact that Ottawa funds First Nation-delivered services using a formula from 1988 that is based on how many children are on a reserve, even though the service needs on reserves vary widely between communities. For example, some reserves reported as many as 28% of their children are in care while in others the number was 0% (Winnipeg Free Press, 2008, May 6). Fraser notes that this formula "has led to inequities", highlighting that government policy requires that services to First Nations children on reserves meet provincial standards, be reasonably comparable with services to children off reserves, and be culturally appropriate. She recommends that a new funding formula be established in consultation with the provinces, which takes into account the actual needs of communities and ensures services meet established standards and provincial legislation (Winnipeg Free Press, 2008, May 6).

<http://news.gc.ca/web/view/en/index.jsp?articleid=396869>

<http://www.canada.com/theprovince/news/story.html?id=a923b7c3-4e83-4069-b0ae-524ec5b92138>

## INTERNATIONAL

### CAFFEINE AND PREGNANCY: HOW RISKY?

According to this article (Blue, 2008, April 15), several studies suggest a link between caffeine consumption during pregnancy and risk of miscarriage. Reproductive and perinatal epidemiologist Dr. De-Kun Li of Kaiser Permanente Northern California's Division of Research (2008) examined 1,063 women in early pregnancy to further examine the association. The women were quizzed about their caffeine intake and were followed to the end of their pregnancies. The findings indicate that the risk of miscarriage was double for women whose caffeine intake was more than 200 mg daily compared with women who did not have any caffeine during pregnancy. The miscarriage rate for women who consumed more than 200 mg a day was about 25%. The author suggests that: (1) Women should probably stop drinking caffeine entirely, at least for the first 3 to 4 months of pregnancy, and (2) for those that choose to drink coffee, to try to limit themselves to one regular coffee a day or less. The participants in this study mainly consumed caffeine from coffee but there are other sources of caffeine such as tea, chocolate, and soda.

<http://www.time.com/time/health/article/0,8599,1731087,00.html?xid=rss-health>

## NEARLY ONE-THIRD OF U.S. PARENTS DON'T KNOW WHAT TO EXPECT OF INFANTS

Research from the University of Rochester, presented at the Pediatric Academic Society meeting, suggests that almost one-third of U.S. parents have a surprisingly low-level knowledge of typical infant development and unrealistic expectations for their child's physical, social, and emotional growth (University of Rochester Medical Centre, 2008, May 5). The research suggests that parents and caregivers often misinterpret behaviours. For example, some parents and caregivers expect too much of their babies too soon and get frustrated, while others underestimate their children's abilities, preventing them from learning on their own. According to Heather Paradis, M.D., a paediatric fellow at the University of Rochester Medical Center, "This is a wake-up call for paediatricians...At office visits, we have a prime opportunity to intervene and help realign parents' expectations for their infants, and in turn, promote healthy physical, social, and emotional development for these children. On the other hand, we still have more work cut out for us – additional research is needed to explore how these unrealistic expectations form in the first place."

<http://www.urmc.rochester.edu/pr/news/story.cfm?id=1976>

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

### ONTARIO

#### CHILDREN'S MENTAL HEALTH: EVIDENCE-BASED PRACTICES CONSULTATION PAPER

The ultimate goal of Children's Mental Health Ontario (CMHO) is for all services delivered by children's mental health providers become evidence-based, empirically supported, and result in positive clinical outcomes for participants. This report (1) provides background on the evidence-based, empirically supported service delivery models in children's mental health, (2) summarizes CMHO's plans to take a proactive role in this transformation through its Accreditation Program and the development of the CMHO Evidence-Based Practice Technical Assistance Centre; and (3) frames CMHO's vision and attempts to engage stakeholders in the process of moving forward together toward evidence-based practices.

[http://www.kidsmentalhealth.ca/documents/Res\\_CMHO\\_EBP\\_CONSULTATION\\_PAPER\\_FINAL\\_Jan\\_2008.pdf](http://www.kidsmentalhealth.ca/documents/Res_CMHO_EBP_CONSULTATION_PAPER_FINAL_Jan_2008.pdf)

### CANADA

#### STATISTICS CANADA: INCOME OF CANADIANS

This report (Statistics Canada, 2008, May 5) examines the income of unattached individuals and families in Canada, along with information related to low income. The analysis of income is presented separately for families and unattached individuals, focusing mainly on 2005 and 2006 comparisons. Information is provided about households with children. For example, about 11.3 % of all children aged 18 and under (760,000) lived in low-income families. Approximately 40% of these children (307,000) lived in a lone-parent family headed by a woman. In fact, about 1 in 3 children living with a single mother were in low income. From 2005 to 2006, two-parent families with children saw an increase in the amount of government transfers received from \$2,800 to \$3,300 in 2006. This increase was due in part because of modifications to programs, such as the new Universal Child Care Benefit. For unattached individuals, median government transfers increased from roughly \$500 to \$600; they paid \$2,100 in taxes. A total of 3.6% more families received a child tax benefit than in 2006 as compared to 2005.

<http://www.statcan.ca/Daily/English/080505/d080505a.htm>

#### SPOUSAL VIOLENCE AGAINST WOMEN: PREVENTING RECURRENCE

This report, by the Institute of Health Economics (Guo & Harstall, 2008), was prepared in response to a request from the Alberta Mental Health Board to review the literature and examine the validity and reliability of various risk assessment instruments for predicting recidivism and lethality for male spousal violence offenders. No systematic review on this topic was located through a comprehensive literature

search but 8 primary studies were found that evaluated several currently used instruments. All of the instruments that were evaluated demonstrated improvement over chance in predicting spousal violence recidivism, but no conclusion could be made regarding the superiority of one tool over another at this time. The included studies did not provide any information on how well these instruments predict lethal assault because the current research evidence has been exclusively based on measuring non-lethal reassault. The authors (Guo & Harstall, 2008) concluded that the decision on selecting an appropriate risk assessment instrument needs to take into account factors such as the available research evidence, the population under assessment, the intended users of the instrument, and the purpose for conducting an assessment. The authors also suggest that it would be inappropriate to make any decision about an individual's risk of recidivism based solely on the scores of the instruments being used and that information from all other sources (e.g., women's perceptions of risk, records in the justice system) should be gathered to make more accurate predictions.

<http://www.ihe.ca/documents/SpousalViolence.pdf>

#### IMPROVING THE HEALTH OF CANADIANS: MENTAL HEALTH, DELINQUENCY, AND CRIMINAL ACTIVITY

"Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity" (2008) examines the relationships between mental health, delinquency, and criminal activity. The report highlights the individual, social, economic, cultural and other factors that can shape patterns of mental health and summarizes experiences in early childhood that are risk factors and protective factors for youth delinquency. The report also provides data on the characteristics of and issues facing individuals with a mental illness who were or are involved with the criminal justice system.

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_1250\\_E&cw\\_topic=1250&cw\\_rel=AR\\_1730\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_1250_E&cw_topic=1250&cw_rel=AR_1730_E)

#### THE BEST AND WORST PLACES TO BE A MOTHER OR CHILD: CANADA SLIPS FROM LAST YEAR

The U.S. based organization "Save the Children" released (2008, May 6) its 9<sup>th</sup> annual "Mothers' Index", which ranks the best and worst places to be a mother and a child. The well-being of mothers and children in 146 countries was compared based on mothers' and children's health, education, and economic status. The findings indicate that Canada slipped to 20<sup>th</sup> place from 15<sup>th</sup> place last year. Susan Rooks, spokeswoman for Save the Children Canada, explains that the slip is not because of changes within Canada: "It's because a number of other countries improved spending on early childhood education and secondary education" (cbc.ca, 2008, May 6).

News: <http://www.cbc.ca/health/story/2008/05/06/survey.html?ref=rss>

Report and presentation: <http://www.savethechildren.org/campaigns/state-of-the-worlds-mothers-report/>

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

#### CANADIAN ENVIRONMENTAL LAW ASSOCIATION (CELA) RESPONSE: FEDERAL PROPOSAL TO BAN BABY BOTTLES

In a recent bulletin (CELA, 2008, April 22), CELA highlights that the federal proposal to eliminate exposure to bisphenol A neglects exposure in the womb. CELA's response to the federal government proposal will encourage "full use of powers under the Canadian Environmental Protection Act to address all sources and the full life-cycle of bisphenol A".

<http://www.cela.ca/bulletin/detail.shtml?x=3781>

#### CHILDREN'S MENTAL HEALTH WEEK: MAY 3 TO MAY 10

A total of 1 in 5 children and youth in Ontario will struggle with their mental health, which means that more than 500,000 young people in this province will suffer from a diagnosable mental health issue such as depression, anxiety, bullying, and eating disorders (Children's Mental Health Ontario, 2008, May 5). From May 3 to May 10, Children's Mental Health Ontario and its member agencies are hosting open houses, school yard walks, and workshops across Ontario to raise awareness of the signs and symptoms of

children's mental health issues and to inform parents that these disorders can be effectively treated. The Children's Mental Health Ontario website provides more information about Children's Mental Health week including press releases and a list of events.

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

#### TORONTO VOLUNTEER BRANCH OF SAVE THE CHILDREN TAGS TORONTO

On May 18, 2008 the Toronto Branch Volunteers of Save the children Canada will take part in a community wide tagging event at various retail locations across Toronto to raise funds and awareness for the organization.

<http://www.savethechildren.ca/canada/getinvolved/events.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>

#### ONLINE

##### A KITCHEN TABLE DISCUSSION ABOUT FETAL ALCOHOL SPECTRUM DISORDER (FASD) AND ABORIGINAL PEOPLES

May 29, 2008: Telephone and internet conference

Hosted by: CHNET-Works! and the National Collaborating Council on Aboriginal Health

[http://www.chnet-works.ca/index.php?option=com\\_attend\\_events&task=view&id=20&Itemid=56](http://www.chnet-works.ca/index.php?option=com_attend_events&task=view&id=20&Itemid=56)

#### ONTARIO

##### THE FUTURE OF COMMUNITY HEALTH CENTRES IN CANADA

May 21, 2008: Toronto, ON and Webcast

Hosted by: The Social Economy Centre (Ontario Institute for Studies in Education/University of Toronto)

<http://sec.oise.utoronto.ca/english/lectures.php>

##### BEYOND CONSEQUENCES LIVE: SOLUTIONS FOR RAISING CHILDREN WITH DIFFICULT BEHAVIOURS

May 29, 2008: Toronto, ON

May 31, 2008: Bancroft, ON

Hosted by: Beyond Consequences Institute

<http://www.beyondconsequences.com/bcilive/registration.html>

##### WORKPLACE WELLNESS CONFERENCE: LEADING AND MANAGING THROUGH CHANGE

June 5, 2008: Kingston, ON

Hosted by: Kingston, Frontenac and Lennox & Addington Public Health - Workplace Wellness Program

<http://www.kflapublichealth.ca/ShowEvent.aspx?EventId=19&Date=6/5/2008>

##### INFANT MENTAL HEALTH ROUNDS - CARE FOR THE CAREGIVER: DEVELOPMENT OF A COMPREHENSIVE PLAN TO ADDRESS VICARIOUS TRAUMA AMONGST HEALTH FAMILIES STAFF AT TORONTO PUBLIC HEALTH

October 7, 2008: Toronto, ON

Hosted by: Sick Kids

<http://www.sickkids.ca/imp/section.asp?s=Infant+Mental+Health+Rounds&slD=18715&ss=Upcoming+Infant+Mental+Health+Rounds&sslD=19300>

ONTARIO PHYSICAL AND HEALTH EDUCATION ASSOCIATION (OPHEA) KIDS' HEALTH CONFERENCE

October 16-18, 2008: Alliston, ON

Hosted by: OPHEA

<http://www.ophea.net/kidsconference.cfm>

CANADA

CANADIAN ASSOCIATION OF MIDWIVES CONFERENCE

November 12-14, 2008: Quebec, QC

Hosted by: Canadian Association of Midwives

<http://www.canadianmidwives.org/conference.htm>

INTERNATIONAL

AMERICAN COLLEGE OF NURSE-MIDWIVES (ACNM) ANNUAL MEETING AND WOMEN'S HEALTH EXPOSITION

May 23-29, 2008: Boston, MA, USA

Hosted by: ACNM

<http://www.midwife.org/AM/index.cfm>

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

WORKING WITH IMMIGRANT WOMEN: SECTION ABOUT POSTPARTUM MOOD DISORDERS

This resource (Centre for Addiction and Mental Health, 2008), "Working with Immigrant Women: Issues and Strategies for Mental Health Professionals", addresses the gap between the needs of newcomer women and the established structures and practices in Canada's mental health care system. Topics in the book include: (1) theoretical perspectives; (2) recognizing social determinants of depression, the role of spirituality, issues around interpretation, and barriers to accessing services and their implications for practice; (3) working with specific groups: Sudanese, Caribbean, lesbian, refugee and older women and girls; and (4) critical concerns for women: trauma, intimate partner violence, and postpartum mood disorders. The resource is \$34.95 (plus applicable shipping and handling costs).

[http://www.camh.net/Publications/CAMH\\_Publications/ordering\\_information.html](http://www.camh.net/Publications/CAMH_Publications/ordering_information.html)

PRACTICAL TOOLS FOR PARENTS AND PRACTITIONERS: EARLY CHILD DEVELOPMENT

The Centres of Excellence for Children's Well-Being has produced information sheets in a practical format. These 4-page "key messages" provide an overview of many important aspects of early child development in order to help parents and practitioners gain a better understanding of children's aggressive behaviours, sleeping behaviours, crying behaviours, the crucial role of attachment, and the effects of tobacco during pregnancy.

<http://www.child-encyclopedia.com/en-ca/home.html>

GOVERNMENT OF CANADA: BISPHENOL A FACT SHEET

The Government of Canada (2008) released a fact sheet about bisphenol A that describes their "Chemical Management Plan", outlines health concerns and environmental concerns of bisphenol A, and provides advice for parents and caregivers.

[http://www.healthysenvironmentforkids.ca/img\\_upload/13297cd6a147585a24c1c6233d8d96d8/bisphenol\\_a\\_fs\\_fr\\_e.pdf](http://www.healthysenvironmentforkids.ca/img_upload/13297cd6a147585a24c1c6233d8d96d8/bisphenol_a_fs_fr_e.pdf)

PRESENTATION: PHYSICAL ACTIVITY AND OBESITY IN CHILDREN

This presentation (Mason, 2008), presented at the Parks and Recreation Ontario 2008 Annual Education Forum, provides some facts and statistics about obesity in children, the factors that influence obesity, and ways to make healthy choices easy choices.

<http://www.lin.ca/resource-details/10481>