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

ONTARIO

1. MIDWIVES WELCOME PROVINCIAL MATERNITY STRATEGY

The Association of Ontario Midwives (AOM) welcomes the Government's announcement to invest in revitalizing and improving maternal and child health in Ontario. AOM President Katrina Kilroy explains: "Midwives are pleased to see a revitalized health care strategy for mothers and their babies that includes a focus on delivering the best care, as close to home as possible...Ontario midwives are a key part of that strategy, attending about 11,000 births in the province last year, of which approximately 3,000 were planned home births".

<http://www.newswire.ca/en/releases/archive/September2008/19/c6214.html>

2. IMPROVING CARE FOR ONTARIO'S YOUNGEST PATIENTS

(also available in French)

The Government of Ontario (2008, September 19) announced an investment of \$14.2 million to help children across Ontario get the care they need: (1) \$7 million for a new Maternal Newborn Access to Care Strategy, which includes six new neonatal intensive care beds, an estimated 22 more intensive care beds over the next two years, and two important screening programs aimed at ensuring the best care for cases of pre-term labour and premature eye disease; (2) \$7.2 million to lower wait times for infants and children by funding an additional 4,242 paediatric surgeries at 29 hospitals; and (3) improving infection control practices in newborn intensive care units and investing in information technology to improve the overall management of the newborn care system over the next two years.

English: [www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_08/sep/nr\\_20080919\\_2.html](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_08/sep/nr_20080919_2.html)

French: [www.health.gov.on.ca/french/mediaf/news\\_releasesf/archivesf/nr\\_08f/sepf/nr\\_20080919\\_2f.html](http://www.health.gov.on.ca/french/mediaf/news_releasesf/archivesf/nr_08f/sepf/nr_20080919_2f.html)

3. GOVERNMENT OF ONTARIO: SUPPORTING OUR FIRST NATION, MÉTIS, AND INUIT PARTNERS

(also available in French)

The Government of Ontario (2008, September 29) is supporting the call for increased First Nation, Métis, and Inuit participation and awareness of their issues for the "National Day of Political Action". Ontario Minister of Aboriginal Affairs Brad Duguid explains: "I support the call of Grand Chief Phil Fontaine and Grand Council Chief John Beaucage in encouraging First Nations to vote in the federal election and to engage their local candidates on issues of importance to them and their communities...First Nations, Métis, and Inuit will benefit from making their voices heard".

English: <http://ogov.newswire.ca/ontario/GONE/2008/09/29/c9501.html?lmatch=&lang=e.html>

French: <http://ogov.newswire.ca/ontario/GONF/2008/09/29/c9676.html?lmatch=&lang=f.html>

4. ONTARIO TOPS NEW HEALTH CARE INDEX

A new report, released by the Frontier Centre for Public Policy and the Health Consumer Powerhouse (2008), assesses the 10 provinces based on: (1) wait times for care; (2) primary care (e.g., percentage of the population that has a family doctor, choice of accessing obstetrical care such as a midwife); (3) patient rights and information; (4) outcomes (e.g., infant and heart attack mortality); and (5) generosity (e.g., HPV and newer childhood vaccines, percentage of new approved drugs that are subsidized by the province). Ontario scored first overall with the highest scores in primary care and generosity. In a foreword to the report, Peter Holle, the Frontier centre's president, and Health Consumer Powerhouse president Johan Hjertqvist note: "Our hope is that the provinces will learn from the mistakes of their neighbours without replicating them" (CBC News, 2008, September 16). The report also highlights that even the best-performing provinces did not provide the standards common in Europe. Drug industry critic Dr. Joel Lexchin, a professor of health policy at Toronto's York University, points out that there are some methodological issues with the study such the data that the report omits (e.g., readmission figures after surgery, receiving all recommended vaccinations).

<http://www.cbc.ca/health/story/2008/09/16/frontier-health-index.html?ref=rss>

## CANADA

### 5. LATEST PRODUCT RECALLS

(also available in French)

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

- Pop Pop Toy Boats: Surface paint contains lead.
- Glow Star Necklaces: Solder in the battery compartment of necklace clasp contains lead.
- Harry Potter Bookends: Surface paint contains lead.
- Phil & Ted's Dash Buggy/Stroller: Risk that the stroller may fold unintentionally.
- Children's Metal Water Bottles: Sip top on the water bottles can pull off, posing a choking hazard.
- "Stacking Train" by Melissa and Doug: Surface paint contains barium.
- Simplicity Brand Drop Side Cribs: Drop side can come off the tracks, posing a risk of infant entrapment and suffocation.
- MacGregor Folding Soccer Goal, Mitre Folding Soccer Goal: Fixed knot flexible openings in the soccer goal net can pose a head and neck entrapment or strangulation hazard.
- Fairy Dust Pendants and Candle Charms: Metal pendants and charms contain lead.
- Optave Inc. Action Baby Carriers: Baby carrier's chest strap can detach from the shoulder straps, posing a fall hazard.
- "Protocol" Remote-Controlled Mini Helicopter: Rechargeable battery inside the helicopter can overheat posing a risk of fire or burns.

English: [http://healthycanadians.gc.ca/pr-rp/pr-rp\\_e.php](http://healthycanadians.gc.ca/pr-rp/pr-rp_e.php)

French: [http://healthycanadians.gc.ca/pr-rp/pr-rp\\_f.php](http://healthycanadians.gc.ca/pr-rp/pr-rp_f.php)

- Small Magnets: Can result in serious, possibly fatal injuries if swallowed.

English: <http://news.gc.ca/web/view/en/index.jsp?articleid=419989>

French: <http://news.gc.ca/web/view/fr/index.jsp?articleid=419989>

### 6. INSECTICIDES STILL BEST TREATMENT FOR HEAD LICE, PAEDIATRICIANS ADVISE

The Canadian Paediatric Society (CPS) explains that although head lice are common, contagious, and dreaded by parents, they are not a health hazard. The CPS recommends treating head lice with an approved topical insecticide (e.g., pyrethrins, permethrin, or lindane). They highlight that lindane should only be used as a second-line therapy because of its toxicity and that it is not appropriate for children under the age of 2. CPS also explains that alternative and homemade treatments do not work (e.g., mayonnaise) and that a new non-insecticidal lotion called isopropyl myristate/cyclomethicone has been approved for use in Canada but should not be used on children under the age of 4.

[http://www.medbroadcast.com/channel\\_health\\_news\\_details.asp?news\\_id=16375&rss=67&rid=999999&channel\\_id=2003&rot=3](http://www.medbroadcast.com/channel_health_news_details.asp?news_id=16375&rss=67&rid=999999&channel_id=2003&rot=3)

### 7. COLD MEDICINE NOT FOR KIDS, MAKERS WARN

The Consumer Healthcare Products Association, which represents Procter & Gamble Co., Novartis AG and other companies, in consultation with the Food and Drug Administration decided that oral cough and cold medicines sold over-the-counter should not be given to children under the age of 4 because of the risk of rare complications (Reuters News Agency, 2008, October 7). These medicines include Wyeth's Dimetapp, Procter & Gamble's NyQuil, Novartis AG's Triaminic, Johnson & Johnson's Tylenol, PediaCare, and others.

<http://www.parentcentral.ca/parent/article/513091>

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

## ONTARIO

### 8. INQUIRY INTO PAEDIATRIC FORENSIC PATHOLOGY IN ONTARIO

(also available in French)

The mandate of this inquiry was to conduct a systematic review and assessment of the policies, procedures, practices, accountability and oversight mechanisms, quality control measures, and institutional arrangements of paediatric forensic pathology in Ontario from 1981 to 2001 as they relate to its practice and use in investigations and criminal proceedings. The Commissioner, the Honourable Stephen T. Goudge, offers recommendations to address systemic failings and to restore and enhance public confidence in paediatric forensic pathology in Ontario.

English: <http://www.goudgeinquiry.ca/>

French: <http://www.goudgeinquiry.ca/fr/index.html>

## CANADA

### 9. BIRTHS

(also available in French)

Statistics Canada (2008, September 26) released statistical tables showing: the number of live births and fetal deaths (stillbirths) of at least 20 weeks' gestation; total and age-specific fertility rates and crude birth rates; live births by age of mother and live birth order; male and female birth weights; weeks of gestation at the time of birth; and multiple births. The numbers are shown for Canada, the 10 provinces, and the 3 territories. Some of the highlights of the data include: (1) births and fertility are continuing an upward trend; (2) women are postponing childbearing; (3) births are up in almost every part of Canada; (4) the number of fetal deaths increased from 2005 to 2006 but the stillbirth rate remained stable; and (6) stillbirth rates vary by geography.

News release: <http://www.statcan.ca/Daily/English/080926/d080926a.htm>

French: <http://www.statcan.ca/Daily/Francais/080926/q080926a.htm>

Statistical tables and highlights: <http://www.statcan.ca/english/freepub/84F0210XIE/2006000/bfront1.htm>

French: [http://www.statcan.ca/francais/freepub/84F0210XIF/2006000/bfront1\\_f.htm](http://www.statcan.ca/francais/freepub/84F0210XIF/2006000/bfront1_f.htm)

### 10. THE CHILDREN OF OLDER FIRST-TIME MOTHERS IN CANADA: THEIR HEALTH AND DEVELOPMENT

(also available in French)

This report (Statistics Canada, 2008) uses data from the National Longitudinal Survey of Children and Youth to examine the relationship between late childbearing (at or after age 35) among first-time mothers in Canada and physical health, behaviour, and cognitive development of their children up to the age of 5. The proportion of first births occurring among women aged 35 and older has nearly tripled in Canada over the past 20 years, from 4% of births in 1987 to 11% in 2005. Older mothers are at increased risk of pre-natal and birth-related complications but less is known about the relationship between advanced maternal age and the child's development. The findings indicate first-born children of older mothers did not differ significantly from children born to mothers aged 25 to 29 with respect to a number of health, behaviour, and cognitive outcomes, with a few exceptions: (1) children of older mothers were more likely to be late to first sit up by themselves, score lower on the Motor and Social Development scale at ages 2 to 3, and have lower positive behaviour scores at ages 4 to 5; and (2) a greater proportion of first-born children of older mothers were exposed to several birth-related risks (e.g., hypertension, delivery by caesarean section, pre-term births). Children of older mothers were significantly more likely to have been breastfed and breastfed longer compared with children of mothers in the younger group.

Report: <http://www.statcan.ca/bsolc/english/bsolc?catno=89-599-MWE2008005>

French: <http://www.statcan.ca/bsolc/francais/bsolc?catno=89-599-MWF2008005>

News release: <http://www.statcan.ca/Daily/English/080924/d080924a.htm>

French: <http://www.statcan.ca/Daily/Francais/080924/q080924a.htm>

## INTERNATIONAL

### 11. ALCOHOL USE AMONG PREGNANT WOMEN AND RECENT MOTHERS: 2002 TO 2007

This National Survey on Drug Use and Health (NSDUH) provides annual data on drug use in the United States. This report (NSDUH, 2008) found that illicit drug, alcohol, and cigarette use was lower among pregnant women (11.6%), particularly during their second and third trimesters, than among their parenting (42.1%) or nonpregnant counterparts (54.0%). The results indicate that past month alcohol use among pregnant and nonpregnant women and recent mothers aged 15 to 44 did not change significantly between 2002-2003 and 2006-2007. Of pregnant women aged 15 to 17, nearly 16% used alcohol in the past month (i.e., they drank on an average of 6 days during the past month and had an average of about four drinks on the days that they drank). The study also found indirect evidence of resumption of substance use after pregnancy.

<http://download.ncadi.samhsa.gov/prevline/pdfs/NSDUH08-0911.pdf>

### 12. USE OF FAN DURING SLEEP AND THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS)

This study (Coleman-Phox, Odouli, & Li, 2008) examined the relation between room ventilation (open window and fan use) during sleep and risk of SIDS. The researchers analyzed information from interviews of mothers of 185 infants who had died from SIDS and mothers of 312 randomly selected infants from the same county, maternal race/ethnicity, and age. The researchers found that fan use during sleep was associated with a 72% reduction in SIDS risk. This reduction in risk seemed more pronounced in adverse sleep environments such as in warmer room temperatures. Fan use also was associated with a decreased risk of SIDS in infants who slept in the prone or side position, shared a bed with someone other than their parents, or did not use a pacifier (ScienceDirect, 2008, October 7). It is important to note that some differences in the effect of fan use on SIDS risk did not reach statistical significance. The authors conclude that: "Although improving the methods used to convey the importance of the supine sleep position remains paramount, use of a fan in the room of a sleeping infant may be an easily available means of further reducing SIDS risk that can be readily accepted by care providers from a variety of social and cultural backgrounds" (ScienceDirect, 2008, October 7).

Abstract: <http://archpedi.ama-assn.org/cgi/content/short/162/10/963>

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

### 13. BREASTFEEDING IN CANADA: A CALL TO OUR GOVERNMENT

Breastfeeding advocates delivered a message to Premier Dalton McGuinty: "Breastfeeding is natural but it isn't easy, so lots of mothers need help" (Gordon, 2008, October 1). Danielle Arnold of Toronto launched a letter-writing campaign to Health Minister David Caplan and local Members of Provincial Parliament, and invited frustrated mothers to tell their stories. The letter highlights that the World Health Organization recommends at least 6 months of exclusive breastfeeding and that the province is not doing enough to support mothers.

News article: <http://www.parentcentral.ca/parent/article/509082>

Campaign website: <http://www.naturalmothering.ca/>

### 14. BEST START RESOURCE CENTRE ANNUAL CAMPAIGN: PHYSICAL ACTIVITY AND THE EARLY YEARS

The Best Start Resource Centre is continuing to define the provincial Physical Activity and the Early Years Campaign. The campaign launch has been scheduled for October, 2009. The primary audience will be parents of children aged 2-5. The campaign is being developed with input from an Advisory Committee which includes representatives from ParticipACTION, Active Healthy Kids Canada, Parks and Recreation Ontario, Ontario Physical and Health Education Association, Children's Exercise & Nutrition Centre; Chedoke Hospital, North Bay Parry Sound District Health Unit, Algonquin Child and Family

Services, George Brown College, Ottawa Public Health, Toronto Public Health, and the Ministry of Health Promotion. This "Have a Ball" campaign will share information about the benefits of physical activity for young children and about reducing the amount of time children spend watching TV and playing computer games. It will encourage parents and caregivers to spend more time being physically active with children through fun, active unstructured play. The campaign strategies are still being defined, but may include provincial mass media advertising through transit shelters and buses, radio, television, newspapers, and/or parenting magazines. Campaign materials and websites will be in English and French. Information and tools will be developed to make it as easy as possible for organizations and groups to plan local events to support the provincial strategies, including parent resources, ready to use media pieces, idea lists etc. As the Campaign plans develop, more information will be posted to this listserv. For more information about the Physical Activity and the Early Years Provincial Awareness Campaign, please contact Nancy McGeachy at 1-800-397-9567 x2278 or [n.mcgeachy@healthnexus.ca](mailto:n.mcgeachy@healthnexus.ca).

#### 15. CHILD CARE WORKER AND EARLY CHILDHOOD EDUCATOR APPRECIATION DAY: OCTOBER 22

This year, the Ontario Coalition for Better Child Care, CUPE, and labour partners are celebrating and recognizing the contribution of those who work in child care by initiating an award to recognize the importance of child care advocacy work. This year's award will be presented to Mme. Marois who was the driving force behind Quebec's low cost child care system. This website provides a list of ideas for celebrating Child Care Worker and Early Childhood Educator Appreciation Day including: (1) asking local Municipal Councils to speak in support of the Municipal Council Resolution; (2) reviewing their "How to Celebrate" tip sheet; and (3) downloading or ordering free Worker Appreciation Certificates, posters, and buttons.

<http://www.childcareontario.org/action/ccwad08/index.html>

#### 16. WAITING FOR CHILD CARE

This website, sponsored by the Ontario Coalition for Better Child Care, invites parent who cannot find and/or afford child care to send a strong message to their provincial and federal representatives that child care needs public investment.

<http://www.childcareontario.org/petition/>

#### 17. CHILD ABUSE PREVENTION CAMPAIGN: OCTOBER

The Children's Aid Societies participate in a public awareness and education campaign for the prevention of child abuse and neglect with the goals of: (1) informing the public and community professionals of the devastating effects of child abuse and neglect; (2) making public and community professionals aware of the importance of early intervention and prevention of child abuse and neglect; and (3) informing the public and community professionals of their duty to report child abuse and neglect.

<http://www.oacas.org/childwelfare/october.htm>

#### 18. LEARNING DISABILITIES AWARENESS MONTH: OCTOBER

(also available in French)

The Learning Disabilities Association of Canada is urging all Canadians to get involved in local events organized by national and provincial/territorial Learning Disabilities Associations, and chapters. This website provides an event planning tool kit, fact sheets, resources, a history of Learning Disabilities Awareness month, and links to local chapters.

English: <http://www.ldac-taac.ca/ldmonth/welcome-e.asp>

French: <http://www.ldac-taac.ca/ldmonth/welcome-f.asp>

#### 19. FASTEN YOUR SEATBELTS, ONTARIO

(also available in French)

The Government of Ontario (2008, September 30) announced that child safety seat inspection clinics will be held across the provincial during the first two weeks of October. The clinics aim to remind drivers and passengers to wear their seatbelts and ensure children are safely secured.

English: <http://ogov.newswire.ca/ontario/GPOE/2008/09/30/c9749.html?lmatch=&lang= e.html>

French: <http://ogov.newswire.ca/ontario/GPOF/2008/09/30/c9757.html?lmatch=&lang= f.html>

## 20. BUILDING A STRONG ONTARIO FOR A STRONG CANADA: ONTARIO'S FAIRNESS CAMPAIGN (also available in French)

Ontario Premier Dalton McGuinty is asking Ontarians to sign an online petition urging the federal government to be fair to Ontario. Ontarians can let all federal parties know that the province should keep more of its own money to invest in people and to make Ontario more competitive. This website provides key facts, priorities, key supporters, and quotes about what people are saying. Responses to the campaign by federal party leaders and Ontario candidates are provided.

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

## ----- 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

### 21. GENEVA CENTRE FOR AUTISM INTERNATIONAL SYMPOSIUM 2008

October 22-24, 2008: Toronto, ON

Hosted by: Geneva Centre for Autism

<http://www.autism.net/content/blogcategory/145/238/>

### 22. BUILDING EQUITABLE PARTNERSHIPS SYMPOSIUM 2008

November 5-7, 2008: Toronto, ON

Hosted by: Centre for Addition and Mental Health

[http://www.camh.net/News\\_events/CAMH\\_Events/bep\\_symposium\\_2008.html](http://www.camh.net/News_events/CAMH_Events/bep_symposium_2008.html)

### 23. INTRODUCTION TO RISK MANAGEMENT

November 14, 2008: Sault Ste. Marie, ON

Hosted by: Insurance & Liability Resource Centre for Nonprofits

<http://insuranceinfo.imaginecanada.ca/?q=en/node/129>

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

### 24. ONLINE RESOURCES TO SUPPORT THE DEVELOPMENT OF PRESCHOOL CHILDREN

The Alberta Centre for Child, Family, and Community Research has compiled this list for professionals, parents, and policy makers to help support the development of preschool children. Over the coming months, specific areas that these resources address will be highlighted, such as parenting, language development, and social-emotional development.

<http://www.research4children.com/admin/contentx/default.cfm?PageId=8413>

### 25. HEALTH CANADA: LISTERIA AND FOOD SAFETY

(also available in French)

Health Canada (2008) released a new advisory on Listeria that includes: information about Listeria, the health risks of Listeria, how to minimize risk of Listeria, the Government of Canada's role, and links to more information. Health Canada highlights that: "Pregnant women are about 20 times more likely to get listeriosis than other healthy adults. If a pregnant woman develops listeriosis during the first three months of her pregnancy, she may miscarry. Up to two weeks before a miscarriage, pregnant women may experience a mild flu-like illness with chills, fatigue, headache, as well as muscular and joint pain. Listeriosis later on in the pregnancy can result in a stillbirth or the birth of an acutely-ill child".

English: <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/listeria-eng.php>

French: <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/listeria-fra.php>

#### ----- VI. FEATURED BEST START RESOURCES -----

As noted in the "Recent Reports and Research Studies" section, the new Statistics Canada (2008) tables called "Births" highlight that more women are having children later in their reproductive years. The following resources, produced by the Best Start Resource Centre in collaboration with the Halton Region Health Department, may be helpful to service for reflecting on the trend and working with advanced maternal age clients.

#### 26. REFLECTING ON THE TREND: PREGNANCY AFTER AGE 35

This resource is a guide to advanced maternal age for Ontario service providers. It includes a summary of statistical trends, influencing factors, health opportunities, health risks, and recommendations for care.

[http://www.beststart.org/resources/rep\\_health/index.html](http://www.beststart.org/resources/rep_health/index.html)

#### 27. WAITING FOR BABY: PREGNANCY AFTER AGE 35 BOOKLET

This booklet provides information for women aged 35 or older who are pregnant or planning a pregnancy. Topics covered in the booklet include: planning for a pregnancy, conceiving a pregnancy, tips for having the healthiest pregnancy possible, prenatal care, prenatal screening, emotional self-care, pregnancy loss, preparing to become a parent, and links to reliable information about pregnancy and parenting.

[http://www.beststart.org/resources/rep\\_health/index.html](http://www.beststart.org/resources/rep_health/index.html)