



CPS news

CANADIAN PAEDIATRIC SOCIETY | FALL • WINTER 2022

Paediatric healthcare providers can support children and youth with anxiety disorders

Mental health is as important as physical health, but children and youth often wait too long for diagnosis and treatment. One recent survey observed that over 28,000 children and adolescents were on waitlists for mental health services in Ontario alone – with some waiting for over 2.5 years, and emerging data suggests that the prevalence of anxiety has risen throughout the COVID-19 pandemic.

Since paediatric health care providers are often the first point of contact for youth mental health problems, the Canadian Paediatric Society has recently released two new guidance

documents outlining best practices for the diagnosis and treatment of anxiety disorders – the most common mental health conditions affecting children and youth. The CPS hopes these resources, paired with an up-to-date collection of free screening tools, will help health care providers meet the increasing demand for mental health services.

“Anxiety disorders are often a source of distress for families, but they are treatable,” said Dr. Susan Bobbitt, a developmental paediatrician in Saskatoon and the lead author of the CPS practice guidelines on the treatment of anxiety disorders. “Paediatricians

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have an important role to play in early diagnosis and intervention, and parents should feel comfortable bringing up mental health concerns with their child's primary care provider."

There is an accompanying information sheet to help caregivers differentiate between typical worries and anxiety disorders that also includes recommendations on how to support an anxious child.

Families should contact their child's health care provider if:

- their fears are interfering with their daily activities such as school attendance, sports or making friends.
- they often seem very anxious.
- they often have physical symptoms of anxiety like headaches, stomach aches or excessive fatigue.

In Montreal, no one was on mute!



The CPS Board of Directors met in person for the first time since 2019 during the Annual Conference in Montreal in May. After so many on-screen gatherings, the group was grateful to connect with one another face to face. Pictured are: (front row, from left) Dr. Jeff Critch, Dr. Amber Miners, Dr. Marianne McKenna, Dr. Kelly Cox, Dr. Ayaz Ramji; (middle) Dr. Felipe Fajardo, Dr. Katie Girgulis, Dr. Sam Wong, Dr. Eddy Lau, Dr. Kim Dow; (back) Dr. Ruth Grimes, Dr. Bob Moriarty, Dr. Stacey Bélanger, Dr. Mark Feldman, Ruth Cruickshank PhD, Dr. Johanne Harvey, Dr. Raphael Sharon.



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- Confronting medical colonialism and decolonizing healthcare for Indigenous children in Canada
- Goldbloom Journal Club: Recent advances in paediatrics
- I'm not racist! I just made a mistake - Having difficult conversations with colleagues
- Lessons from a pandemic: Physician advocacy in 2022
- Managing challenging iron deficiency anemia in children and teens
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Contributors: Genevieve Brouillette
Elizabeth Moreau
Jennie Strickland
Lindsay Thistle

Layout & Design: Fairmont House Design
Translation: Dominique Paré

For advertising rates, contact Brittany de Sousa at 613-526-9397, ext. 238 or info@cps.ca.

Canadian Paediatric Society
100-2305 St. Laurent Blvd., Ottawa, Ont. K1G 4J8
Tel.: 613-526-9397 • Fax: 613-526-3332
www.cps.ca • www.caringforkids.cps.ca

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“If we can pass this paediatric regulation, we anticipate a significant increase in the number of appropriate, evidence-based paediatric indications for new medications brought to market in Canada.”

Dr. Charlotte Moore Hepburn

CPS working to improve Canada’s regulation of paediatric medications

When the CPS took on paediatric drugs and therapeutics as a strategic priority five years ago, federal public policy around medications for children had significant gaps.

“In 2017, there was no office at Health Canada dedicated to paediatric medications,” said Dr. Charlotte Moore Hepburn, former CPS Director of Medical Affairs, and paediatrician at The Hospital for Sick Children in Toronto. “There had previously been an expert committee, but it had been dormant for some time and, in the years following the sunset of that group, there was no branch, no office, no secretariat, no staff dedicated to paediatric issues in the entire organization.”

In other words, there was a lot of work to do.

Leading a national coalition of child and youth health organizations, the CPS began intensive advocacy work in 2017, first lobbying Health Canada to open an office dedicated to paediatric needs. It took two years, but this monumental win was eventually achieved.

In 2018 and 2019, the group advocated for this office to publicly commit to regulatory reform in the form of a paediatric rule: a regulation that would mandate the submission of paediatric data in all new drug submissions when paediatric use could be expected or anticipated. Again, after two years of focused advocacy, in 2020, Health Canada publicly announced its Paediatric Drug Action Plan (PDAP), a roadmap for change that included a paediatric rule.

Now, the CPS, together with its coalition partners, are advocating to ensure that the policy, which has been drafted, is fully implemented into regulation.

“This is not work that happens quickly. Effective legislative advocacy, especially when it involves new legislation or regulatory change, takes a huge amount of time, patience, and focus. It also requires careful and sustained relationship and coalition building. But I am confident we are going to get it done,” said Dr. Moore Hepburn.

So why is all this advocacy work important?

“If we can pass this paediatric regulation, we anticipate a significant increase in the number of appropriate, evidence-based paediatric indications for new medications brought to market in Canada,” said Dr. Moore Hepburn.

At present, it is common for manufacturers to submit new drug applications, or applications for new indications, to Health Canada for review and approval without paediatric data. This is true even when the medication treats a disease that is known to affect children. If a drug is approved for only adult use, when it is prescribed to children and youth, it needs to be prescribed off label. And, increasingly, off-label medications are not listed on public or private drug formularies.

As a result, accessing these necessary medications requires payment out of pocket, which may be untenable for many Canadian families.

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“We are 30 years out of step with what would be considered international best practice with respect to the regulation of paediatric drugs. It is completely unacceptable and if we weren’t going to do it, then nobody else was.”

Dr. Charlotte Moore Hepburn

Canada’s current system lags behind comparator regulators. For the last 30 years, in the United States, Europe and other mid-sized jurisdictions, laws have been passed that mandate manufacturers submit paediatric data to regulators when paediatric use can be expected or anticipated.

“This is why it’s so important that the CPS do this work,” said Dr. Moore Hepburn. “We are 30 years out of step with what would be considered international best practice with respect to the regulation of paediatric drugs. It is completely unacceptable and if we weren’t going to do it, then nobody else was.”

Members wanting to support this work can visit the CPS website (click on Advocacy Centre), where there is a letter template available to write to local Members of Parliament. If members have experienced particularly profound cases of what she calls

“regulatory neglect,” Dr. Moore Hepburn encourages them to be in contact with her directly. Although she has moved on from her role as Director of Medical Affairs, she will remain with the CPS as the lead on this file until the regulation passes.

“Making change at the policy level is about evidence, but it’s also about passion, emotion and persistence,” said Dr. Moore Hepburn. “Stories that highlight real-life Canadian experiences are hugely important in demonstrating that this is not a problem that affects a single institution, subspecialty, or region. This is a problem from coast, to coast, to coast, for neonates, children, and youth, from general paediatricians in rural areas to subspecialists in urban centres; these stories strengthen our ability to communicate the need for this change to happen rapidly.”



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“It makes your job a little easier when you realize you’re not the only one: that’s there are people across the country who might have the same issues or problems or experience the same good times and bad times.”

Dr. Sam Wong

Yellowknife paediatrician is new Director of Medical Affairs

Dr. Sam Wong has worn many hats at the CPS and recently donned a new one when he took over as Director of Medical Affairs from Dr. Charlotte Moore Hepburn.

Previously, he was president of the CPS over 2020—2021, a decidedly challenging year. Before that, he chaired the First Nations, Inuit and Métis Health Committee (FNIMC) for many years, working with other paediatricians and national Indigenous organizations on advocacy and professional education.

But when the role of medical affairs director opened up, he didn’t immediately consider it—until his wife suggested he apply. He says the same was true for some of his other CPS leadership positions.

“I never thought I’d be in this position. I never thought I’d be committee chair, or President, or Director of Medical Affairs,” said Dr. Wong. “I just did things I was interested in, because if you’re interested in something, you’re going to work hard at it...and I guess people recognized that.”

As chair of the FNIMC committee, Dr. Wong worked with colleagues from the American Academy of Pediatrics on the International Meeting on Indigenous Child Health, a biennial conference that brings together health professionals and community leaders. And as president, he was involved in planning the annual conference, an event he hasn’t missed in 16 years.

Dr. Wong said that since he joined the Society in 1996, he has seen it evolve, especially in terms of consistency and quality of practice guidelines and scientific programming.

This growth has also opened the door for the CPS to address issues such as racism, which became an organizational priority in 2020. It was during Dr. Wong’s presidency that the CPS committed to developing and implementing an antiracism policy, supported by a network of members.

He says it’s refreshing to see organizations like CPS making a concerted effort to acknowledge and address racism in health

care, something that paediatricians who work with Indigenous and racialized populations are all too familiar with.

“I’ve been working with Indigenous populations for 20 years, and had been part of the CPS First Nations, Inuit and Métis Health committee since the mid-2000s,” he said. “That was my work and what I was interested in but was one of very few people that did it. It’s taken a long time and the organization has still got a long way to go but it’s starting.”

As Director of Medical Affairs, Dr. Wong will be spending most of his time with the Canadian Paediatric Surveillance Program (CPSP) and on the development of practice guidelines, where his role will be to focus on process and quality control.

“Charlotte made it easy for [the Board to focus on content and not process], but she did a lot of work to make it easy,” he said of Dr. Moore Hepburn.

“I want to put the same amount of energy in so that when the Board meets, it looks seamless,” he said, adding, “That’s the hard part.”

Dr. Wong will also continue his work as President of Healthy Generations Foundation, where he has a particular focus on ensuring the sustainability of initiatives for trainees, such as the new Dr. Kent Saylor Indigenous Medical Student Bursary.

“That’s really what I’m looking to do: to raise the prominence of Healthy Generations and get more people to donate on a regular basis by showing how the foundation is doing good work with their money,” he said.

When asked why he is so committed to the work of the Society, he says it’s simple: the CPS is part of his professional family.

“I believe in the Society, and I believe in paediatricians,” he said. “It makes your job a little easier when you realize you’re not the only one: that’s there are people across the country who might have the same issues or problems or experience the same good times and bad times.”



The new CPS blog series features members reflecting on significant clinical changes and the many advances in child and youth health over the past century.

Longtime members look back at changes in paediatrics

Launched as a way to mark the 100th anniversary of the CPS, a new blog series featuring members reflecting on significant clinical changes has helped take stock of many advances in child and youth health.

The series, called the RetroDoc Project, opened in May with a piece on SIDS (sudden infant death syndrome) by past president Dr. Denis Leduc, who cast a practitioner's eye back—and forward again—on a joint statement from 1993. His involvement with this once mysterious syndrome began early, with one Montreal family's experience of crib death, and culminated in 2021 when the latest Canadian statement on SIDS was published. He draws the evidentiary timeline for strategies that reduced past risk for sudden and unexpected sleep-related deaths, and points to messaging needed by new parents—on safe infant positioning and environments for sleep, avoiding bedsharing and exposure to tobacco smoke, and the benefits of breastfeeding—to prevent future risk.

Other blogs included Dr. Margaret Boland, former chair of the CPS Nutrition Committee, with an engaging retrospective on breastfeeding based on a joint statement with the American Academy of Pediatrics from 1978. Its authors were all men, and Dr. Boland describes their historical context, her own experience, and emerging best practices with equal élan.

Being early to recognize the 'right' and weight of evidence was likewise a theme of the next blog on injury prevention in Canada, written by past president Dr. Richard Stanwick. Based on a pair

of statements from 1984, he shows how the Injury Prevention Committee (which he chaired for years) evolved and helped improve injury stats via car seat, bike helmet, and playground legislation. Despite years of advocacy, such wins are still offset by challenges, from lack of regulation (of ATVs for example) to building codes that sometimes prioritize profit over safety.

Dr. Franziska Baltzer and registered nurse Monica O'Donohue took a statement on adolescent mothers from 1979 as their starting point for a moving review of clinical work undertaken in Montreal to help this vital if vulnerable population. As dramatic declines in teenage pregnancy rates in the period since have prompted the reallocation of funding and resources for specialized services, they describe relational approaches and office practices that must make up for these shortfalls.

Finally, Dr. Robin Walker, a former president of the CPS (and of the Environmental Health Section) took a hard second look at lead poisoning, a topic of special interest in 1986. He demonstrates that advocacy in advance of hard evidence for harm at low exposure levels was prophetic. While we may not yet know the full effects of climate change or pesticides on children's health, the precautionary principle must apply when advocating on such issues.

Look for blogs by other eminent retirees, including Drs. Alice Chan-Yip, Ann Jefferies, and Stuart MacLeod. Blog posts are available at <https://cps.ca/en/blog-blogue>.



“There’s an actual opportunity to make a difference in a young person’s life that can have repercussions for generations to come.”

Dr. Natasha Johnson

New eCME aims to improve sexual health care for adolescents

When providing adolescent health care, it’s essential to create safe spaces for conversations about sexual health, say Drs. Natasha Johnson and Ellie Vyver.

Drs. Johnson and Vyver led the development of an online module on providing comprehensive sexual health care for adolescents. This evidence-based module takes a “positive youth development” approach and was developed by a diverse group of paediatricians and other health care providers, with all adolescents in mind—including 2SLGBTQIA+ youth, youth with disabilities, and those who are racialized and from diverse ethnocultural communities.

Dr. Vyver, an adolescent medicine specialist at Alberta Children’s Hospital and chair of the CPS Adolescent Health Committee, hopes that the main takeaway for learners is that counselling youth on sexual health shouldn’t be onerous or complicated.

“When done in a strengths-based, non-judgmental manner, it is actually quite rewarding and doesn’t need to be that time-consuming,” she said.

The module was developed because studies show that health care providers struggle to find time to broach the topic of sexual health with youth, creating a barrier to effective health care.

“For adolescents, you have to set the stage and do a detailed, comprehensive psycho-social interview, including on sexual health,” said Dr. Johnson, an adolescent medicine specialist at McMaster University. “If you spend time doing it, you have the

chance to not only improve the health of children and teens but actually save lives when it comes to things like gender-affirming care, for example, or providing a safe space for somebody who may be exploring their identity or sexuality.”

The new module offers tools to help participants provide this care both efficiently and comprehensively. In doing so, participants can make a crucial, positive difference in the lives of their adolescent patients.

“You have an opportunity to be a person in their life who can assist in their resilience building. There’s an actual opportunity to make a difference in a young person’s life that can have repercussions for generations to come. When you help someone delay pregnancy, if that’s what their choice is, that’s a huge impact,” said Dr. Johnson.

Dr. Vyver agrees, adding: “There’s significant evidence that promoting sexual well-being and having these conversations with youth is protective... Knowledge is power. Education is power. It allows adolescents to actually make informed choices around their own lives.”

They hope the module will also start a conversation about the importance of better funding models for providing adolescent care.

For more information, or to complete the learning module, visit <https://pedagogy.cps.ca>.



“Long COVID is an umbrella term, not a clear-cut diagnosis, and likely includes more than one condition or pathophysiologic process.”

Dr. Anupma Wadhwa

CPSP aims to reduce knowledge gap in long COVID among children and youth

A Canadian Paediatric Surveillance Program (CPSP) study is the first academic project to emerge from the newly formed Canadian Pediatric Long COVID Network.

Early in the pandemic, paediatric specialists and subspecialists began receiving referrals for children and youth with persistent symptoms after having COVID-19. While there was some literature about long COVID in adults, there was little about children, said principal investigator Dr. Anupma Wadhwa, an infectious disease specialist at the Hospital for Sick Children.

By gathering data about patients' presentations of persistent symptoms after COVID-19, the study can enhance knowledge about how many and how children and youth are affected by long COVID.

“Understanding the minimal incidence and clinical characteristics will be an initial step towards our growing understanding of long COVID in children,” said Dr. Wadhwa. “That will then help us move towards better management of long COVID and provide affected children with better care. It will also help health care systems prepare to better support their recovery.”

Most children and youth affected by long COVID will recover in a matter of months, said Dr. Wadhwa, but there is a smaller subset who are more severely affected. This group experiences significant functional impact, which can last for many months and impact their daily activities—attending school, socializing and extracurricular activities can all be limited by their symptoms.

Although focused on long COVID, Dr. Wadhwa hopes the research will also help improve understanding and management of other paediatric post-infectious conditions.

“Having much of the world infected by the same virus over a relatively short period of time is providing a chance to see a lot

of uncommon manifestations in greater numbers, which is providing an opportunity to learn,” said Dr. Wadhwa.

She also hopes that this work will provide an opportunity to explore some of the myths and misconceptions about the condition.

“Long COVID is an umbrella term, not a clear-cut diagnosis, and likely includes more than one condition or pathophysiologic process. It is possible that, in certain cases, we are ‘over-calling’ it and a child’s presentation may not be related to their previous SARS-CoV-2 infection,” said Dr. Wadhwa. “As we are learning more, it is very helpful to keep the definition broad so we can hopefully capture the full spectrum of possible presentations.”

For more information, visit <https://cpsp.cps.ca/>.

What is the Canadian Pediatric Long COVID Network?

The Canadian Pediatric Long COVID Network is a group of generalist and specialist paediatricians, as well as allied health team members from across Canada involved in the care of children with suspected long COVID. The network currently represents 14 different centres and includes approximately 20 members.

The network was formed to share clinical experiences, learn and to share resources to help navigate this new condition together. The aim is to work together to address the clinical needs, as well as knowledge dissemination and scholarship needs around this new condition in children and youth.

Contact Dr. Wadhwa (anupma.wadhwa@sickkids.ca) for more information, or if you are interested in joining the network.



“This is a wake-up call for making eating disorders a priority.”

Dr. Debra Katzman

CPSP 2021 study results highlight emerging issues in paediatrics

The COVID-19 pandemic had a significant impact on new cases of anorexia nervosa in children and youth, according to preliminary results from a Canadian Paediatric Surveillance Program (CPSP) study.

The study, which monitored cases of first-time hospitalizations for anorexia nervosa from September 1 to December 31, 2021, found that the pandemic was identified as a factor contributing to the development of this eating disorder in almost 50% of children and adolescents reported to the study. Most patients hospitalized with a first-time diagnosis were females between 14 to 17 years old. The two-year study will continue to collect data across Canada until August 2023.

“The COVID-19 pandemic has unmasked a global eating disorder public health crisis resulting in considerable health, economic, financial, and social consequences,” said Dr. Debra Katzman, one of the study’s principal investigators, Staff Physician in the Division of Adolescent Medicine and a Senior Associate Scientist in the Child Health Evaluative Sciences program at The Hospital for Sick Children (SickKids).

“This is a wake-up call for making eating disorders a priority.”

The data on anorexia nervosa hospitalizations were only one of the study results released by the CPSP. Other findings of significance:

- Congenital syphilis has become increasingly common in recent years. Housing insecurity and substance use among



mothers are common risks factors. Many of the mothers (29%) studied had no documented prenatal care but most of their newborns (87%) with congenital syphilis started treatment within the first week of life. Study results will help inform public health strategies to prevent congenital syphilis and may inform an upcoming Canadian Paediatric Society position statement.

- Serious and life-threatening events associated with the non-medical use of cannabis continued to occur among children and youth in Canada in 2021. The most common presentation was cannabis poisoning or intoxication (36%), mostly involving children 12 years and younger who had ingested cannabis edibles (83%). This trend will be closely monitored as the study continues. The vast majority of cases of serious or life-threatening events involved cannabis from unknown sources.

To access the full report, visit <https://cpsp.cps.ca>.



Dr. Teresa Bruni, recipient of the 2022 Distinguished Community Paediatrician award, with nominator Dr. Justin Jagger.

A paediatrician who “does it all,” and has a therapeutic effect on patients and colleagues simply by being in the room.

Dr. Teresa Bruni: Narrowing the gap in services for kids in the North

A leader. A mentor. A physician who goes above and beyond and understands not only the medical history of her patients, but also their social, cultural and life experiences. A paediatrician who “does it all,” and has a therapeutic effect on patients and colleagues simply by being in the room. These are just a few of the ways colleagues describe this year’s Distinguished Community Paediatrician.

Dr. Teresa Bruni really does do it all. She runs the NICU and PICU at the Thunder Bay Regional Health Sciences Centre, manages patients with complex needs, delivers palliative care, manages eating disorders, runs a busy outpatient practice and covers call for an area the size of France. But she’ll tell you that she’s no different from any of her colleagues working in the North.

“It’s pretty comprehensive. It’s pretty exciting. You are able to maintain all those skills that you left residency training with. So that was one of the reasons I wanted to come to the Northwest – you don’t lose your skill sets in any area,” she says.

Dr. Bruni grew up in Sault Ste. Marie and always knew she would return North to practice after completing her medical training in Toronto. “Training in a tertiary care centre (SickKids) allowed me to see more of the inequities in healthcare that the patients in the North experience,” she says.

Narrowing the gap in services for kids in the North has been a key driver of Dr. Bruni’s career. In the mid-1990s, long before the COVID-19 pandemic fixed/normalized telemedicine in our health care system, Dr. Bruni helped develop telehealth in the North

with the Link for Kids between Thunder Bay and The Hospital for Sick Children.

“When I trained [in Toronto], I would see so many patients traveling for things that I later learned could have been done in Thunder Bay,” she said. “So initially, that link was between SickKids and Thunder Bay to decrease the number of visits that children and families had to take to southern Ontario.”

That telemedicine network now allows physicians in Thunder Bay to provide virtual services to remote communities in the North, including education and support to partnering hospitals and nursing stations.

Dr. Bruni credits the establishment of the Northern Ontario School of Medicine, where she has taught since 2005, with increased paediatric coverage in Thunder Bay. “They attract people that love the North that are from the North and want to come back to the North, like myself.”

Apart from her busy clinical schedule, Dr. Bruni sits on several provincial committees where she is often the only voice from the North; something she has prioritized to highlight the challenges of her region. While she is buoyed by an increased awareness and interest in recognizing and addressing inequities in rural and Indigenous health, she says there’s still more work to be done.

It doesn’t sound like she’ll be stopping anytime soon.

“I think I’ll keep doing what I’m doing on the frontline because at the end of the day it’s the practice, it’s my patients that keep me energized and keep me going.”

Too much screen time can impair early child development: Paediatricians

Families want expert advice on screen time – including how much is too much, how it affects well-being, and the quality of various forms of digital content. The Canadian Paediatric Society is recommending that child and family screen use be discussed in routine visits and has updated its 2017 guidelines to meet this need in a rapidly changing media landscape.

Understanding how young children learn and develop is at the heart of the latest guidance – and they learn best in real interactions, in real time and space, with real people. “Kids develop in an environment of relationships and, more and more, those relationships involve screens,” said Dr. Michelle Ponti, lead author and a paediatrician in London, Ontario. “That’s why our guidance doesn’t only look at how *much* screen time children have, but also the quality and context of that screen time.”

Excessive passive or purposeless screen time for preschool-aged children is linked to language and social-emotional delays, interruptions to sleep patterns, and lower levels of physical activity – but the greatest costs are the lost opportunities for experiential learning and relationship-building.

For children under two, the CPS still recommends that screen time be avoided. “There are no benefits for infants and toddlers, with the exception of interactive video-chatting to maintain long-distance relationships,” said Dr. Ponti, “but there is a risk of displacing the activities that we know are good for their development.”

To promote healthy relationships with digital media for young children, families are encouraged to:

- Be **mindful** about screen time by carefully considering what, when, and why it is being used
- **Model** healthy screen habits
- **Minimize** screen time for babies and toddlers
- **Mitigate** the risks of screen time by being present and engaged when screens are in use

In Memoriam

The CPS offers its condolences to the families of the following members:

Dr. Barrett (Barry) Adams (1934-2022)
Ottawa, Ontario

Dr. Anthony Ford-Jones (1948-2022)
Burlington, Ontario

Dr. Candace Nayman (1995-2022)
Hamilton, Ontario

Dr. Lee Stickle (1928-2022)
Fredericton, New Brunswick

Dr. Esias van Rensburg (1963-2022)
Vancouver, British Columbia

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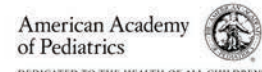
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