



PHYSICIANS' NEWSLETTER

Pediatric Nutrition Guidelines 2011

The Pediatric Nutrition Guidelines for Primary Care Providers (PNGPCP) is a document that provides evidence-based developmental and nutrition indicators for children aged birth to 6 years for primary health care providers. It is composed of age-specific, evidence-based feeding recommendations.

The Additional information section provides information related to multiple age categories and contains additional important messaging. Topics include:

Included is a copy of the guidelines. Please distribute to all primary health care professionals.

Questions?

Contact Michelle Saraiva, Public Health Dietitian at 519-426-6170 Ext. 3237 or michelle.saraiva@hnhu.org

- Growth monitoring
- Selecting and preparing infant formula
- Bisphenol A and bottle feeding
- Choking prevention
- Fish consumption and methylmercury
- Parenting and the feeding relationship
- NutriSTEP® - Nutrition Screening tool for Every Preschoolers



The main chart is comprised of three segments:

- **Developmental milestones related to feeding** – expected feeding skills for age
- **Guidelines** – Key feeding /nutrition messages to promote optimal nutrition and lower nutrition risk
- **Red flags** – Feeding practices or signs that suggest increased nutrition risk and call for intervention

INSIDE THIS ISSUE

Pediatric Nutrition Guidelines 2011	
The Driven to Quit Challenge	
Testing Young Women for Chlamydia: Urine Test or Cervical Swab?	2
Perinatal Bereavement Support Group	2

Testing Young Women for Chlamydia: Urine Test or Cervical Swab?

Which is best when screening young women for Chlamydia: cervical swab or urine test?

A cervical swab provides the most sensitive and specific test results for Chlamydia, and has the added advantage of the physician being able to assess the patient's general genital health. Screening is easily done during routine PAP test and is still considered best practice by Haldimand-Norfolk Public Health.

What do young women prefer?

Research shows fear or discomfort with pelvic exams is a barrier to youth seeing screening for Sexually Transmitted Infections (STI). Almost all studies show that women prefer self-collection of urine samples to a pelvic exam. Health Canada's STI Guidelines now recommend "increased acceptance of testing by using a non-invasive urine-based nucleic acid amplification test (NAAT)."

How do cervical swab and urine test compare for accuracy?

Table 1: Comparison of GEN-PROBE® APTIMA® Assay vs. Patient Infected Status in Females

	Chlamydia trachomatis ¹		Neisseria gonorrhoeae ²	
	Sensitivity	Specificity	Sensitivity	Specificity
Endocervical Swab	98.3 %	96.1 %	97.3 %	99.0 %
Urine	94.3 %	98.0 %	92.0 %	99.8 %

Table 2: Comparison of GEN-PROBE® APTIMA® Assay vs. Patient Infected Status in Males

	Chlamydia trachomatis ¹		Neisseria gonorrhoeae ²	
	Sensitivity	Specificity	Sensitivity	Specificity
Urethral Swab	97.8 %	96.1 %	99.4 %	97.5 %
Urine	96.0 %	97.2 %	98.9 %	99.2 %

¹GEN-PROBE® APTIMA® Assay for Chlamydia trachomatis (package insert). San Diego, CA Gen-Probe Incorporated; 2004.

²GEN-PROBE® APTIMA® Assay for Neisseria gonorrhoeae (package insert). San Diego, CA Gen-Probe Incorporated; 2004

What does Haldimand-Norfolk Public Health recommend?

Cervical Swabs for females when:

- Symptomatic for STI, or
- Due for a Pap test, or
- Had sexual contact with a person infected with Chlamydia

Use urine based NAAT testing for females when:

- Not due for a Pap test, or
- The patient refuses a pelvic exam, or
- Patient is menstruating (blood and mucus interfere with swab NAAT testing performance and can result in false-negative results)

Assess • Test • Treat • Counsel

Perinatal Bereavement Support Group

After perinatal loss, parents experience grief. Fathers and mothers show the same pattern of symptoms, but generally, the mothers' distress is more intense. Grief is a process that everyone experiences or handles in different ways. Grieving is a highly personal emotion and all family members will grieve in their own way.

Symptoms of anxiety and depression often occur with subsequent pregnancies. These

symptoms are known to have negative consequences for future obstetrical outcomes, parenting, and infant behaviours (American Journal Maternal Child Health, 2006 Nov-Dec :31(6):356-63). Grief should be sympathetically acknowledged by health professionals.

The Haldimand-Norfolk Health Unit is offering a support group to assist families with the loss of a miscarriage, stillborn,

newborn or infant death. The group will be facilitated by 2 Registered Nurses with the goal to support those within our community experiencing a loss. The group will meet every second Monday of the month at 6:00pm at the Haldimand-Norfolk Health Unit. Referrals are not required and there is no fee to attend the group.

Submitted by Angela Swick, RN, BscN



Web: www.hnhu.org
Email: info@hnhu.org

Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367