Letter from the CEO

Dear colleagues,

The SOGC welcomes new and returning members as we work to deliver the many programs and resources that you count on every day—and as we put the finishing touches on preparations for the Annual Clinical and Scientific Conference (ACSC) being held in Ottawa this year from June 20th-23rd.

We are very excited to have the opportunity to welcome delegates to the SOGC's home town of Ottawa as the city wraps itself in red and white in preparation for Canada’s 150th celebrations. If you haven’t already registered for the conference, please visit the ACSC website to learn more about the program and highlights, as well as events around our national capital. And be sure to bring the family - starting next year the centre block of Parliament will be closed to all while it undergoes a massive restoration project that will last for the next 10-15 years!

Thanks to our Planning Committee, our members and our sponsors, the West/Central CME in Banff was a huge success - with a record number of participants and a stellar roster of speakers and workshops. Our updated ALARM course was also a sell-out, so we are looking for additional opportunities to bring the new format to a community near you in the future. The Board of the SOGC recommends that all providers of intrapartum care take an ALARM course and stay up-to-date - what we learned in residency can always use a refresh! Visit the ALARM page on our website to learn more about the many changes and improvements that have been made to the revamped ALARM program - and to find a course in your area.

The SOGC also launched the first of its Online Courses in January on Medical Abortion. So far, over 1,300 health care providers have taken either the accredited or the non-accredited version of the course which will give women more choice and more access to medical abortion across the country. A second course on HPV and Vaccination has just launched, and another one on Uterine Fibroids will be rolling out over the next few months. These courses are a great way to get those elusive section 3 MOC credits!

As we add to our professional education opportunities, the SOGC is also working to ensure that we are one step ahead of the changes that are taking place at the Royal College (Royal College’s Competence by Design) and in our Provincial and Territorial colleges in CPD requirements for physician training and lifelong learning that is of high value and helps us in our practice. This strategy focuses on health outcomes and the specific skills needed throughout our careers. Look for innovative approaches to CME both online and at our face-to-face meetings.

Of course, no mention of education would be complete without talking about the SOGC’s enhanced collaboration with APOG. This alliance is a priority for our Board of Directors and will offer significant collaboration opportunities with Canadian universities and colleges. We will be providing members with more information about this exciting partnership over the coming months.

This newsletter is packed with interviews, updates, notices, and opportunities to help you professionally and in clinical practice. As ever, we love hearing from you and hope to see you in Ottawa in June.

Dr. Jennifer Blake, MD, MSc, FRCSC
Chief Executive Officer
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Behind the headlines on Mifegymiso – a Q & A with Dr. Dustin Costescu

Q: How is medical abortion part of the SOGC’s mission/mandate?

A: As a leading voice in women’s health in Canada, the SOGC has rightfully taken a leading position on facilitating access to Mifegymiso. Abortion is a common experience for Canadian women: about 1 out of every 3 women will have an abortion by 45, and between 40 and 60% of pregnancies remain unintended. As clinicians, we recognize that our members offer a full spectrum of care in women’s health, and providing education and advocacy for Mifegymiso is an example of supporting comprehensive medical care to women.

Q: What exactly is the SOGC’s role in the introduction of Mifegymiso in Canada?

A: The SOGC has worked closely with Health Canada and the distributor to ensure that Canadian clinicians are ready and able to prescribe and dispense Mifegymiso. The SOGC urged that the conditions for the release of Mifegymiso support wide access for Canadians to the option of safe medical abortion. The SOGC and its members developed the Clinical Practice Guideline and then the online educational curriculum for training physicians and pharmacists in the use of Mifegymiso, in collaboration with the CFPC and CPhA.

The educational program was submitted by Celopharma to Health Canada; module 5 has been approved by Health Canada as the mandatory training for providers. Recognizing that many clinicians already prescribe medical abortion, we advocated for a dual program, with a mandatory minimum curriculum (suited for existing abortion providers) and a more comprehensive program for clinicians new to medical abortion.

Q: How long does the course take and what does it cover?

A: There are two courses offered via the SOGC website, with the main difference being that one offers credit hours and the other is non-accredited (geared towards other health professionals such as clinic nurses).

Furthermore, there are two options to consider for clinicians who want to prescribe Mifegymiso. Health Canada clarified that only module 5 needs to be completed in order to register to prescribe or dispense Mifegymiso. This takes about 30-40 minutes from registration to final examination.

For those who want a more comprehensive learning experience, for instance those who want more credit hours or who are new to medical abortion, the six-module program is eligible for six credit hours.

Q: Why do you think this kind of training is important?

A: Clinicians want to provide the best care for their patients, and we know that medical abortion is safe, effective, highly acceptable, and will improve access in communities where surgical services are limited. While the training has been perceived as a potential hurdle to provision, the clinicians I have talked to are genuinely excited to take the course. Moreover, upon completion of the training, users are invited to participate in the UBC Community of Practice, which will support innovative and best practices. Feedback on the course has been excellent, with 96% of those who have completed the course finding it helpful.
Q: If there are hurdles to distribution in Canada, how can that be improved in your estimation?

A: If there has been a theme to Mifegymiso, it’s “Hurry up and wait”. The process has been complex for many reasons, but throughout there has been communication and a genuine attempt to move the process forward. There are still many details to work out, for example clarification on dispensing, on the role of provincial regulators with respect to physician readiness to prescribe, questions of coverage and reimbursement. It remains very much a process in evolution.

Know that these issues are being worked on behind the scenes, but the key for now is to be trained, advocate for pharmacist training in your area, collaborate with surgical providers who can assist with backup, and start the conversation with your patients. Like any new task, there is a learning curve, but providing medical abortion is easy and safe.

Q: Can you comment on the role of pharmacists in medical abortion?

A: We are so grateful that we had input and contributions from our pharmacist colleagues, not only for the development of the guideline and training programs, but the CPhA has also taken on an advocacy role, similar to the SOGC’s support of physicians.

Pharmacists are experts in both the safe dispensing of medications (reviewing contraindications and identifying potential drug interactions) as well as supply management, and as such should be involved in the dispensing of Mifegymiso. In accordance with current Health Canada regulations, pharmacists must also complete module 5 of the medical abortion training program, though this is a condition that is under active discussion. It should be noted that all modules are accredited for Continuing Education Units.

The UBC Community of Practice will help link pharmacists to physicians. We encourage clinicians to reach out to their local pharmacies to encourage them to take the training and be open to dispensing Mifegymiso.

Q: As you know, many of our members are non-physicians who provide direct care to women, such as midwives and nurses. Looking forward, how do you see their role in medical abortion taking shape?

A: We have sought clarification from Health Canada and they confirm that Mifegymiso is to be taken in the presence of a physician or delegated health professional. Many nurses are involved in the provision of abortion services as support staff and we anticipate they will want to take part in the training program. The evidence supports that Mifegymiso is safe and can be provided by allied health professionals and midwives in other countries. Midwives and nurses play a crucial role in providing care to women in rural and remote areas as well as to other vulnerable urban populations.

The SOGC applauds the governments of Alberta, New Brunswick, and Ontario on their recent commitment to cover the cost of Mifegymiso for women in their provinces. We encourage the remaining provinces and territories to follow in their footsteps.
Q & A on Canadian Contraception Consensus with Dr. Amanda Black and Dr. Édith Guilbert

Q: The Canadian Contraception Consensus has been released gradually over the past 18 months, with the final chapter to come in 2018. As the two principal authors of the Consensus, what would you say are the most significant advances made over the last 10 years or so in relation to women’s reproductive health?

AB: Since the last Canadian Contraception Consensus was published in 2004, there have been many changes to the family planning landscape in Canada. New delivery systems have become available, different formulations and regimens are now on the market, task-sharing has increased the role of allied health professionals in contraception provision in some provinces, new evidence has become available concerning the risks and benefits of different methods, and certain patient populations have benefited from enhanced coverage of a contraceptive methods. There is also an increasing focus on the use of LARCs (long acting reversible contraceptives) as a first line method of contraception due to their high effectiveness and safety. Overall lots of changes but still more progress to be made!

ÉG: The type of contraceptive methods available in Canada has not changed significantly in 10 years; on the other hand, in each class of contraceptives, we’ve seen several new products: new combined contraceptives, new copper IUDs, new levonorgestrel IUDs, new emergency oral contraceptives, a new diaphragm, new condoms, and a new form of female sterilization. But the main thing that has changed with respect to contraception in Canada in the last 10 years is the access to contraceptive methods that can now be obtained directly from nurses or pharmacists. Along with this increased diversification and accessibility of contraceptive methods, we’ve seen a reduction in abortions among women under 25, and that is good news.

Q: There are more choices out there for women than ever before. One size doesn’t fit all. How do you determine the best options for your patients when you are talking to them about contraception? What advice do you have for colleagues?

AB: In the new CCC, the focus is on finding the best “user-method fit”. That means health care providers need to work with women (and their partners) to try to determine what method best suits an individual woman’s personal and cultural beliefs, lifestyle, and family planning desires in the context of her health history and background. As health care providers, it is important that we not only address these issues but also many of the myths that surround contraception. Addressing the myths and misperceptions and helping a woman to find the best individual “user-method fit” can help to increase her satisfaction and ultimately her compliance with her chosen method of contraception.

ÉG: Indeed, a single method does not fit all women. During a consultation for contraception, it’s important to ask open-ended questions such as: “What do you do to avoid an unplanned pregnancy?” “What kind of contraceptive method are you looking for?” Not only does the type of contraceptive method chosen vary from one woman to another, it varies over the course of a woman’s reproductive life.

I believe that we must never stop offering a range of contraceptive methods to all women who consult us, so that they can make a real choice, adapted to their routine and lifestyle.
Q: What kinds of questions are most frequently asked by patients?

AB: Women often express concerns about the safety or the effectiveness of a contraceptive method. There are also many myths and misperceptions about contraception in general. It is extremely important that we are able to address these concerns and to counsel them on the potential risks, benefits, effectiveness, side effects, and to dispel myths based on the best available evidence. This doesn’t in fact take as long as health care providers might think! The CCC has organized each of the methods into these subheadings to provide a quick reference for health care providers that makes it a very user-friendly resource.

ÉG: Women do question us about the effectiveness of various contraceptive methods. They want a method that is effective, suits their lifestyle, and has as few side effects as possible. In the last 10 years, some media reports have alarmed women to the point where they question us much more about the risks associated with hormonal contraception. However, they know very little about the non-contraceptive benefits of the methods, and informing them about these can help them make a wise choice.

Q: What other kinds of tools do physicians need to better communicate important information with their patients? How can the SOGC help?

AB: The SOGC has really shown leadership in this area not only through its support of the development of the CCC but also through its website sexandu.ca which was recently updated, its development of user-friendly apps such as the SOS app (Stay on Schedule) to help women who have missed a dose of hormonal contraception, iPad-based contraception flipcharts, the Compassionate Contraception Program, CME programs for health care providers, and most recently its support of the IUD mentorship/training program. The SOGC has shown itself to be a strong advocate for women and their family planning rights at the government level. We are very grateful for the support that the SOGC has provided for all of these endeavours, to name but a few, and know that the Society will continue to show such leadership moving forward.

ÉG: To ensure they are up-to-date on the evidence in the field of contraception, I invite doctors and other health professionals interested in contraception to look at the recent guidelines produced under the Canadian Contraception Consensus (CCC) that are on the SOGC website. The different chapters of the CCC published between 2015 and 2017 summarize current knowledge on contraception and establish the clinical practice guidelines. The website sexandu.ca may also be a useful resource for women.

Q: You noted in the first report that Canada does not do a great job of collecting reliable data on contraceptive choices, abortion rates, and the numbers of unintended pregnancies. How would this kind of data improve service to patients? What needs to be done to get that kind of research collected?

ÉG: As a matter of fact, since 2006, Statistics Canada no longer publishes accurate and reliable data on the use of contraceptive methods and abortion rates in Canada. Some provinces collect this data, but often, incompletely. Therefore, it becomes difficult to determine the needs of women, especially unmet contraceptive needs, and to introduce strategies that can meet women’s needs and increase the use of contraceptives among the most at-risk populations. Not only is this lack of information harmful to women’s health, it creates substantial social and financial costs for the Canadian society.

Q: Are there other contraceptive products on the international market that Health Canada might consider licensing in Canada for women, and even for men? What does the landscape look like 10-15 years from now?
AB: Despite having a wide range of contraceptive options, Canadian women tend to use a narrow range of contraceptive options and unintended pregnancies still occur. In fact, women in Canada also have more limited contraceptive choices than women in other developed countries. For example, the contraceptive implant which is a safe and effective progestin-only method of contraception is available in more than 86 countries but was not approved by Health Canada. We are still hopeful that the value of this option will prompt Health Canada to reconsider a submission. When it comes to contraceptive options, the more options the better! As for male contraception, although research is ongoing we are still unfortunately a long way from having methods other than condoms and vasectomy available and accessible to Canadians!

ÉG: The most notable absentee in the Canadian contraceptive pharmacopoeia is without a doubt the contraceptive implant. However, also absent is the combined contraceptive pill containing new estrogens and progestin, progestin-only pills that are more effective than those currently on the market, and some copper IUDs better adapted to the uterine cavity.

Among the many factors that explain the limited choice of contraceptives available to Canadian women, we should mention the lack of applications for approval of new products by pharmaceutical manufacturers, the non-compliance of these applications with many Health Canada requirements, and the latter’s slow process to approve new products, especially when it comes to family planning. If these problems are not addressed, it could mean that Canadian women may see very little change in the next 10 to 15 years, whereas European and American women will have access to new types of contraceptive patches, vaginal rings, contraceptive pills, intrauterine devices, implants, and spermicides.

As for male contraception, other than vasectomies, the projected products for contraception are still far from mass marketing. On the other hand, the widening of the scope of professional practice of pharmacists, nurses, and midwives, if implemented in all Canadian provinces, could improve access to available contraceptive methods over the next few years and offset the limited range of contraceptive methods offered in Canada.

Find the guidelines: Part 1, Part 2, Part 3, Part 4

Tickets are on sale now for the CFWH annual fundraising and networking event – following the day’s events at the ACSC and walking distance from the Westin Ottawa. Purchase online at cfwh.org/the-gala-acsc-2017
Behind the pages of JOGC

Who is the new Editor-in-Chief of JOGC?

Dr. Togas Tulandi.

He works and lives in Montreal.

He is Professor and Chair of the Department of Obstetrics and Gynecology, and Milton Leong Chair in Reproductive Medicine, McGill University.

What has he done?

He is an internationally known reproductive/endoscopic surgeon, the author of over 350 articles, 60 book chapters, and 12 books, Past President of the Society of Reproductive Surgeons, the Canadian Fertility and Andrology Society and the Fellowship Board of the American Association for Gynecologic Laparoscopists (AAGL).

Currently the Chair of the Specialty Committee in Gynecologic Endocrinology & Infertility of the Royal College of Physicians and Surgeons of Canada, he also sits on the editorial board of several medical journals.

Dr. Tulandi is a recipient of many awards, including the IFFS Anniversary Recognition Award for significant contributions in Infertility and Reproductive Medicine, Award of Excellence in Reproductive Medicine, Carl Nimrod Educator Award, the Society of Reproductive Surgeons (SRS) Distinguished Surgeon Award, the Canadian Association of Medical Education (CAME) 2012 Certificate of Merit Award and the American Society for Reproductive Medicine Star Award.

Dr. Tulandi is listed in Best Doctors in Canada.

Read his first JOGC Editorial

Submit your next paper

JOGC welcomes you to submit letters to the Editor, commentaries, and original articles on any topic within the fields of obstetrics, gynaecology, and women's health, including fertility, contraception, urogynaecology, and oncology. We encourage you to respond to items published in JOGC with a Letter to the Editor or, even better, your own original data.

https://www.evise.com/profile/#/JOGC/login

SOGC Scientific Director, Dr. Jocelynn Cook, and SOGC volunteer, Dr. Isabelle Girard, with the newest group of ALARM instructors, San Salvador, El Salvador. This is the second group to train under the newly revamped AIP program – trained by the first group!
Research Update: Using screening, training and data to address women’s alcohol use during pregnancy

In January 2017, the SOGC was awarded a 5-year grant from the Public Health Agency of Canada (PHAC) to review and evaluate the impact of screening and training practices on women’s alcohol use during pregnancy. This project consists of 11 activities that will provide a better understanding of the implications of prenatal alcohol exposure and improving outcomes and quality of life for affected individuals and their families. Talking to women about sensitive complex issues, including alcohol use during pregnancy, family or intimate partner violence and substance use is difficult and requires specific training. Outcomes from this project will include the development and implementation of an accredited training program geared to front-line perinatal healthcare providers/educators. It will include on-line and in person training options that focus on how to discuss alcohol use with women, and how to use screening tools, provide brief support on decision-making and make referrals where necessary.

The specific goals of the grant are:
1. To determine current knowledge and practices of care/service providers related to alcohol use during pregnancy;
2. To train care/service providers to recognize risk factors, to screen for and to address alcohol use during pregnancy; and
3. To identify risks for alcohol use during pregnancy, including trends and prevalence.

Improving immunization rates among pregnant women in Canada

In January 2017, the SOGC was also awarded a 5-year grant from PHAC to review and evaluate the current immunization rates among pregnant women in Canada. This project is comprised of 8 activities that will acquire insights on immunization in pregnancy and put forward creative initiatives to develop, test and validate, or scale up existing, innovative tools and training, to better enable healthcare providers and public health programs to contribute to increase immunization coverage rates in Canada.

The overall goal of this project is to improve Canada’s ability to identify under- and unimmunized Canadians by identifying the barriers and knowledge gaps reported by women of reproductive age (especially pregnant women) and their healthcare providers; and to develop a focussed program that will improve vaccine access and uptake among this specific population.

The objectives of this project are:
1. To identify the current Canadian landscape related to vaccination of women, including during pregnancy;
2. To determine current knowledge, beliefs, attitudes and practices of women’s healthcare providers related to vaccination, including during pregnancy;
3. To provide education and resources to train women’s healthcare providers to counsel women about vaccination, including during pregnancy, and to provide vaccination services;
4. To determine current knowledge, beliefs, attitudes and practices of women of reproductive age related to vaccination, including during pregnancy; and
5. To develop tools and resources for women related to vaccination, including during pregnancy.

Watch for more updates on these and other grants to come!
Setting priorities for women’s reproductive health research: Report from the Women’s Reproductive Health Forum

On January 10th, 2017, the SOGC hosted a one-day forum at Sunnybrook Health Sciences Centre in Toronto to provide a unique opportunity for dialogue between patients and some of the world’s leading experts on women’s reproductive health.

The morning session featured presentations by experts in five key areas related to women’s sexual and reproductive health:

- Contraception - Dr. Dustin Costescu
- Human Papillomavirus – Dr. Nancy Durand
- Menopause – Dr. Jennifer Blake
- Fertility – Dr. Heather Shapiro
- The Environment – Dr. Eric Crighton

The afternoon session involved small working groups of patients mixed with researchers, clinicians, and policymakers. Patients had the opportunity to discuss the implications of current research findings and patient-relevant outcomes, identify patient-centered research priorities and how to ensure that research results reach patients and their practitioners, and outline strategies and processes for how to involve patients in research.

Overall, a great day focused on women’s reproductive health issues from different perspectives, identifying priorities and processes to move forward in collaboration. The day was tremendously well-received!

Watch the presentations in our ‘Women’s Health Forum’ playlist on YouTube
The SOGC is excited to have begun working on a new global health initiative in Tanzania, called TAMANI (Tabora Maternal And Newborn Initiative), which also means “adore” in Swahili. The project’s overall aim is to reduce maternal and newborn mortality in the Tabora region by improving the availability of quality maternal and newborn health services and increasing the utilization of maternal and newborn health services by women and their families.

This five year initiative (2017-2021) is led by CARE International Canada and brings together Canadian partners, including the SOGC, CSiH, and McGill University, and Tanzanian partners, including Care International Tanzania and the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA).

Within this project, the SOGC and AGOTA will contribute to the improved availability of quality maternal and newborn health services by strengthening the knowledge and skills of health providers to deliver gender-sensitive maternal and newborn clinical services. More specifically, the SOGC will survey and equip health facilities, offer training in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) to health workers at the regional hospital and at three district hospitals, ensure coaching and mentoring activities following the training, and develop and distribute job aids for all health facilities in the Tabora region.

The AGOTA and the SOGC will work together to offer quality Emergency Obstetrical, Newborn and Child Care (EmONC) to approximately 280 health workers from 150 health facilities. Training will likely take place in February and July of 2018 and 2019.

The SOGC’s Global Health Project Managers, Lisa Morgan and Liette Perron, visited Tanzania in February for an initial needs assessment visit and to meet with local partners to begin developing the project work plan and schedule of activities.
Healthy Mothers and Children in the Democratic Republic of Congo

The SOGC is a partner on the project “Mères et enfants en santé – RDC”, led by Oxfam Québec and funded by Global Affairs Canada. This project aims to reduce maternal and child mortality by improving access to, and delivery of, adapted health services for women and children, and by increasing the skills of health workers in two under-served provinces of the country.

During a recent visit to the country, a training needs assessment was completed by SOGC volunteers, Dr. Suzanne Roberge and Dr. Donna Cherniak. They also met with local partners to prepare for two upcoming ALARM International Program training sessions, both of which will take place in May 2017. Five AIP instructors, including four SOGC member volunteers (Drs. Cherniak, Fisch, Piché, and Roberge) and SOGC Global Health Project Manager, Dr. Anîfa Kalay, who is originally from DRC, will lead the two training sessions, one in the capital city of Kinshasa, with members of the Congolese Ob/Gyn Society (SCOGO), and the other in the project district area of Kisangani, where future instructors will then replicate the training for 250 health workers.

The SOGC is pleased to welcome two members of SCOGO, Dr. Jean-José Wolomby Molondo, President, and Dr. Victor Muela Difunda, Vice President, to the SOGC’s upcoming Annual Clinical and Scientific Conference in June. They will present during the first day of the conference, offering insight to the context of maternal and child health in DRC, and will spend time during the rest of the conference networking and exchanging ideas with SOGC members.
Improving Maternal and Newborn Health in Burundi

As part of the project “Amélioration des soins de santé maternelle et infantile pour les populations vulnérables au Burundi”, led by AMIE (Aide internationale à l’enfance), the SOGC has been working with local partners to adapt the ALARM International Program (AIP) content to better respond to the needs of the country. SOGC Global Health Project Manager, Dr. Anifa Kalay, met with the Director of the National Reproductive Health Program Office of Burundi to discuss the content of the AIP training; how best to adapt it in light of the country’s specific needs, and to validate that it is aligned with the government’s national strategy to improve maternal and newborn health as well as the country’s existing basic emergency obstetric and neonatal care training.

Within this project, the SOGC’s intervention aims to improve the skills of health workers in targeted health centers of Bujumbura, the capital city, to offer quality emergency obstetric and neonatal care. The SOGC is planning to roll out the first of its AIP training sessions for the Burundi project in September 2017. Due to the unstable political situation in Burundi, the AIP training will most likely take place in neighbouring Tanzania.

The SOGC celebrated International Women’s Day on March 8th by hosting an open house to welcome members, colleagues, friends, and new neighbours to our new offices on Lancaster Road, in the spirit of celebrating women’s health at home and around the world.

SOGC staff members, Danica Desjardins and Christine Butt, were on hand to share SOGC projects and public education initiatives with the public at an International Women’s Day Ottawa event at Library and Archives Canada.

Flowers for Mother’s Day and any day!

The Canadian Foundation for Women’s Health and Canada Flowers have partnered for the benefit of maternal and newborn health in Canada. A portion of the proceeds from three carefully selected arrangements, “Dedication”, “Kindness”, and “Compassion” will be received by the CFWH all year long! Ordering details available at cfwh.org/generosity.
InPATH Project, Malawi

Malawi is one of the smallest countries in Africa, but its maternal mortality rate remains among the highest on the continent. The maternal mortality ratio in 2013 was calculated at 510 per 100,000 live births (WHO, Malawi Country Profile). Malawi also has the highest rate of preterm birth in the world (WHO, Preterm Birth Fact Sheet).

In an effort to strengthen the skills of health workers to provide quality emergency obstetric and neonatal care, the SOGC’s contribution to the InPATH project will include several ALARM International Program (AiP) training sessions as well as support supervision and clinical mentoring activities following the training.

An initial needs assessment visit in November 2016 with SOGC member volunteer, Dr. Ahmed Ezzat, helped to identify the health needs of the country and the specific needs of the two target districts. In February 2017, SOGC Project Manager, Dr. Anifa Kalay, met with the Malawi National Safe Motherhood Committee to validate the content for AiP training and ensure that it aligns with national guidelines, as well as the country’s needs. In preparation for upcoming training sessions, the SOGC is currently working on adapting the AiP curriculum so that it responds to the identified health needs and is suited for the skill level of participants.

The “Integrated Pathways for Improving Maternal, Newborn, and Child Health (InPATH)” project is led by Cowater International in partnership with Plan International Canada & Malawi, Sogema Technologies Inc., and the SOGC. The initiative aims to reduce maternal and child mortality in two districts of Malawi by strengthening local health systems for improved delivery and utilization of gender-sensitive maternal, newborn, and child health services.

Thanks to all your generous shopping in-store and online, Simons donated $30,000 to the CFWH, as partial proceeds from sales made on International Women’s Day, March 8th.
Member News

A warm welcome to the 374 new members who have joined since our last newsletter!

Congratulations to 2017 SOGC Central Regional Achievement Award winner, Ms. Lesley Paulette (Fort Smith, N.W.T), and Western Regional Achievement Award winner, Dr. Unjali Malhotra (Vancouver, BC). Both awards were presented at the West/Central CME in Banff in March.

IN MEMORIAM:

- DR. THIRZA SMITH -

The SOGC mourns the loss of former SOGC President, Dr. Thirza Smith, on February 27, 2017, age 68, in Saskatoon, SK. During her term as SOGC President (2000-2001), the SOGC Council approved over 14 guidelines and reviewed many more. A new strategic plan was developed, and the SOGC took measures to develop the MORE\textsuperscript{TM} program as well as enhance the Contraception Awareness Project. An endoscopic risk management program similar to ALARM was developed, and two leading documents were written under her guidance: “Women Health 2000” and “A Guide for Health Professionals Working with Aboriginal Peoples”. A dedicated physician, researcher, and mentor, Thirza Smith will be missed by all who knew her. Read her obituary

HAVE NEWS TO SHARE?
Email us at news@sogc.com

MAY 25-27
2017
CONFERENCE

Evidence Based Global Surgery
June 1-3, 2017 | University of Ottawa
Ottawa, Ontario, Canada
Medical school can be a whirlwind of late-night studying, exams, lab work, and a constant race against time. It’s also when some life-changing decisions need to be made, often with little time to think, consider the options, and get a sense of what to expect.

In welcoming potential future ob/gyn residents, it is important to share our passion with them, but to also offer some direction and advice on navigating this long career path.

The Undergraduate Sub Committee of the SOGC’s Resident Committee has taken the lead on this important task and is successfully connecting medical students with ob/gyn residents to offer mentorship, learning tools, and a forum for discussions.

The Sub Committee has piloted the first-ever teleconferencing event where medical students can network with, and be mentored by, residents from all Canadian obstetrics and gynaecology residency programs. “Speak with the Residents Week” included five one-hour teleconferences to accommodate different geographic locations. Residents from each residency program across Canada described their program, their experiences, the cities where they were located, and then answered questions from the medical students and provided some helpful interview advice.

With 103 medical student participants, the attendance of this teleconference series surpassed the SOGC Resident Committee’s expectations. Each teleconference also included an evaluation survey, with the results confirming that this type of forum was valued by undergraduate medical students.

The Undergraduate Sub Committee is also working to support undergrad ob/gyn education by circulating a survey among students to identify gaps in ob/gyn undergraduate medical education, and also by developing undergraduate ob/gyn teaching modules, which will provide students with alternate study resources created by ob/gyn residents.

Communication is key to continue the momentum of these initiatives and to maintain the interest of these potential future ob/gyns. The Undergraduate Sub Committee is excelling in this regard, with the recent establishment of a SOGC National Ob/Gyn Interest Group and also with continuous Facebook posts to keep everyone engaged and excited about their future in obstetrics and gynaecology.

Active members of the Undergraduate Sub Committee: Jeanne Bouteau, Marie-Pier Bastrash, Rachel Kim, Katarina Nikel, Erin Sloan, Sabrina Youash, Jayesh Tigdi (Chair)
New from the SOGC’s online learning portal

The SOGC is pleased to bring its medical education offerings online.

Designed by SOGC experts and employing the most current medical knowledge, these accredited online courses combine premier medical education with the convenience of online study.

The convenience of online learning allows members and non-members to remain up to date on the latest topics in women’s health wherever and whenever best suits their schedule.

The courses are designed specifically to improve the learning experience and to tailor your educational experiences to meet your personal learning objectives.

NOW AVAILABLE:

- **Medical Abortion Training Program** - developed by the SOGC in collaboration with the College of Family Physicians of Canada and the Canadian Pharmacists Association, at the request of Health Canada and Celopharma Inc. This online training is a mandatory requirement for any physician or pharmacist who will distribute Mifegymiso in Canada. Participants will review the safe use Mifegymiso as per Health Canada requirements and advance their understanding of pre- and post-abortion care. This online course is available as an accredited course, with a fee of $50, or as a non-accredited course, without a fee.

- **HPV and Vaccination: Translating Knowledge into Action** - a new program that synthesizes the latest updates on HPV vaccines. This course will review the epidemiology of HPV, explore the safety of HPV vaccines, and advice on how to successfully counsel patients about HPV vaccination. This online course is available as an accredited course, with a fee of $50.

To get started, visit [sogc.org/online-courses/welcome.html](sogc.org/online-courses/welcome.html)

We are continuously exploring new options for online courses that will satisfy your needs and interests. We welcome your feedback on the courses available now and would welcome suggestions for future topics. Please send an email to cme@sogc.com.
Expanding our Public Education initiatives

A NATIONAL CAMPAIGN FOR HPV PREVENTION

Since October 2016, the SOGC has spearheaded a public awareness campaign about HPV prevention nationally. The campaign includes pre-show ads in Cineplex theatres across Canada, visual ads and videos on Facebook that go over the “6 things you need to know about HPV“, and a video feature with SOGC members and HPV experts, Dr. Nancy Durand and Dr. Marc Steben. Plans are underway for a final campaign push to come in fall 2017.

A pop-up landing page is also appearing on the SOGC’s HPVinfo.ca website for the duration of the campaign, specifically tailored to the message of prevention. Please continue to direct your patients there as an online resource for more information on HPV.

THE ‘SEX TALK’ – ONLINE AND IN SCHOOLS

There has been steady traffic to the SOGC’s redesigned sexandu.ca website since its relaunch in November 2016. As a long-standing resource among clinicians, teachers, parents, and teens, we are continuing to receive feedback on new content and features users would like to see added to the site. As with any migration, older tools (SexFu Challenge, S.O.S., Choosing Wisely, and many of the animations and games) could not be carried across to the new website, but plans are underway to create updated versions of many of the favourite resources from the previous site.

Shortly after launch, the SOGC was invited to a high school in Gatineau to present sexandu.ca and give a series of presentations about sexual health to 150 male and female students. We also collaborated with a visual arts media class, where students were tasked with creating promotional posters for the new website. Hearing directly from students and teachers has helped guide the SOGC’s work in creating more learning tools for the new website.

Let your generosity sparkle!

The Canadian Foundation for Women’s Health has partnered with Taraxca Jewellers in Vancouver to offer two dedicated pieces with a portion of sales being donated to the CFWH. Ordering details available at cfwh.org/generosity.
SOS TOOL COMING BACK TO SEXANDU.CA

The SOGC heard from several members who emphasized the importance of maintaining the Stay on Schedule (SOS) tool (taking contraception after a missed or extended dose) on sexandu.ca. Receiving feedback from members is helpful for us to identify which are the most useful tools to improve your practice and increase public education. We are pleased to present an all-new, updated SOS tool coming to sexandu.ca later this month.

HEALTHY BEGINNINGS 5TH EDITION NOW AVAILABLE

The SOGC’s well-known print resource to guide women through pregnancy and childbirth is now available in its 5th edition. Healthy Beginnings presents the most current information, provided by experts in maternal and newborn health. Share this resource with your patients as a step-by-step guide throughout their pregnancy. Healthy Beginnings is available to order through Wiley Publishing at ca.wiley.com.

WE’RE EXPECTING! NEW PREGNANCY WEBSITE COMING SOON

The SOGC is set to deliver another redesigned public education website! Although the SOGC’s pregnancy website, pregnancy.sogc.org, was created not long ago, there have been numerous updates in our field and important new clinical guidelines released in the past year alone. This new website has expanded content about pre-conception health and post-partum considerations, and of course everything in between! The layout and navigation of the website is also redesigned to match new trends in how users behave online and access information.
For some people, vacation means midday naps, lounging poolside, and the only obligation is utter relaxation. Others seek heart-pounding adventure and non-stop thrills. Whatever type of holiday you seek, the last thing you want is for an unexpected medical event to derail. But if it does, having travel insurance helps protect you and get you back on your feet.

Travel insurance is a highly personalized product with options that can often be tailored to your unique situation, medical condition, or health issue. Getting the right coverage starts with an accurate application, but many people are unsure how upfront they should be.

The short answer is: completely, be completely forthcoming.

Travel insurance providers will ask you to complete an application form and perhaps a detailed medical questionnaire. Answer honestly and err on the side of giving too much information. Even things that seem trivial to you may be important to your insurer, who wants to make sure you’re getting the best protection for your circumstances. Plus, in the event of a claim, the insurance company will review your medical history and if they discover something you neglected to tell them, your claim may be denied. Even if the claim is unrelated to said undisclosed medical condition, you may have been put into a plan for which you were not eligible, and the misrepresentation (intentional or not) may invalidate your policy.

If you’re unsure of your answer to any question, get the advice of your doctor.

Get the right plan at the right rate
Your application determines your eligible plan or plans and the coverage that best fits you. Different plans come with different rates based on your health factors and risks.

Sometimes, health conditions change, and of course you don’t want it spoil your travel plans! The best way to make sure you stay well and enjoy your trip is to get the advice of your doctor before you go. They may have suggestions for you based on your situation, where you’re going, and anything you ought to do before or while you’re there.

You should also contact your insurance provider to update your information and ensure your coverage still offers the appropriate protection. Accurate and up-to-date information about your health will get you the best protection and the best rate—perhaps even better than what you’re paying now!

Be clear when you apply and before you travel to ensure that there are no surprises when you need insurance the most: when it comes time to make a claim.
CLINICAL PRACTICE GUIDELINES

LATEST

MAY 2017 - Routine Non-Invasive Prenatal Prediction of Fetal RHD Genotype in Canada: The Time is Here

APRIL 2017 - Canadian Contraception Consensus (Part 4 of 4)

MARCH 2017 - Hepatitis B and Pregnancy

FEBRUARY 2017 - Diagnosis and Management of Adnexal Torsion in Children, Adolescents, and Adults

JANUARY 2017 - Amniotic Fluid: Technical Update on Physiology and Measurement

UPCOMING

JUNE 2017 - Opportunistic Salpingectomy and Other ‘Ovarian Cancer’ Risk-Reduction Measures

JULY 2017 - Primary Dysmenorrhea

QUICK LINKS

Call for Plenary, Workshop, & Enhanced Skills Courses

NEW! SOGC Online Courses

Spots open - ALARM courses

Resident Leadership Day at ACSC 2017

CFWH evening in celebration of women’s health

NEW! Brand Recognition Program

Ob/Gyn Job Bank

Stay connected to your network: Update your contact information

The SOGC is committed to providing high quality clinical practice guidelines in both official languages. To ensure that our French translations capture appropriate nuances and terminology, we are asking for your help. Would you be interested in proof-reading? Please contact Courtney Green at cgreen@sogc.com if you are interested.

UPCOMING EVENTS

CANADIAN NUTRITION SOCIETY CONFERENCE
Hotel Bonaventure: Montreal, QC May 25-27, 2017
More information...

BETHUNE ROUND TABLE 2017
University of Ottawa June 1-3, 2017
More information...

SOGC ANNUAL CLINICAL AND SCIENTIFIC CONFERENCE
The Westin Ottawa: Ottawa, ON June 20-23, 2017
More information...

SAVE THE DATE! SOGC QUEBEC CME
Mont-Tremblant, QC October 5-6, 2017

SAVE THE DATE! SOGC ONTARIO CME
Toronto, ON November 29 – December 2, 2017

25TH COGI WORLD CONGRESS
Vienna, Austria November 30 – December 2, 2017
More information...

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