Trust Me, Trust My Tummy!
Advice for Parents of Picky Eaters

One of the most common childhood nutrition concerns is picky eating. It can be very frustrating for parents and health care providers alike! Most picky eating problems can be solved by following “the division of responsibility” when feeding a child. Both parents and children have important roles to play.

It’s the Parent’s/caregivers job to decide:

• What foods to offer (encourage healthy choices from all Food Groups in Canada’s Food Guide)
• When to offer meals and snacks (children love routine and should avoid grazing throughout the day – offer meals and snacks every 2 to 3 hours)
• Where the child will eat (at the table, free from distractions)

Trust the Child to decide:

• Which foods to eat (once the meal has been served, it is up to the child to pick which foods he/she wants to eat – it can take a child up to 17 tries of a new food before they will accept it)
• How much to eat (never force, pressure or bribe a child to eat, it only makes picky eating worse – trust the child to know how hungry they are. Hunger can vary from day to day and meal to meal)

See our handout on the Do’s and Don’ts of Feeding your Young Child (included as an insert).

Life with a new baby....Is not always what they expect

Statistics show that 1 out of 5 women will experience symptoms of a postpartum mood disorder. These can occur anytime between 2 weeks of baby being born up to one year after baby is born.

If left untreated, it can lead to these issues:

• Maternal-infant bonding;
• Growth and development of baby and
• In extreme cases, harm and death to both the mother and the baby

The family physician is often the healthcare professional who has first contact with a client, and therefore requires the most current resources available within our community. The Postpartum Depression Committee of Haldimand-Norfolk will be delivering each of you packages with the following information:

• Postpartum Mood Disorder desk reference,
• Your Guide (distributed by the Ontario Early Years Centre, Haldimand-Norfolk)
• Life with a New Baby booklet (originally part of the Best Start postpartum mood disorder campaign)
• Information on the local support group, Life with a Newborn, and
• The 18 month Well Baby assessment tool

The committee’s goal is to provide physicians with local resources to help their clients find support within our community to enhance the health of their whole family.

These packages will be arriving to your clinics in early August. If you have any questions, please contact Leia Bulosan PHN at (905)-318-5367 ext 316
Testing baby boomers saves lives

The HNHU is urging health care providers to begin recommending a one-time blood test for all adults born between 1945 and 1975. This is based on information from a recent national survey and the Canadian Liver Foundation (CLF), who extended the recommendation for testing beyond the boomer generation, taking into account immigration from countries where hepatitis C is more widespread and common.

Many baby boomers got infected before the dangers of hepatitis C were well known. Although anyone can get hepatitis C, baby boomers are five times more likely to be infected by hepatitis C. Yet Canadian boomers are less likely than younger generations to have been tested, according to the survey. The hepatitis C antibody test is inexpensive and is covered by all provincial health care plans. Today’s treatments for hepatitis C can cure a majority of those infected.

Based on 2010 national surveillance data:

- 83% of reported hepatitis C diagnoses were in Canadians aged 30 and older and 64% were in Canadians aged 40 and older.
- Males between the ages of 40 and 59 had the highest rates of reported hepatitis C diagnoses at 78.2 per 100,000; in females the highest reported rate was in those aged 25 to 29 at 34.4 per 100,000.


In 2012, HNHU had just over 40 confirmed Hepatitis C cases. 27% of these were “baby boomer” males and 12% were “baby boomer” females.

We are encouraging our local health care providers to discuss hepatitis C with their patients and offer hepatitis C testing to all those born between 1945 and 1975. Ideally, it is best to offer information and counselling about hepatitis C before and after testing and to provide support—no matter what the test results might be.

Helpful Resources:

- The CLF has tools available to help physicians screen, diagnose and treat hepatitis C http://www.liver.ca/liver-education-liver-research/resources-health-professionals/
- For patient resources, please visit www.hnhu.org/infectiousdiseases and www.hepcinfo.ca
- For counselling tips, visit www.hepcinfo.ca

References:

Canadian Liver Foundation www.liver.ca

CDC Vital signs: hepatitis C (May 2013) http://www.cdc.gov/vitalsigns/hepatitisc/

New Treatment Guidelines for Gonorrhea

Beginning May 1, 2013, Public Health Ontario introduced new treatment guidelines for gonorrhea. This was due to the increased multi-drug resistance of antibiotics used to treat gonorrhea. Worldwide, treatment failures have occurred with cephalosporins.

In Ontario, a recent review of gonorrhea infections showed over 10% of gonorrhea cultures had decreased susceptibility to Cefixime in 17 Health Unit jurisdictions. Due to these findings, the new treatment guidelines came into place. The new treatment for gonorrhea for persons over the age of 9 is:

- Ceftriaxone 250 mg x1 intramuscularly PLUS Azithromycin 1 g orally

Second line treatment is available if allergies are present. Please refer to the enclosed insert for more information regarding treatment.

Both first line and second line (Cefixime/Azithromycin) treatment are available free of charge from the Health Unit. This can be ordered on your vaccine order sheet.

More information is available at www.oahpp.ca as well as the Haldimand-Norfolk Health Unit.