



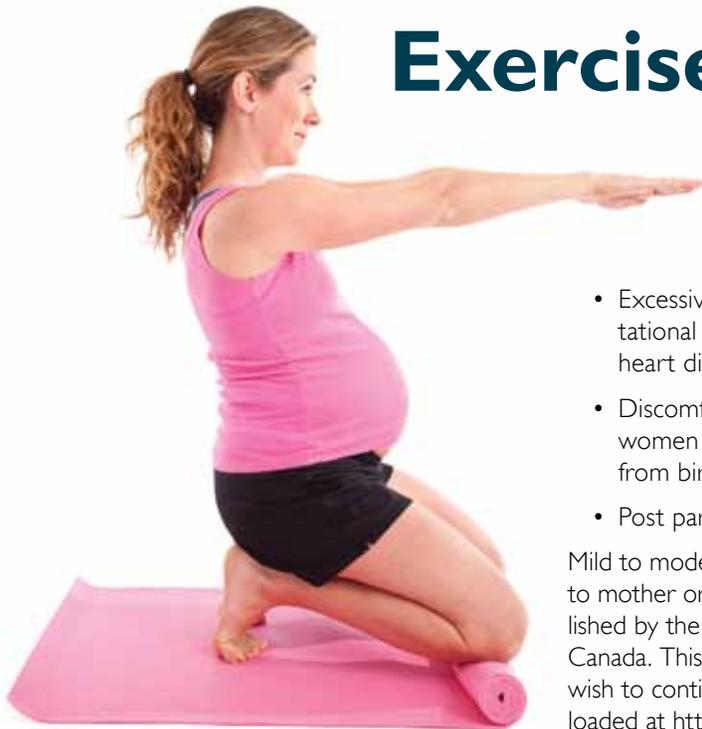
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HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Exercise and Pregnancy



Physical activity is an important part of a healthy pregnancy. There are many benefits for both mom and baby including the prevention of future adult chronic disease risk of the baby. Physical activity can prevent:

- Excessive weight gain during pregnancy; post partum weight retention; gestational diabetes, and future risk of developing type 2 diabetes; obesity; and heart disease.
- Discomfort and complications of labour and birth. Physical activity can provide women with the stamina to get through labour and to recover more quickly from birth.
- Post partum depression and have a positive effect on self-image.

Mild to moderate intensity exercise, in a healthy low-risk pregnancy, poses no threat to mother or fetus. Guidelines are outlined in the PARmed-X for Pregnancy, published by the Canadian Society for Exercise Physiology and endorsed by Health Canada. This medical screening tool is for pregnant women who plan to start, or wish to continue, an exercise program. The PARmed-X for Pregnancy can be downloaded at <http://www.csep.ca/cmfiles/publications/parq/parmed-xpreg.pdf>. The tool includes:

- Medical history questionnaire and recent activity profile.
- Checklist for contraindications to exercise.
- Guidelines and prescriptions for aerobic and muscle conditioning activities.
- A tear-away medical clearance form.

Using the PARmed-X for Pregnancy, physicians can play a key role in increasing the physical activity levels of their patients, thereby improving the health of moms and babies alike.

To order copies of the PARmed-X for Pregnancy for your office, contact:

Michele Crowley,
Physical Activity Promoter
519-426-6170 / 905-318-6623 ext 3239
michele.crowley@hnhu.org

Source: Mottola, M.F. (2011). *Exercise and Pregnancy: Canadian Guidelines for Health Care Professionals*. Well Spring, 22(4).



Physicians' Interventions Impact Smokers

As a physician, in less than three minutes you can make a difference in your patient's life. You can help your patient quit using tobacco products.

Physicians are considered a credible source of information with advice having a powerful impact on patient motivation to modifying or eliminating negative personal lifestyle behaviours such as tobacco use. In fact, the advice of a health professional is the single strongest determinant of preventative practices. Providing brief advice to patients compared to no advice significantly increases tobacco cessation rates.

Currently there are 2.3 million people in Ontario who use tobacco products – approximately 1.7 million of these people want to quit. In less than three minutes, you can make a difference in your patients' health by following the 5A's:

- **Ask** your patient if he/she uses tobacco products;
- **Advise** your patient about the risks of tobacco use and to quit;
- **Assess** your patient's readiness to quit;
- **Assist** your patient in quitting by providing access to resources and community cessation services;

- **Arrange** a follow-up through Smokers' Helpline Quit Connection Program

For further information contact Haley Caldwell at haley.caldwell@hnhu.org or 519-426-6170 x 3248 or visit www.youcanmakeithappen.ca

Joint Position Statement. (2011). Tobacco: The role of health professionals in smoking cessation.

Ontario Tobacco Research Unit. (2010). Evidence to Inform Smoking Cessation Policymaking in Ontario.

Joint Position Statement. (2011). Tobacco: The role of health professionals in smoking cessation.

Does Your Patient Have Chlamydia??

Chlamydia Is on the Increase

The Facts:

- Chlamydia is the number 1 reportable STI in Haldimand and Norfolk Counties
- In Canada, Chlamydia rates are highest in youth/young adults 15 to 24 years of age
- From 2004 to 2010, there were 819 new cases of Chlamydia, in which 594 cases were females in HN
- Of particular interest, Chlamydia was also found older adults (55 years and older) in HN
- 70% of genital infections in females are asymptomatic
- 50% of urethral infection in males are asymptomatic
- Less than 10% of prevalent infections are diagnosed
- For up to 40 percent of infected women, untreated Chlamydia can lead to pelvic inflammatory disease (PID).
- One or more episodes of PID increases the risk of tubal infertility, ectopic pregnancy, tubo-ovarian abscesses and chronic pelvic pain
- CDC recommends annual Chlamydia screening for all sexually active females 25 and under and for women older

than 25 with risk factors such as a new sex partner or multiple partners.

- Chlamydia in women increases susceptibility to HIV infection
- Numerous studies show frequent Chlamydia testing of sexually active young women is cost-effective.

Chlamydia is often asymptomatic Best Practice:

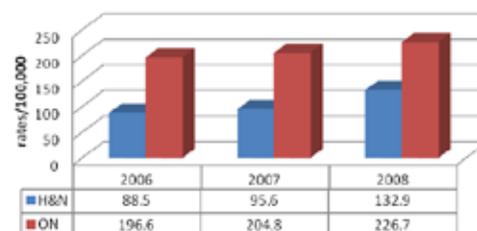
- Follow the Public Health Agency of Canada's 2006 STI Guidelines
- Test for Chlamydia and Gonorrhoea during routine Pap tests
- Urine based nucleic acid amplification test (NAAT) can be used for asymptomatic female patients who are not due for a Pap test but have a risk factor
- Tell your patient that if their test is positive, a staff person from the Infectious Disease Team from the Haldimand-Norfolk Health Unit may call them for follow up.

Resources

Haldimand-Norfolk Health Unit

- Free brochures, poster and condoms, call 519-426-6170 ext 3225 or 905-318-5367 ext 346
- Free STI medications for patients and partners

Age-Standardized Incidence Rates of Chlamydia, Haldimand and Norfolk and Ontario, 2006-2008



- Chlamydia fact sheet from The Haldimand-Norfolk Health Unit-http://www.hnhu.org/images/stories/a_z_directory/diseases/chlamydia_low_res.pdf

Other Resources

- Health Canada guidelines on STI testing and treatment (2006) (<http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php>)
- Free urine and swab test kits from Laboratory Services Ministry of Health and Long Term Care- Customer service centre toll free at 1 877 604-4567 or 416 235-6556
- INFOline at 1-866-532-3161
- Hamilton
Toll: 1.866.282.7376 • Fax: 905.385.0083
- London
Toll: 1.877.204.2666 • Fax: 519.455.3363

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