



CANADIAN PAEDIATRIC SOCIETY

CPS news

Spring/Summer 2018

Children need healthy communities Sioux Lookout forum calls for systemic changes

The first step to improving child health and wellbeing in Northern Ontario is to focus on improving community health. That's the message from participants at a forum co-hosted by the CPS and the Sioux Lookout First Nations Health Authority (SLFNHA) in January. The forum brought together members of the CPS First Nations, Inuit and Métis Health Committee, SLFNHA staff, local physicians, and community leaders from some of the 33 communities served by the health authority.

The forum was the result of two years of discussion and planning between the CPS and leaders from the region. Health professionals from Sioux Lookout, Ontario contacted the Canadian Paediatric Society in 2015 to ask for help with a growing child health crisis in the region that included an outbreak of rheumatic fever. In February 2016, Nishnawbe Aski Nation (NAN)—a political body representing 49 First Nations communities—declared a public health emergency in response to inequities in health services. Among the related consequences are suicides, opioid



Dr Kassia Johnson talks to participants about early child development

addiction, and gaps in child development services.

The forum, held over two days in Sioux Lookout and the nearby community of Lac Seul, focused on early child development. Officials at SLFNHA believe many of the acute health crises in the region could

be prevented by investing in and strengthening the earliest foundations for children and families.

Guest speaker Dr. Kassia Johnson, a developmental paediatrician from Hamilton and a member of the CPS Early Years Task Force, described a framework for healthy child development and how families, communities, systems and policy all play a role. Participants said some of the challenges facing communities include poverty, a lack of basic infrastructure, and colonial systems—ways of planning and delivering health, social services, and child welfare—that have harmed Indigenous people.

In a post-meeting report, the committee made a number of recommendations to improve child health in the region, including:

- Improve data gathering on child health indicators in the region;
- Implement consistent, culturally safe and community-focused developmental screening;

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No. 40006512

Healthy children... continued from page 1

- Enhance investments in developmental paediatric services, especially allied professionals who provide supportive therapies;
- Enhance investments in culturally safe paediatric subspecialty services and consulting paediatric services;
- Enhance investments in culturally safe mental health services, including psychotherapy and psychiatric services;
- Increase funding and community capacity for programs/services that support parents and keep families together.



Detail from a graphic facilitator's rendering of participants' comments

Members of the Canadian Paediatric Society's (CPS) First Nations, Inuit and Métis Health Committee have been visiting Indigenous communities across Canada for many years. During these visits, committee members meet with local health authorities, learn about health issues facing children and youth, and tour local health facilities.

The forum was funded by the First Nations and Inuit Health Branch of Indigenous Services Canada. ☺

Exploring adolescent health through digital storytelling



Members of CHEO's Research Institute: Dr. Michelle Ward (child maltreatment paediatrics), Chantalle Clarkin (medical education researcher), and Dr. Megan Harrison (adolescent health) are pictured here following the launch of *My Story is my Strength*, a digital story film screening at Ottawa's ByTowne Cinema. The research team partnered with Youville Centre and worked with young mothers to explore health

through digital storytelling. Given the opportunity to share a message about any aspect of health, 18 young mothers created digital short stories on various topics like mental health, labour, child health, discrimination, and resilience. The process of combining technology with the voices of this underrepresented population was powerful and the end results were inspiring. Located in Ottawa, the Youville Centre is a non-profit, registered charity that serves adolescent mothers and their children through trauma-informed, holistic programs and services. View the digital stories at <https://vimeo.com/weallhavestories>. You can also follow @digistorystudy and @YouvilleCentre on Twitter. ☺

Social paediatrics Hub meets children and families where they live

When people ask me how it's going at the clinic, I say, you mean the Hub?" said Dr. Sue Bennett when CPS staff arrived at the Social Pediatric Hub for a tour.

She's right. As a child and youth health and well-being space, the Social Pediatric Hub, located in the Ottawa neighbourhood of Vanier, definitely has a different feel to it. There are comfortable couches in the waiting area, and a kitchen where parents can grab a coffee and kids can get a snack.

The Social Pediatric Hub provides bilingual, comprehensive, integrated health and social services to children and youth who live or attend school in this diverse, high needs and underserved community.

The Hub staffs paediatricians and social workers, a nurse practitioner, mental health

"We're all about empowering children and their families to optimize the child's potential. When you empower and support them, you serve their best interests."

Dr. Fraser-Roberts

professionals, lawyers and a coordinator to serve the various health and social related needs of local children and youth and their families.



Staff of the Social Pediatric Hub sit around the kitchen table where they meet with children and their families. L to R: Carole Turbide (social worker), Johanne Colas (social work Master's trainee), Dr. Sue Bennett (co-medical director), Dr. Leigh Fraser-Roberts (co-medical director), Rachelle Lanteigne (social worker coordinator).

Social paediatrics is one of five priorities of the CPS 2017 – 2022 Strategic Framework. If you would like to share the work you are doing on one of the strategic priorities, please be in touch: info@cps.ca.

This integrated team meets with children, their parents and any other important people in their lives around a kitchen table. There are healthy snacks in the middle of the table and a play area just a few steps away, should a child find it too stressful or uninteresting sitting with the adults. "People are going to be much more willing to tell their story if they're comfortable and feeling safe," said Dr. Bennett. "If they trust us, we can work with them to help them reach their goals and indeed their dreams."

Inspiration for the Hub came in 2009 when Dr. Bennett visited the newly opened Centre de Pédiatrie Sociale de Gatineau. "I said, we have to have this incredible model of care for children in Ontario," said Dr. Bennett. In 2015, the Hub co-medical directors Dr. Bennett & Dr. Leigh Fraser-Roberts applied for funding through the Ontario Poverty Reduction Strategy Fund. They were successful and the Vanier Social Pediatric Hub opened its doors in August 2017 as a three-year pilot program.

Based on the model developed by Dr. Gilles Julien, considered the father of social paediatrics in Canada, the Vanier Hub is based on the principles of the UN Convention on the Rights of the Child and designed to consider the holistic needs of the child living within their family and community. Staff members work with the child and family to create a tailor-made health and social service plan, and then help implement the plan by coordinating services and advocating for children and families as needed.

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CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

Surveillance program studies complex regional pain syndrome in Canadian children and youth

Children and youth experiencing complex regional pain syndrome (CRPS) require early diagnosis to minimize suffering, unnecessary medical investigation and the risk of long-term disability, according to the lead investigator on a new Canadian Paediatric Surveillance Program study.

Dr. Krista Baerg, a Saskatoon paediatrician, said CRPS is a chronic pain condition that usually affects one limb and typically happens following an injury.

In adults, the incidence rate of CRPS is 5-26 per 100,000 annually. Not much is known about CRPS in children and youth, including the incidence rate.

By targeting both general paediatricians and pain clinics, this study will collect national data on minimum incidence rates, explore triggering factors, presentations of the disorder and time to diagnosis.

Dr. Baerg explained that the pain experienced in CRPS is disproportionate to any triggering factors. Although causes aren't well understood, the pain is related to malfunctions of the peripheral or central nervous systems, and might include abnormal sensory, motor, sudomotor or vasomotor symptoms.

The severity of the pain makes early diagnosis essential, said Dr. Baerg.

"The main presenting feature [of CPRS] is severe pain, but with time, CRPS will result in atrophic changes or disability," she said. "Early and urgent referral to physical therapy is important along with patient education to help prevent longstanding or permanent disability."

CRPS was previously known as Reflex Sympathetic Dystrophy (RSD) but RSD did not fully describe the condition. When the International Association for the Study of Pain (IASP) published the Budapest Criteria in 2004, both the name and the clinical diagnostic criteria changed.

Dr. Baerg says paediatricians should consider CRPS when a patient presents with continuing pain disproportionate to an event such as a twisted ankle or even a fracture or injury. Paediatricians should also consider CRPS when patients present with pain and symptoms such as extreme tenderness, allodynia, hyperesthesia, swelling or changes in skin temperature or colour.

The University of Saskatchewan Research Ethics Board granted ethics approval for this study.

To see the full diagnostic criteria for CPRS, visit www.iasp-pain.org.

To learn more about this and other CPSP studies, visit www.cps.ca/cpsp.

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New resource facilitates conversation with parents about gender identity

A new resource from the CPS will help paediatricians discuss the complexities of gender identity with parents and caregivers.

“More and more, parents are asking us when and how gender identity typically develops in children, what is considered typical behaviour, and what they should expect at certain ages,” said Dr. Mike Dickinson, President of the CPS. “Paediatricians are well-positioned to answer these questions and help parents promote healthy gender development in their children.”

Gender development is often associated with puberty and adolescence, but children begin showing interest in their gender early in life. Although every child is unique and may develop at a different pace, most children have a strong sense of their gender identity by the time they are four years old.

This new CPS resource will help paediatricians answer common parental questions, and explain the differences between sex, gender identity, gender expression, and sexual orientation.

“It’s common to confuse these terms. With a better understanding of their differences, parents can feel empowered and better support their children in being their authentic selves,” said Dr. Dickinson, a paediatrician in Miramichi, New Brunswick. “Children do best when their parents or caregivers love and accept them for who they are.”

The resource – developed with guidance from the Child, Youth and Family Committee of the Canadian Professional Association for Transgender Health and Gender Creative Kids Canada – also features a list of external resources that may be helpful to parents of transgender and gender diverse children.

For more information about gender identity and sexual orientation, visit www.caringforkids.cps.ca.



Caring for babies affected by opioid crisis

As the number of babies born exposed to opioids mounts, the CPS has released recommendations to help minimize the impact on both newborns and their mothers. The document is featured in the June issue of *Paediatrics & Child Health*.

The CPS says keeping babies and mothers together is essential in both the short and long term.

“Weeks of separation can be harmful to early bonding and attachment, and risks making a bad situation worse for both mothers and their babies,” said Dr. Thierry Lacaze, Chair of the CPS Fetus and Newborn Committee. “Keeping mothers and their infants together has been shown to lower NICU admissions, promote breastfeeding, shorten hospital stays and decrease the need for prescription drugs.”

According to the Canadian Institute for Health Information, in 2016-2017, about 1,850 newborns were born exposed to addictive drugs, a condition known as Neonatal Abstinence Syndrome. This represents a 27 per cent increase from 2012-2013. A large percentage of these cases are attributed to opioid withdrawal. Fifty to 75 per cent of infants born to women on opioids will need treatment for withdrawal. Symptoms of opioid withdrawal—which can include trembling, crying, tight muscle tone, seizures, yawning, stuffy nose, and sneezing—usually appear in the first few days after birth. Other effects, such as irritability, sleep disorders and feeding problems, can last for four to six months.

The CPS recommends that newborns exposed to opioids be observed for at least 72 hours after delivery and assessed to determine whether additional monitoring and medication are needed. Once newborns are ready for discharge, a well-coordinated plan involving a team of health care professionals is essential to ensure that once they are home, the babies continue to sleep and eat well, gain weight, and adapt to their environment. This includes community resources to support keeping infants and their mothers together, long after they leave hospital.

“Early intervention is critical in order to ensure the best possible health outcomes for newborns and their mothers, both during their stay in the hospital and long after they arrive home,” said Dr. Lacaze.

To read the full document, visit www.cps.ca/en/documents/position/opioids-during-pregnancy

Paediatricians call on Quebec to ensure sick kids on air ambulances are with a family member

A Quebec policy that resulted in sick children travelling on air ambulances without a family member came under fire from the CPS, the Association des pédiatres du Québec (APQ), and health professionals across the province.

Earlier this year, the groups called on the Québec government to change its current practice of routinely denying parental accompaniment of minors during urgent medical air evacuations to tertiary care centres in the province.

Although this policy applied to all children in Québec, Indigenous children and families from Nunavik are disproportionately affected.

"Every effort should be made to ensure a parent will be with their child during this stressful period," said Dr. Radha Jetty, Chair of the CPS First Nations, Inuit and Métis Health Committee. "This is particularly crucial in Indigenous communities, where families have experienced intergenerational

"Separating a child from their parent when they are frightened, hurt or when they may be at risk of dying is cruel."

Dr. Catherine Farrell

trauma from the forced removal of children during the residential school system and during the tuberculosis epidemic."

There is clear evidence to suggest that family presence results in better outcomes for critically ill children.

"Separating a child from their parent when they are frightened, hurt or when they may be at risk of dying is cruel," said Dr. Catherine Farrell, President-elect of the CPS. "Parents are the key decision makers for their children, and by not being present, they are denied the right to be informed of the nature and risks of critical treatments."

The issue was championed by CPS member Dr. Samir Shaheen-Hussain, a paediatric emergency physician at the Montreal Children's Hospital.

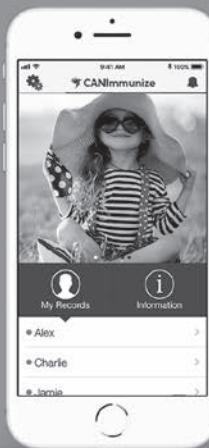
"This policy needed to change yesterday," Dr. Samir Shaheen-Hussain told *The Montreal Gazette* in January. "What we see on the ground from a medical perspective is unacceptable."

In a statement, the CPS and the APQ acknowledged that transport teams operate under considerable stress with limited access to support, but added that this should not preclude family presence during air transport.

After initially saying the policy could not be changed, in February Quebec Health Minister Gaétan Barrette said that at least one parent will be permitted to join their children on future air ambulance flights. It is unclear whether the change in policy is currently being implemented. It is standard practice for air ambulance teams in all other provinces and territories to encourage a significant other to accompany patients on urgent air transfers. 

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Bringing the NICU to the web

We sat down with CPS Fetus and Newborn Committee member, Dr. Michael Narvey, to talk about his blog, *All Things Neonatal*, and to get his advice on how other health care professionals can share their expertise online.

CPS: What motivated you to start a blog?

MN: It started with a desire to help my son. He wanted to start his own blog when he was six on the game ‘Minecraft’. I had no idea what a blog was at that point nor how to set one up and I decided that the two of us would make it into a research project to do together. We set that up and did a few posts on his blog site. Then, one morning, I was up very early and couldn’t get back to sleep. I decided to read an article. Feeling like I disagreed with it, I thought boy, wouldn’t it be an interesting idea to set up a medical blog and put those kind of thoughts out for others to see? So that was sort of how it all started. A reaction to an article and the quick bit of knowledge I had from my son and our experience.

CPS: Tell me about your blog now. What kind of topics do you discuss?

MN: I started the blog in February of 2014. The content is all related to neonatology, my area of expertise. The blog has evolved over time. When I first started, I tackled more general topics like hypoglycemia, for example. More recently, I’ve begun to post commentaries of published articles examining the current state of thinking in a particular area. That’s become the driving force behind the blog these days. Looking at articles that are published on a weekly basis and seeing if there’s anything new that could be practice-changing or can at least influence practice.

CPS: Your blog has amassed a very large following. How have you been able to grow your audience in such a short period of time?

MN: I realized early on that the blog platform I use, Wordpress, is great for putting your thoughts down and putting out a very polished product, but that there aren’t huge numbers of people following neonatology on Wordpress. Recognizing that Facebook is a worldwide phenomenon, I decided to leverage the social network as a vehicle to actually get my blog posts out there. I create my posts using Wordpress and then post them on Facebook. From there, the word spreads pretty quickly. Four years later, I’m getting close to about 19,000 followers on the page. What’s important to note is that the growth was all organic. I never paid to advertise a single post. I felt I didn’t need to. I had enough followers that would share my content. I’ve seen the reach on some of my posts exceed 50,000 users.

CPS: How has your blog helped to amplify current research?

MN: It dawned on me early on that my blog, Facebook page and other social media channels could serve as a means of promoting some of the great research that’s going on here in Canada. I discovered through looking at various metrics that articles posted to a journal’s website often receive only one tenth of the number of hits I get on my page.

CPS: What would your advice be for health care professionals who are looking to start a blog?

MN: I would tell them to pick content that is relevant and interesting and to post often. I try to engage my audience by posting daily on Facebook and by writing two to four new blog posts per month. 

Publication of CPS material in *Paediatrics & Child Health*

Readers of *Paediatrics & Child Health* and visitors to the Canadian Paediatric Society website will notice more content from CPS committees and sections in the coming months. The publishing profusion is the result of the 2016 publishing freeze combined with a few very productive years from committees and sections.

Although practice points are valuable to practicing physicians with specific clinical questions, data from Oxford University Press shows that they are typically not highly cited in other published academic work. They do lend themselves well to podcasts, multiple-choice questions (MCQs) and in-person learning, and are highly effective in the clinical setting.

The CPS will focus on creating supportive knowledge translation resources to accompany practice points, such as MCQs and podcasts. And we will continue to actively promote practice points on social media and in the eNews to keep members and other health professionals informed about new content that is relevant to their practice.

Practice points will now be published in *Paediatrics & Child Health* as abstract only, and full text versions will be available on the CPS website. CPS position statements will continue to be published in full text in *Paediatrics & Child Health* and on the CPS website.

To see the latest CPS practice points and position statements, visit <https://www.cps.ca/en/documents>. For supporting eCME content, visit <https://www.cps.ca/en/ecme>. 

Social paediatrics Hub... continued from page 3

By addressing needs such as housing, employment, immigration issues, food shortage, safety and school-related issues, the plan often helps parents and families as much as it does the kids. "Our plan is very different from a traditional medical plan," said Dr. Fraser-Roberts. "We're all about empowering children and their families to optimize the child's potential. When you empower and support them, you serve their best interests."

In addition to providing integrated health & social services, the centre really is a hub for the community with health promoting activities. The space hosts a dance program, a music program called Orkidstra and a day care and education centre, amongst other programs. It also works with other community based organizations and associations to bring their services to this single site, thereby reducing access barriers.

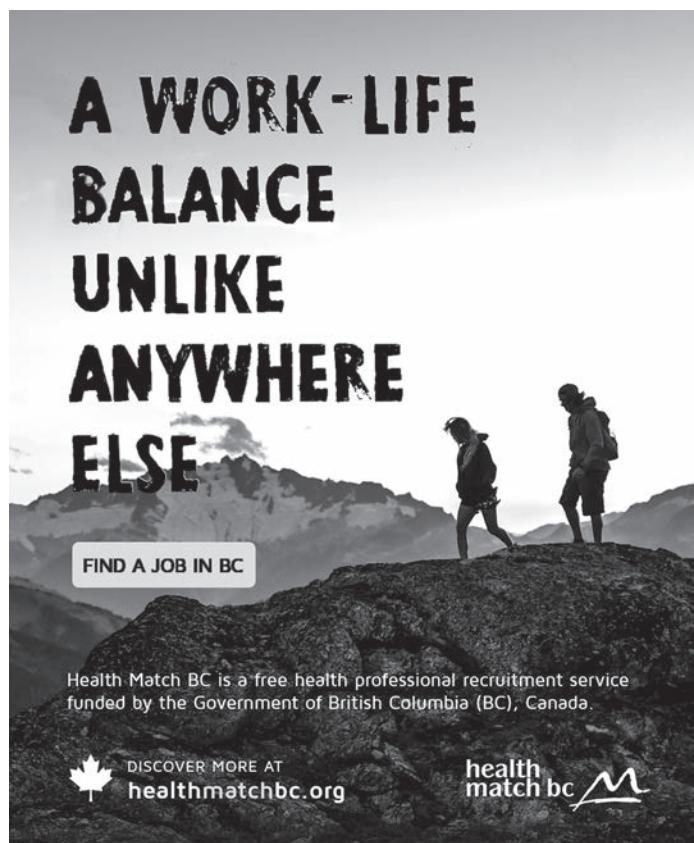
These additional activities are important, says Dr. Fraser-Roberts, because the model is intended to consider the holistic needs of the child, and to be successful, it also needs to be community-driven.

Dr. Bennett agrees, adding, "Here we're seeing the whole child, situated within the family within the community. There are health inequities that we are able to address here, that we might not be able to address in a medical service model."

The Vanier Hub is the only social paediatrics clinic in Ontario following Dr. Julien's model, but Drs. Bennett and Fraser-Roberts hope it won't be the last. "We'd like to see more of these centres in the Ottawa region and beyond," said Dr. Fraser-Roberts. "We would

like to have a sense at the end of our pilot how a model would work in Ontario, a model that could work in other provinces."

For more information on Vanier's Social Pediatric Hub, visit www.cscvanier.com/en/family/vanier-social-pediatric-hub 



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