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 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

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

- 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

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

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INSIDE THIS ISSUE

| Pediatric Nutrition Guidelines 2011 | 1 |
| The Driven to Quit Challenge | 1 |
| Testing Young Women for Chlamydia: Urine Test or Cervical Swab? | 2 |
| Perinatal Bereavement Support Group | 2 |

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Internal marketing message for the Drive to Quit Challenge

Register at DrivenToQuit.ca by February 29, 2012. Free support to help you become a successful quitter is available through the Canadian Cancer Society Smokers' Helpline at 1 877 513-5333 and SmokersHelpline.ca.
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

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia trachomatis</th>
<th>Neisseria gonorrhoeae</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocervical Swab</td>
<td>98.3 %</td>
<td>96.1 %</td>
</tr>
<tr>
<td></td>
<td>97.3 %</td>
<td>97.0 %</td>
</tr>
<tr>
<td>Urine</td>
<td>94.3 %</td>
<td>98.0 %</td>
</tr>
<tr>
<td></td>
<td>92.0 %</td>
<td>99.8 %</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia trachomatis</th>
<th>Neisseria gonorrhoeae</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethral Swab</td>
<td>97.8 %</td>
<td>96.1 %</td>
</tr>
<tr>
<td></td>
<td>99.4 %</td>
<td>97.5 %</td>
</tr>
<tr>
<td>Urine</td>
<td>96.0 %</td>
<td>97.2 %</td>
</tr>
<tr>
<td></td>
<td>98.9 %</td>
<td>99.2 %</td>
</tr>
</tbody>
</table>

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)

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