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The Society of Obstetricians and Gynaecologists of Canada (SOGC) was built by physicians who recognized that together they could do more than they could alone. The Society is strong today because of the hundreds of volunteers who donate their time, energy, and expertise to writing guidelines, attending teleconferences and committee meetings, developing continuous learning programs and attending them. Still others are covering the practice, taking care of Canada’s women.

The success of the SOGC and the future of obstetrics and gynaecology ultimately depend on collaboration. We learn from each other, recognizing that our greatest contributions are made when we work with one another, with other disciplines, with other countries, with partners, and with the women we ultimately serve.

One person cannot do it all. But in some communities, one person may be all they have. Without question, working in teams is becoming the norm, and accepting that one person cannot do it all is our reality. Guided by these words, the SOGC’s strategic plan strives to address the needs of its members: existing health-care providers and the upcoming generation of practitioners. Through its continuous professional learning program, the SOGC is pushing the specialty forward, thus ensuring that women have access to the best techniques and the best caregiver possible.

While SOGC members may have their roots in Canada, the reach and impact of their efforts branch out to women and babies around the world. In fact, the SOGC proudly celebrated the 10th anniversary of its International Women’s Health Program in 2008. Needless to say that collaboration is a cornerstone of the SOGC’s work. It is visible in all facets of the SOGC’s operational plan.

First, there is collaboration between members of the Society who are actively involved in various committees to develop guidelines and policy statements that guide our profession. The educational summit, held in May this year, was a unique initiative to bring together experts and stakeholders to renew our vision for delivering the best programs, in novel ways. As our specialty is threatened by fragmentation of subspecialists, the SOGC remains a vehicle for cross-collaboration at every level. Our programs now include joint courses for obstetrics with maternal-fetal-medicine, gynaecology with oncology. There are joint sessions with paediatric gynaecology and urogynaecology, with pelvic reconstruction and reproductive medicine subspecialists. It is truly the best way to achieve best practice by sharing expertise and adapting new technology and information to our Canadian experience.

In 2007-2008, the SOGC continued to promote collaboration between disciplines as we highlighted the need for, and merits of, a collaborative maternity care model articulated in the National Birthing Initiative and the Aboriginal Birthing Initiative. These strategies involve adopting a greater partnership approach between obstetricians, gynaecologists, family physicians, nurses, and midwives to deliver maternity care in Canada. This approach not only recognizes and maximizes respective areas of expertise, but also helps address the health human resource shortage in this country. To better understand the HR issues in the area of obstetrics and gynaecology, the SOGC also conducted a workforce survey to help identify our challenges and plot the path forward.
I would be remiss if I did not mention the inspiring collaboration between countries. Our first ever joint international meeting with a partner society is one of many steps in the direction of true partnerships. The SOGC understands that capacity-building and the training of young professionals offer the best hope for sustainable change. During this past year, the SOGC has been committed to projects with four countries: Guatemala, Uganda, Haiti, and Burkina Faso. The impact of our contribution in knowledge, time, and expertise remain key to helping achieve the United Nation’s Millennium Development Goals to reduce maternal and infant mortality around the world.

As a non-profit organization, the SOGC’s ability to achieve its ambitious mission and deliver its operational plan is dependent upon the valuable partnerships and contributions of its governmental partners, fellow professional associations, and private sector supporters. It is through collaboration with partners that we are able to pool our resources and achieve common goals, outcomes, and objectives.

And finally, the true test of success of the SOGC’s initiatives is in the response and feedback we receive from the women who benefit from our professional advice, services, and public education initiatives.

I am proud to have had the opportunity to lead such a professional, credible, and productive organization. I want to seize this opportunity to thank all those who have contributed to our past year’s accomplishments. I look forward to being able to contribute to the SOGC’s continued success in the coming years.

Dr. Guylaine Lefebvre
A Message from the Executive Vice-President and Associate Executive Vice-President

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is a credible, long-standing professional society with a growing and robust membership. We now count over 3,000 members including over 90% of Canadian obstetricians and gynaecologists, as well as midwives, nurses, family doctors, researchers, and trainees in our field. Over the past few years, our organization has not only expanded in terms of membership, but in reputation and mandate as well.

Every year, we have newer and better techniques, technologies, and research to support our work. Accredited by the Royal College of Physicians and Surgeons, the SOGC is pleased to note that a total of 29 applications were received and approved for accreditation certification between July 2007 and June 2008.

We are accountable to our members—the raison d’être of our Society. We are guided by our mission, our principles, and our convictions. We remain steadfast in our goals to deliver on the promise of our seven strategic directions.

It is through the collaboration of the SOGC’s five divisions—Corporate Affairs, Finance and IT, Communications & Public Education, International Women’s Health, and Continuous Professional Learning—that we strive to meet the needs and expectations of our members, stakeholders, and the general public in the most cost-effective, efficient, and creative manner possible. The face of our management team has significantly changed during this past year, with new people, experience, and enthusiasm to help lead the Society through its medium-term plan.

The Corporate Affairs Division was responsible for the smooth operation of the SOGC organization, its Executive and Council. In an attempt to better understand the needs, concerns, and issues of its membership, this Division oversaw the implementation of the Health Human Resources Survey to be tabled in the fall of 2008. With your collaboration, we were able to reach 75% of residents, 100% of the APOG department, and close to 60% of our membership. Thanks to all of you who responded to the survey.

The Finance and IT Division ensured that we had the appropriate infrastructure to support the Society and that we maximized our human, technical, and financial resources. The year-end financials for 2007 were very satisfactory and much progress was made toward achieving the SOGC’s operational plan.

The Communications and Public Education Division strived to provide you (our SOGC members), the general public, and the media with the information that was wanted and needed with respect to SOGC guidelines and key women’s health issues. This past year marked the continued success and growth of the Contraceptive Awareness Program (CAP) and the HPV Education and Awareness Program. It also marked the launch of the new Menopause Education and Awareness Program, including the creation of a new website and Coalition. The SOGC spoke on your behalf as we communicated with government...
representatives, opinion leaders, and decision-makers about potential bills of law that would have a significant impact on the practice of obstetrics and gynaecology in Canada (e.g. bill C-484 Unborn Victims of Crime) or to solicit support for the development and/or implementation of key initiatives such as the National Birthing Initiative, the Aboriginal Birthing Initiative, and projects to support the Millennium Development Goals to reduce maternal and infant mortality.

The SOGC was also very present on the world stage hosting an outstanding ICME in Guatemala involving an exchange with the Association of Gynecologists and Obstetricians of Guatemala. The reach and impact of the International Women’s Health Program continued to grow. The ALARM international program was delivered in various countries including Sénégal, Mali, Burkina Faso, Guyana, Haiti, and we are actively exploring potential initiatives for Bolivia, Kenya, and Morocco. I (Dr. Lalonde) served as Canada’s representative on FIGO’s International Partnership for Mother, Newborn and Child Health and actively participated in FIGO’s Safe Motherhood and Newborn Health Committee to involve ten countries.

Here at home, the SOGC understands the challenge for members to stay abreast of advances in medicine while running busy practices, meeting teaching commitments, completing administrative responsibilities, and still achieving work-life balance. I (Dr. Senikas) witnessed key achievements in the area of Continuous Professional Learning as we strived to find the most effective way to provide you with the training, development, and continuous professional learning you need to remain current and meet your professional obligations and maintain your credentials.

The SOGC prides itself on the work it does in developing clinical practice guidelines and policy statements that guide the work that we do. Between 1 July 2007 and 30 June 2008, the SOGC proudly introduced 15 new or updated clinical practice guidelines and policy statements.

We implemented changes to the 2008 Annual Clinical Meeting format in response to your feedback. We hosted an Educational Summit to obtain your views on our CME program. We intend to act on your valuable feedback to achieve continuous improvements in the coming year.

We are truly impressed by our SOGC team’s efforts and we sincerely hope that you have seen the value of your membership and the impact of your membership dollars at work. While a successful history precedes us and provides us with a solid foundation on which to build, we strive to be a proactive and dynamic organization with a vision for the future.

Dr. André Lalonde
Dr. Vyta Senikas
Our Executive and Council
2007 – 2008

President: Dr. Guylaine Gisèle Lefebvre, Toronto, Ontario
Past President: Dr. Donald B. Davis, Medicine Hat, Alberta
President Elect: Dr. Scott Farrell, Halifax, Nova Scotia
Executive Vice-President: Dr. André B. Lalonde, Ottawa, Ontario
Treasurer: Dr. Mark Heywood, Vancouver, British Columbia
Vice-President, Québec Region: Dr. Michel Fortier, Québec, Québec
Vice-President, Central Region: Dr. Ahmed M. Ezzat, Saskatoon, Saskatchewan

Regional and Alternate Chairpersons
Chair, Western Region: Dr. Sandra Kathleen de la Ronde, Calgary, Alberta
Alternate Chair, Western Region: Dr. Stephen Kaye, North Vancouver, British Columbia
Chair, Central Region: Dr. Margaret Burnett, Winnipeg, Manitoba
Alternate Chair, Central Region: Dr. Annette Epp, Saskatoon, Saskatchewan
Chair, Ontario Region: Dr. Charmaine Antoinette Roye, Brantford, Ontario
Alternate Chair, Ontario Region: Dr. Myriam Nadia Amimi, Sault-Ste-Marie, Ontario
Chair, Québec Region: Dr. Diane Francoeur, Ste-Catherine, Québec
Alternate Chair, Québec Region: Dr. Corinne Leclercq, Victoriaville, Québec
Chair, Atlantic Region: Dr. Terry O’Grady, St-John’s, Newfoundland
Alternate Chair, Atlantic Region: Dr. Ward Murdock, Fredericton, New Brunswick

Other Representatives:
Public Representative: Ms. Maureen A. McTeer, Ottawa, Ontario
Junior Member Representative: Dr. Christina Dolhaniuk, Edmonton, Alberta
Associate Members (MD) Representative: Dr. Owen Hughes, Ottawa, Ontario
Associate Members (RN) Representative: Dr. Margaret Quance, Calgary, Alberta
Associate Members (RM) Representative: Ms. Michelle Kryzanauskas, Collingwood, Ontario
APOG Representative: Dr. Patrick T. Mohide, Hamilton, Ontario
Corresponding Member: The Honorable Senator Lucie Pépin, Ottawa, Ontario
Our Mission

To promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach, and education.

Our Strategic Directions

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is dedicated to improving and enhancing the health of all women, in Canada and abroad, while reaching out to address the unique challenges of traditionally underserved and disadvantaged women. This unwavering commitment supported by financial resources and strong action plans, ensures that together, the SOGC will make a real difference in the health care of women: in their treatment, their pregnancies, their fertility challenges, and their gynaecological care. As the leading voice in women’s health care in Canada, the SOGC has confirmed its strategic directions for 2006-2011:

1. Aboriginal Health: To advance culturally safe health and healing for aboriginal women.

2. Advocacy: To increase the influence of the SOGC on the public policy agenda as it relates to women’s health and the practice of obstetrics and gynaecology.

3. Continuous Professional Learning: To become the preferred provider of knowledge and continuous professional learning in obstetrics and gynaecology.

4. Human Resources: To develop and implement human resources strategies for ob/gyn care.

5. International Women’s Health: To collaborate internationally, focusing on capacity-building initiatives aimed at improving women’s health, especially in low-income settings.

6. Patient Safety: To overcome the barriers to patient safety and to promote equitable access.

7. Women’s Health Issues: To promote access for all women to obstetrical and gynaecological care, facilitate public education about women’s health issues and highlight the determinants of health essential to women’s health.
Our Membership

Over the past year, the SOGC membership has grown to over 3,000 valued supporters. In keeping with its vision and strategy for a more collaborative approach to delivering maternal care in Canada, the organization’s membership consists of obstetricians, gynaecologists, nurses, midwives, family physicians, as well as health professionals, researchers, and medical students from a diverse range of disciplines.

During this past year, the SOGC awarded honorary memberships to two individuals:

- **Dr. Eghon Guzman Bustamante** for his tremendous dedication to the practice of obstetrics and gynaecology as well as to overall women’s health in his native Chile and around the world.
- **Dr. Daphne Odjig**, one of Canada’s most influential artists for whom women and family are strong themes depicted in many of her Aboriginal works of art. She is the SOGC’s first-ever non-medical and Aboriginal member of the SOGC family.

As a non-profit organization, the Society’s success depends on the involvement and commitment of its members. During the past year, hundreds of members contributed to the development and/or implementation of key projects and initiatives through their active participation in 46 SOGC committees.

**Committees 2007 - 2008**

1. Aboriginal Health Initiatives Committee
2. ALARM Committee
3. ALARM/GESTA International AGIC
4. Annual Clinical Meeting - Statutory Scientific Committee
5. Annual Clinical Meeting Host Committee
6. Archives and History Committee
7. Atlantic Regional Committee
8. Breast Disease Committee
9. CANPAGO
10. CAP Core Working Group
11. Central Regional Committee
12. Clinical Practice - Gynaecology Committee
13. Clinical Practice-Obstetrics Committee
14. Comité Régional du Québec
15. Council - SOGC Committee
16. Diagnostic Imaging Committee
17. Ethics Committee
18. Executive Committee
19. Finance Committee
20. Genetics Committee
21. Gesta-Quarité
22. Infectious Disease Committee
23. International CME Planning Committee (ICME)
24. International Women’s Health Committee
25. Junior Member Committee
26. Junior Member Executive Committee
27. Maternal Fetal Medicine Committee
28. MD Advisory Committee
29. Medico-Legal Committee
30. Membership Committee
31. Nomination Committee
32. Obstetrical Content Review Committee
33. Ontario Regional Committee
34. Promotion of the Specialty Committee
35. Public Affairs Committee
36. Reproductive Endocrinology Infertility Committee
37. RM Advisory Committee
38. RN Advisory Committee
39. Social and Sexual Issues Committee
40. Society of Investigators of Ob/Gyn of Canada
41. Society of Minimally Invasive Gynecology
42. SOGC Informatics Committee
43. SOGC/GOC/SCC Policy and Practice Guidelines Committee
44. Sub-Committee on Urogynaecology
45. Western Regional Committee
46. Women’s Health Policy Committee
Aboriginal Health

Advancing culturally safe health and healing in collaboration with Aboriginal communities

Since the inception of the Aboriginal Health Division in 2006, the SOGC has invested much effort, time, and resources in building a strong network and foundation for the program. SOGC representatives attend numerous meetings and events in order to achieve a better understanding of the issues, needs, and interests of Canada’s Aboriginal people (First Nations, Métis, and Inuit). To increase the reach, impact, and effectiveness of its program, the SOGC recognizes the importance of working with Aboriginal youth, elders, and organizations who know the people and the cultural nuances best, and to identify areas of collaboration that build on existing and mutually beneficial programs.

In 2007-08, the SOGC focused its efforts on promoting sexual reproductive health within the First Nations, Inuit and Métis communities, with a particular emphasis on preventing sexually transmitted infections and on emphasizing the need for improved care in Canada’s rural, remote, and isolated communities. We pursued initiatives to support optimal maternal/child health care and did so based on a “protocol of respect”.

To this end, the SOGC actively participated in a number of meetings, conferences, and events to increase awareness of the unique issues facing Canada’s Aboriginal communities and to introduce the Aboriginal Birthing Initiative and other public education programs as possible solutions to address those issues in a culturally sensitive manner. Of note were the SOGC’s ability to obtain the support of the four Inuvialuit regions for the National Birthing Initiative, our role as a guest panelist at a Senate Sub-Committee meeting on Population Health, our participation at the Gathering of Inuit Traditional Midwives in Iqaluit, sitting on the Board of Directors for Canadians For Choice, attending the Aboriginal Conference on the Social Determinants of Health, and participating in the SOGC-AHI sub-committee of CPSS to address infant mortality, morbidity rates for First Nations and Inuit people. We also participated in the Canadian Mental Health Literacy Conference, the National Conference on Health Literacy, and in the review and development of First Nations, Métis and Inuit Health Human Resources with NAHO and other external stakeholders.

The SOGC also delivered a number of keynote addresses, public education programs, and seminars in collaboration with, or for, organizations and events such as the Assembly of First Nations Youth Council, INAC, the Pauktuuttuq Conference on Sexual Reproductive Health, the RCPSC Advisory Committee on Aboriginal Issues, Wabano Centre for Aboriginal Health, CIHR-IAPPH, Health Nexus, FNIHB’s Office of Nursing Services, and the Inuit Nunangat Midwifery Working Group. During this past year, the SOGC actively promoted its Contraception Awareness Program. We conducted preliminary work on the creation of an Aboriginal Hub on healthy sexuality, an HPV prevention initiative adapted specifically to this audience, the addition of references to topics and considerations related to pregnancy that are unique to Aboriginal women (e.g., diet) in the upcoming 4th edition of the SOGC’s book entitled Healthy Beginnings, and we participated in the development and implementation of the Best Start Resource on perinatal mood disorders.

From a professional medical education perspective, the SOGC pursued its participation in the working group to review the current curriculum in the field of obstetrics and gynaecology for Indigenous students attending Faculty of Medicine programs in Canadian universities. In fact, we even established an affiliate membership for the SOGC in the Indigenous Physicians Association of Canada. The SOGC also provided a high-risk clinic to the University of Ottawa.

Finally, the SOGC approached and consulted a number of organizations to explore potential partnership opportunities. [Refer to side bar List of potential partner organizations.]

List of potential partner organizations

- Aboriginal Nurses Association of Canada (ANAC)
- Aboriginal Peoples Network (APN)
- Aboriginal Peoples Television Network (APTN)
- Congress of Aboriginal Peoples (CAP)
- Chiefs Committee on Health (CCOH)
- Community Foundations of Canada (CFC)
- Canadian Medical Association (CMA)
- Canadian Public Health Agency (CPHA)
- Canadian Paediatric Society (CPS)
- CaseMed Alliance
- Inuit Tapiriit Kanatami (ITK)
- Métis National Council (MNC)
- National Aboriginal Achievement Foundation (NAAF)
- National Aboriginal Circle Against Family Violence (NACAFV)
- Native Women’s Association of Canada (NWAC)
- National Inuit Community on Health (NICOH)
- Public Health Agency of Canada (PHAC)
- Royal Canadian Mounted Police (RCMP)
Advocacy

Getting issues that matter to our members on the public agenda

When the public agenda touches upon women’s health and the practice of obstetrics and gynaecology in Canada, the Society speaks up on behalf of its members.

In an attempt to increase the awareness and understanding of the health human resources (HHR) issues as they pertain to the field of obstetrics and gynaecology, we administered a very elaborate study and conducted focus groups with current and upcoming health-care professionals in the field. To this end, we managed a multi-organization Steering Committee for the development of questionnaires in keeping with government rules and regulations. Thank you to all members who participated in the HHR study on extra-partum care. Because of your collaboration, the SOGC now has a reliable and accurate reflection of the current health-care human resource situation.

The SOGC also went on to propose and recommend key solutions to address some of the issues raised by the Health Human Resources Study. During this past year, a new version of the Birthing Strategy was created and published as the National Birthing Initiative and the Aboriginal Birthing Initiative. Most efforts were invested in advocacy — activities initiated with the Minister of Health, the Standing Committee on Health, and Opposition spokespeople. Briefs were submitted to the Senate Sub-Committee on Population Health (focus on child health) and to the Standing Committee on Finance (pre-budget 2009 consultation).

While domestic women’s health issues remained a key priority throughout the year, the SOGC also set its sights on improving the plight of women around the world by issuing a call-to-action to the Canadian government in June 2008. The intent was to acknowledge Canada’s efforts to date to achieve Millennium Development Goals 4 and 5 pertaining to maternal and infant mortality but also to urge them to further increase their historical leadership role and ensure that maternal newborn and child health took its rightful place on the agenda of the G8 meeting in Hokkaido, Japan (7 to 9 July 2008). [Please refer to section on International Women’s Health for information on other SOGC initiatives to improve government investment in women’s health around the world. See page 19.]

With respect to legislative and other government initiatives, we prepared an SOGC position statement opposing Private Member’s Bill C-484 The Unborn Victims of Crime Act, an SOGC position statement on Indian Residential Schools, and we conducted ongoing monitoring of the following Private Members Bills: C-484 – Unborn Victims of Crime Act, C-338 - Criminalizing abortion after 20 weeks, and C-537 - Conscience rights of health workers.

Members were informed of issues and encouraged to be advocates for women’s health in their respective communities. To this end, there were various SOGC News editorials and articles, updates on the SOGC website, and e-blasts on breaking issues or developments touching on the topics of advocacy (e.g. National Birthing Initiative, Bill C-484, Millennium Development Goals, etc.), public education initiatives (e.g. new tools for health-care professionals), International Women’s Health initiatives, and Continuous Professional Learning opportunities. This past year also included advocacy and media relations training for the SOGC’s Executive so that they could assume spokesperson duties with ease during public events and/or media interviews.
The SOGC also worked on expanding the SOGC website to make it an important advocacy tool aimed at key target audiences, the media, the public, and governments. During the past year, a proposal to revamp the SOGC website was tabled with a suggested focus on four key areas of improvement: content, ease of navigation, graphic look, and technical upgrades. While discussions took place regarding the potential introduction of an advocacy function on the SOGC website, no changes have been implemented to date. Instead, the focus was on achieving practical improvements for key online membership services such as improved online registration for CME events and membership renewal. While the number of visits to the website were slightly higher than last year (increase of 12% over 2006-2007), the most notable change was the increased traffic (rise of 350%) to the Become a Member section of the website.

The strength of the SOGC’s voice grows as our membership grows. Time and effort were invested in retaining existing members and recruiting new ones. The SOGC was diligent in communicating with lapsed members to encourage membership renewal. We also attended a number of partner association conferences (e.g. SRPC, CAM, AWHONN, AOOG, and ACOG) to increase the SOGC’s visibility and broaden the membership base. We also developed a targeted program to attract medical students to the field of obstetrics and gynaecology and implemented an extensive Junior Members program including grants, paper & poster prizes, and special sessions at Regional Meetings. As a result, 78 new members joined the Society in 2007-08. Never satisfied to sit on its laurels, the SOGC also focused on exploring and implementing new member benefits with third-party service providers (e.g. car rental, travel agency & insurance, airline carrier discounts, railway discounts, financial services, and business supplies).

Speaking of third-party support, the SOGC produced a revised edition of the Invitation to Industry to help solicit financial support for the SOGC’s various projects and initiatives from the private and public sectors.

Continuous Professional Learning

Helping members maintain or improve their knowledge and skills

The SOGC strives to implement services, tools and programs to facilitate our members’ ability to stay abreast of the latest developments, trends, and standards in obstetrics and gynaecology. Not only does the SOGC monitor what is being done in other countries, but it actively involves its members in the articulation of evidence-based clinical practice guidelines and policy statements that guide the work of health-care professionals involved in sexual, reproductive, and maternal health in Canada. In 2007-2008, 15 clinical practice guidelines and policy statements were created and/or updated. [Refer to the side-bar for a complete listing on page 14.]

To increase efficiency and consistency, it was necessary for the SOGC to clarify and facilitate the guideline development process. To this end, the SOGC mapped out and documented the steps involved in developing and submitting guidelines to the Journal of Obstetrics and Gynaecology Canada (JOGC). Definitions, grades, process, and recommendations were established. It was also decided that guidelines should be outcome-based, that is developed with a specific objective in mind to increase, reduce, create, or eliminate something. For example, in 2007-08, the SOGC is proud to have initiated the QUARISMA project with a focus on decreasing C-section rates in Québec. This program was developed based on the SOGC guidelines.
List of New or Updated SOGC Clinical Practice Guidelines or Policy Statements

<table>
<thead>
<tr>
<th>Month</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2007</td>
<td>CO: Mid-trimester amniocentesis fetal loss rate</td>
</tr>
<tr>
<td>July 2007</td>
<td>CPG: Canadian consensus guideline on continuous and extended hormonal contraception, 2007</td>
</tr>
<tr>
<td>August 2007</td>
<td>CPG: Canadian consensus guideline on human papillomavirus</td>
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<tr>
<td>September 2007</td>
<td>CPG: Fetal health surveillance: Antepartum and intrapartum consensus guideline</td>
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<tr>
<td>Nov 2007</td>
<td>PS: Statement on gender selection</td>
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<tr>
<td>Nov 2007</td>
<td>CPG: Teratogenicity associated with pre-existing and gestational diabetes</td>
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<tr>
<td>Dec 2007</td>
<td>CPG: Pre-conceptional vitamin/folic acid supplementation 2007: The use of folic acid in combination with a multivitamin supplement for the prevention of neural tube defects and other congenital anomalies</td>
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<tr>
<td>January 2008</td>
<td>TU: The use of progesterone for prevention of preterm birth</td>
</tr>
<tr>
<td>February 2008</td>
<td>CPG: Rubella in pregnancy</td>
</tr>
<tr>
<td>March 2008</td>
<td>PS: Statement on wait times in obstetrics and gynaecology</td>
</tr>
<tr>
<td>April 2008</td>
<td>PS: Statement on generic oral contraceptives</td>
</tr>
<tr>
<td>April 2008 supplement</td>
<td>CPG: Diagnosis, evaluation and management of the hypertensive disorders of pregnancy</td>
</tr>
<tr>
<td>April 2008</td>
<td>CPG: Genital herpes: Gynaecological aspects</td>
</tr>
<tr>
<td>June 2008</td>
<td>CPG: Guidelines for the management of herpes simplex virus in pregnancy</td>
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CO=Committee Opinion
CPG=Clinical Practice Guideline
PS=Policy Statement
TU=Technical Update

For the practice of obstetrics and gynaecology to improve, the SOGC believes that it is not enough to create or update guidelines, health-care professionals must be aware of and apply these guidelines and policies to their respective practices. As a result, in 2007-08, the SOGC initiated contact with a United States clearing house and FIGO to encourage the uptake of guidelines.

During this reporting period, the SOGC is also proud to have created, implemented and promoted a number of learning resources and opportunities to help members maintain their certification. During the past year, the SOGC hosted one International Continuing Medical Education (ICME) program in Guatemala in March 2008. This year’s Annual Clinical Meeting was held in Calgary in June 2008 (refer to side-bar ACM ... By the numbers for attendance statistics). The SOGC also organized six CME events across the country throughout the year, one in each region of Canada (refer to side-bar List of CME Events on page 15).
The SOGC is also committed to improving the outcome and the process of intra-partum care. Two ways to achieve this objective is through our continuing medical education events and the ALARM courses we deliver. [Refer to section on Patient Safety on page 22.] In the interest of continuous improvement for its CME program, the SOGC hosted an Educational Summit in the spring of 2008. Presentations and discussions focused on the following key areas: integration of educational principles, physician revalidation, revalidation of licensure, innovations in continuous professional development, new technology opportunities, and maintenance of certification. The Summit was organized based on the six main areas of endeavour of the SOGC: the Annual Clinical Meeting (ACM), regional and offshore meetings, the ALARM courses, clinical practice guidelines, patient safety/MORE OB program, and public education programs.

The SOGC is also proud to have published and distributed 12 editions of the Journal of Obstetrics and Gynaecology Canada (JOGC) during this reporting period. The JOGC is Canada’s peer-reviewed journal of obstetrics, gynaecology, and women’s health. Each monthly issue contains original research articles, reviews, case reports, commentaries, and editorials on all aspects of reproductive health. The journal is the original publication source of evidence-based clinical practice guidelines, committee opinions, and policy statements that derive from standing or ad hoc committees of the Society of Obstetricians and Gynaecologists of Canada. The JOGC is included in the National Library of Medicine’s MEDLINE database, and abstracts from the JOGC are accessible on PubMed.

Encouraging and Rewarding Our Members’ Efforts

In addition to creating learning resources and events, the SOGC seeks to encourage and reward its members for their research initiatives, achievements and professional development efforts. The Society assists its members with their continuing education by providing financial support for a variety of scientific and educational programs. The SOGC also offers numerous awards and grants in recognition of the generous professional contributions made by its members.

- **President’s Award**: This is the highest recognition awarded to an SOGC member for outstanding contributions and commitment to women’s health and ongoing support to the specialty and the Society. The award recognizes an outstanding physician in Canada who has been in practice for a number of years and has demonstrated leadership qualities at the national and/or international level. The 2008 recipient of the President’s Award was Dr. Tom Baskett.

- **Distinguished Service Award**: 2008 marked the inaugural year for this new prize awarded by Council to recognize the outstanding contribution and commitment of a member to women’s health, the promotion of the specialty, and service to the SOGC. The proud recipient of the first Distinguished Service Award was Dr. Kenneth Milne.

- **Regional Awards of Excellence**: These awards recognize the excellence of SOGC members who volunteer at the local, regional, or provincial levels for women’s health. The 2008 recipients of the Regional Achievement Awards were Dr. Hugh Allen of the Ontario Region and Dr. Jaelene Mannerfeldt representing the Western Region.

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**List of CME Events**

**19th FMC du Québec**  
(20-22 septembre 2007)  
Château Bonne Entente, Sainte-Foy, QC  
174 Participants

**3rd FMC du Québec en obstétrique**  
(14 -15 novembre 2007)  
Hôtel Marriott Château Champlain, Montréal, QC  
165 Participants

**26th Ontario CME**  
(November 29 – December 1st 2007)  
Marriott Downtown Eaton Centre, Toronto, ON  
273 Participants

**21st International CME**  
(March 10-14 2008)  
Casa Santo Domingo, Antigua, Guatemala  
95 Participants

**18th West/Central CME**  
(March 27-29 2008)  
The Rimrock Resort Hotel, Banff, Alberta  
135 Participants

**4th Ontario Gynaecology CME**  
(April 18-19 2008)  
Marriott Downtown Eaton Centre, Toronto, Ontario  
125 Participants

**64th Annual Clinical Meeting**  
(June 25 - June 29 2008)  
TELUS Convention Centre, Calgary, AB  
763 Participants
• **Millennium Fellowships**: The purpose of these awards is to financially assist SOGC members who would like to acquire further technical knowledge or skills in the areas of obstetrics/gynaecology and/or sexual and reproductive health. Submissions for fall and winter fellowships are awarded in three categories—for the clinical professional development of community physicians, university/hospital based physicians, and nurses/midwives. The following individuals received Millennium Fellowships in 2007-2008:

  • **Ms. Chantal Gagné** received the *Millennium Fellowship for Nurses and Midwives* to increase her knowledge of sexual diversity to improve care and counseling for women’s sexual health.

  • **Dr. David Young** received the *Millennium Fellowship for University or Hospital-Based Physicians* to achieve competencies and specific clinical skills related to assisted reproductive therapies and in-vitro fertilization.

  • **Dr. David Caloia** received the *Millennium Fellowship for Community Physicians* so he could learn to assess and treat obstetric fistulas. His goal was to increase his skills in preoperative preparation, surgical management, and postoperative care for the women who suffer from this condition.

• **Research and Innovation Awards**: Sponsored by the SOGC and the Association of Professors of Obstetrics and Gynaecology of Canada (APOG), members of the SOGC are invited to submit abstracts of scientific presentations and posters in obstetrics and gynaecology for the consideration of a review panel. Those who received research and innovation awards at the 2008 Annual Clinical Meeting were:

  **OBSTETRICS**

  **Best Paper**
  Scott Farrell
  *The anal continence trial: A randomized comparison of overlapping versus end to end repair of 3rd degree obstetrical lacerations*

  **Best Paper – Junior Member:**
  Tania Dumont
  *The systematic review of low-dose versus high-dose oxytocin for labour augmentation*

  **Best Paper – Junior Member – First Runner-Up:**
  Stephanie Cooper
  *The association between first trimester maternal serum pregnancy associated plasma protein – A and adverse pregnancy outcome*

  **Best Poster**
  Joan Crane
  *The effect of gestational weight gain by body mass index on obstetric and neonatal outcomes*
The Society of Obstetricians and Gynaecologists of Canada

Best Poster – Junior Member
Christine Lett
*Decision to incision time for caesarean delivery at a tertiary care center*

Best Poster – Junior Member – First Runner-Up:
Susan Kim
*Chorioamnionitis at term: Evaluating the practice of intrauterine pressure catheter use*

GYNAECOLOGY

Best Paper
George Vilos
*Uterine artery embolization with gelfoam decreased pain and have similar clinical outcomes to gelfoam plus particles in women with fibroids*

Best Paper – Junior Member
Christine Beaudet
*Absorption de glycine lors de la résection hystéroscopique de l’endomètre : Le rôle de l’anesthésie*

Best paper – Junior Member – First Runner-Up
Ghadeer Al-Shaikh
*Ultrasound accuracy in the assessment of postvoid residual in urogynecology patients*

Best Urogynaecology Paper
Roxanna Geoffrion
*Evaluating patient learning after a two-hour educational program for women with incontinence and pelvic organ prolapse*

Best Poster
Joan Crane
*A randomized trial of oral misoprostol before endometrial biopsy*

Best Poster – Junior Member
Sarah Wallace
*Pathologic findings in symptomatic and asymptomatic postmenopausal women undergoing hysteroscopy*

Best Poster – Junior Member – First Runner-Up
Sylvain Ménard
*Étude rétrospective sur l’efficacité et la satisfaction de la stérilisation par hystéroscopie à l’aide de micro-implants de type Essure®*
Keeping Our Members Informed of Key Industry Developments

While opportunities for face-to-face meetings is an important focus for the SOGC, the Society recognizes that it must complement the meetings by investing in other types of communications to keep members informed of key industry developments on an ongoing basis. To this end, the SOGC has developed print and online communications tools: the corporate website (sogc.org), the membership newsletter (The SOGC News) and electronic newsletters (The Review and the E-Delivery).

During the past year, a proposal to revamp the SOGC website was tabled with a suggested focus on four key areas of improvement: content, ease of navigation, graphic look, and technical upgrades. The focus was on achieving practical improvements for key online membership services such as improved online registration for CME events and membership renewal.

Ten issues of The SOGC News were produced during the reporting period. A key goal for this past year was to increase the content submitted by SOGC members. The purpose of the newsletter is to provide SOGC members with relevant updates on SOGC initiatives, new professional resources and learning opportunities, member achievements, trends, etc.

In the fall of 2007, the SOGC introduced the newest service for members of the SOGC – The SOGC Review, a new email broadcast providing links to the latest developments in evidence-based research in the field of obstetrics and gynaecology. The idea was to provide members with a quick and easy portal to the most recent and reliable scientific evidence in order to help members better serve and counsel their patients.

Members also continued to receive the E-Delivery, a monthly e-mail broadcast consisting of a list of clippings of relevant media relations coverage related to the field of obstetrics and gynaecology.

Human Resources in Obstetrics and Gynaecology

Helping members meet the needs of Canadian women now and in the future

While the SOGC recognizes the importance of supporting existing obstetricians and gynaecologists practicing in Canada, the Society also recognizes the importance of meeting the unique needs and expectations of SOGC Junior Members and of actively pursuing the recruitment of medical students into the practice of obstetrics and gynaecology. To this end, the SOGC managed and deployed an important student program involving 80 participants during the Annual Clinical Meeting (ACM) held in June as well as a Junior Member Program at the ACM and Québec Regional meeting. These up-and-coming healthcare professionals took part in a Career Fair, Student Mixer, hands-on workshops, Stump the Professor, and various continuing medical education sessions. These events and special interest sessions were prepared by the Junior Member Committee, under the umbrella of the Resident Professional Development Program. The SOGC also updated a promotional brochure entitled Are you up for it? – Become an Ob/Gyn. This publication was distributed to the department chairs and undergraduate program directors at 16 Canadian universities.
In the spirit of collaboration with the Association of Professors in Obstetrics and Gynaecology (APOG), the SOGC distributed their brochures during the ACM Medical Student Program and bilateral meetings took place between the two organizations to discuss issues of common interest such as health human resources and gender equity. APOG was an active participant in the SOGC’s Health Human Resources (HHR) Study. As a result, a key HHR recommendation will be to increase the number of medical residency positions in all Canadian provinces.

While the SOGC recognizes the importance of providing its membership with professional development resources and training opportunities, the Society also feels that it is important to promote healthy lifestyles. As a result, articles and references were introduced in The SOGC News. To encourage members to participate in CMEs without compromising on their family life, a subsidized Kids Camp was initiated at the 2008 Annual Clinical Meeting, the timing of events was adjusted (e.g. from Friday/Saturday to Thursday/Friday) to ensure that members would have free weekends, and luncheon symposiums were replaced with free-time lunches followed by sessions.

In addition to promoting healthy lifestyles, the SOGC also sought to promote the profession—we implemented initiatives to increase and improve the profile of obstetrics and gynaecology through public education. This was primarily achieved through proactive media relations initiatives. From June 2007 to May 2008, SOGC spokespeople provided 190 interviews with members of the media, highlighting key issues in obstetrics, gynaecology, and women’s health. Key media topics touched on menopause, pregnancy, sexual health, contraception, and gynaecological issues. In addition to public education initiatives, a number of advocacy efforts were also undertaken in an attempt to develop strategic partnerships with federal, provincial, and territorial governments, licensing authorities, and other organizations to address the human resource issues facing our sector of the health-care industry. (Refer to section on advocacy – page 12)

International Women’s Health

A program with roots in Canada but a reach that extends around the world

The SOGC proudly celebrated the 10th anniversary of its international women’s health program (IWHP). In celebration of this achievement, the Society launched a new website dedicated to the promotion of the IWHP in June 2008. Linked to the SOGC website, this micro site allows a greater interface with partners and members, improved access to multimedia documents, and an expanded resource section. One of the objectives of this new website was to increase the awareness, support, and involvement of SOGC members. To this end, a ‘Critical Content’ series of articles was introduced in the monthly edition of The SOGC News throughout 2008. Articles featured such topics as child marriage, obstetric fistula, female genital cutting, and unsafe abortion, to name a few.

Initiatives were also undertaken to increase awareness and understanding within the medical community at large through the following two initiatives: papers published in the Journal of Obstetrics and Gynaecology...
and Gynaecology Canada (JOGC) and the publication of a Special Report. The first initiative consisted of drafting two papers discussing the capacity building experience and methodology of the SOGC within the Partnership Program in 2008 editions of the JOGC. The second consisted of a call for papers on international women’s health issues that led to the creation and publication of a Special Report that was distributed to all SOGC members and delegates who attended the SOGC Annual Clinical Meeting (ACM) in June 2008.

Also during the ACM, the SOGC conducted its annual International Women’s Health Symposium. There was an impressive 60% increase in attendance during the 2008 symposium (and a return to 2006 attendance levels) with 278 participants taking part in the session. The focus in 2008 was placed on the existing and increased vulnerability of women in terms of the respect (or lack thereof) of their sexual and reproductive health and rights. Presentations were made on the situation of refugees, adolescents, and women with HIV/AIDS. The SOGC and Canadian Foundation of Women’s Health Journalism Award winner, Karina Marceau, attended the symposium and presented a video clip of her various documentaries. The symposium also provided the SOGC with a perfect opportunity to acknowledge the volunteers who lend their support to the IWHP.

The SOGC recognizes that to successfully implement initiatives with a long-lasting impact in low-resource countries around the world, it is key to develop sustainable partnerships with select professional organizations, non-governmental organizations (NGOs), post-secondary institutions, etc. During the reporting period, the SOGC is pleased to have proceeded with the implementation of the CIDA funded Partnership Program; FIGO Saving Mothers and Newborns Projects; QUARITE Research Project; phase two of an ALARM International Project (AIP) in Haiti, funded by UNICEF through the Ministry of Health; and the implementation of an AIP project in Guyana, funded by the Panamerican Health Organization.

In 2007, the SOGC proceeded with the implementation of the second phase of the CIDA-funded Partnership Program, an initiative through which the Society provides support to the Ob/Gyn associations of Guatemala, Haiti, Uganda and Burkina Faso. Workshops aimed at building the capacity of selected health centers were conducted in Guatemala and Uganda. Partners participated in the 2007 Women Deliver Conference during which a partnership meeting was also organized. In October 2007, representatives of partner associations came to Ottawa to participate in the fourth edition of the AIP training program. In March 2008, the Asociación de Ginecología y Obstetricia de Guatemala (AGOG) co-hosted the SOGC’s International Continuing Medical Education Conference (ICME) in Antigua, Guatemala, an event attended by 90 SOGC delegates and 60 AGOG delegates. In June 2008, representatives of partner associations participated in the 64th Annual Clinical Meeting in Calgary. The SOGC continued to provide technical assistance to the professional associations of Uganda, Haiti, Kosovo, Ukraine and Uruguay within the FIGO Saving Mothers and Newborns Projects. This initiative aims at developing the capacity of professional associations to conduct projects relevant to safe motherhood and improved maternal health care. Canadian mentors have been visiting the countries assigned and have been providing the technical assistance requested within the corresponding project.

Through QUARITE, the SOGC has been collaborating with the Centre Hospitalier Universitaire de Ste-Justine, in the implementation of a clustered randomized control trial (RCT) to demonstrate the impact of the ALARM International Program (AIP) on maternal mortality in referral hospitals in Mali and Senegal. AIP trainings were delivered for health centers pertaining to the intervention group of both countries
and maternal death audit committees have been established in those settings. Technical support is being provided on a regular basis by the SOGC volunteer team.

In addition, the SOGC renewed its agreement with the Ministry of Health of Haiti (SOGC – MSPP-UNICEF) to implement a second phase of an AIP Program in 9 health care centers. Two AIP training activities were carried out in November and December 2007 and a third one in January 2008. These activities were organized in collaboration with our Haitian partner the Society of Haitian Obstetricians and Gynaecologists (SHOG) which is gradually increasing its credibility and capacity. Similar initiatives are currently being explored for countries such as Bolivia, Kenya and Morocco.

In 2007–2008, the SOGC continued to be active in promoting a greater involvement of Canadian organizations in the defense of sexual and reproductive health and rights globally. First, the consortium of institutions established for the Projet de Renforcement des capacités en matière de formation des professionnels de la santé en Haïti (FOPS) worked together throughout 2007 and 2008 to develop a revised project proposal to strengthen initial and continuing training of health-care providers in Haiti. The proposal was submitted to CIDA in July 2008 and a decision is expected after Canada’s fall elections. Secondly, the SOGC and the Society of Rural Physicians of Canada (SRPC) have formally agreed to collaborate in the implementation of the ALARM International Program (AIP) in Kurdistan, Iraq. The first training session is to be delivered in October 2008 with the participation of three SOGC instructors. Finally, the SOGC and the University of Toronto are developing a joint proposal to implement an AIP Program in the University Moi of El Doret, Kenya. It is important to note that the 4th edition of the AIP education material was updated in 2007 to incorporate up-to-date information, adapt the material to the context in which it is given, provide clearer messages and strengthen the sexual and reproductive rights (SRR) framework. A booklet on the topic of SRR is undergoing a revision and should be available in the fall of 2008.

With respect to SOGC initiatives to advocate for the need for greater government investment in women’s health around the world, a number of initiatives were undertaken in 2007–2008. In October 2007, the SOGC and its partners attended the Women Deliver world conference held in London, England where the case was made that investing in interventions to improve the health of women is an investment in the future. In November 2007, the SOGC delivered a presentation of the Society’s experience in capacity building at the Canadian Society for International Health’s Annual Conference. Also in November 2007, a TFO documentary featuring Dr. André Lalonde on a mission in Haiti to promote women’s health and safe motherhood, was filmed for the series “Professionals without borders”. In June 2008, during the SOGC’s Annual Clinical Meeting, the Society issued a ‘Call to Action’ targeted at key Parliamentarians, including Prime Minister Stephen Harper. The purpose of this initiative was to acknowledge Canada’s efforts to date but to urge the Canadian government to further increase its historical leadership role and ensure that maternal newborn and child health took its rightful place on the agenda of the G8 meeting in Hokkaido, Japan (7 to 9 July 2008). June also marked the SOGC’s presentation of the ALARM International Program at the 28th International Confederation of Midwives Triennial Congress held in Glasgow. The theme of this conference was “Midwifery: a worldwide commitment to women and newborns”. Finally, the SOGC is organizing a public event to take place on Parliament Hill in November 2008, aimed at raising awareness on cost effective strategies to prevent and treat post partum hemorrhage in low resource countries. This activity is to be hosted by Senator Lucie Pépin, corresponding member of the SOGC’s Council.
Patient Safety

Reducing the Risk in the Practice of Obstetrics and Gynaecology

The Society of Obstetricians and Gynaecologists of Canada believes that patient safety is a fundamental principle in health care. Achieving improved patient safety within the hospital environment requires substantive, sustained change within the clinical practice culture and care delivery systems.

The MOREOB Program helps the patient care team build a new practice model in which all disciplines work and learn together to create a community of practice (COP) rich in knowledge and experience by breaking down traditional hierarchies and establishing an environment of respect, trust, and continuous learning. During this reporting period, the MOREOB Program was sold to a new company, owned by the Healthcare Insurance Reciprocal of Canada (HIROC) and the SOGC, known as the SALUS Global Corporation. The Executive Vice-President and Treasurer of the SOGC sit on the Board of Directors for SALUS and are active members of their finance committee. The reach and impact of this program grew in 2007-2008 as an agreement was signed with the province of Québec to expand the implementation of the program into that province. The hope is that all Canadian provinces and territories as well as our neighbour to the south, the United States (US), will see the benefits of implementing this program in their respective communities. In fact, the SOGC Executive has actively been lobbying the American Council of Obstetricians and Gynaecologists (ACOG) to adopt this program in the US. [Please see SALUS Global Corporation website at http://salusgc.com/ for additional information about the MOREOB Program.]

The SOGC is also proud to include the Advances in Labour and Risk Management (ALARM) training program as part of its service offer. This course arose out of our work in the care of women in labour, their fetuses and newborns, and their families, and from our teaching to help improve that care. The course was developed, is maintained and taught jointly by family physicians, obstetricians, midwives and nurses. It is based on the best evidence we have about what works to improve care and incorporates Canadian practice guidelines. The ALARM course is delivered over two days and consists of case-based plenary sessions, hands-on workshops and a comprehensive examination process. It is tailored to review, update, and maintain competence in obstetrics for the specialists, the family physicians, the midwives and the nurses by improving the outcome and process of intra-partum and immediate post-partum care. This program examines all aspects of intra-partum and immediate post-partum practice in Canada, reviewing and maintaining professional competencies while exploring progressive new frontiers in this vital field.

The SOGC Review, a new monthly email broadcast providing links to the latest developments in evidence-based research in the field of obstetrics and gynaecology, is considered to be a valuable member communication initiative. It also contributes to achieving patient safety. Armed with the latest scientific evidence, The SOGC Review allows health-care professionals to confidently provide their patients with sound medical advice. To this end, the Obstetrical Content Review Committee dedicated much time and effort in the critical review and document support required to produce The SOGC Review.

Members have also committed to write papers for publications and indexed journals, as well as deliver presentations at provincial, national, and international meetings.

Once the SOGC has managed to convince members to adopt patient safety practices in their respective work environments, individuals are often faced with having to promote patient safety in the workplace, to
"sell the idea" to colleagues, supervisors, and/or administrators. The SOGC worked collaboratively with the Canadian Medical Association (CMA) and the Canadian Medical Protection Agency (CMPA) to develop a joint document on disclosure. This document was circulated to all association members.

Women’s Health Issues

Creating An Informed Public That Makes Informed Decisions

While the Society of Obstetricians and Gynaecologists of Canada recognizes the importance of providing health-care professionals with opportunities to improve their knowledge and hone their skills in various areas of women's health, the SOGC is also committed to providing the general public with accurate, timely, unbiased, and evidence-based information to help them make informed decisions about their health. We believe that an informed public not only helps individuals help themselves, but it also helps support our members. How? By providing them with the tools they need to counsel their patients and by creating a more knowledgeable and engaged client-base. In doing so, the SOGC believes that we can reduce the number of patients presenting with symptoms requiring attention, and the precious time spent in consultations can be maximized.

The SOGC had planned to produce a "women's health care report card" to help monitor and track progress in key women's health areas. After an investigation of potential costs to develop and implement this initiative, it was decided that a more thorough analysis of existing sources should be conducted, that a careful review of the results should be done, to be followed by recommendations in terms of the most reliable or practical tools to be adopted moving forward.

When it comes to the introduction of new or updated SOGC clinical practice guidelines or policy statements, some of these are strictly intended for specialists in the health-care sector, while others require that the general public be informed. During this reporting year, the SOGC added a brochure on Ultrasound in Pregnancy (January 2008) to its suite of public education pamphlets.

Because the SOGC believes in caring for women at all stages of their sexual and reproductive lives, the Society is proud to administer the following pan-Canadian public education and awareness programs or initiatives on the following topics:

1. Contraception and healthy sexuality
2. Human papillomavirus (HPV)
3. Pregnancy: from preconception to birth
4. Menopause

The Contraception Awareness Program (CAP)

The goal of this program is to increase public awareness, influence attitudes and change behaviours with respect to the use of contraception to prevent unwanted pregnancies and the spread of sexually transmitted infections. To this end, the SOGC launched an advertising campaign in the fall of 2007 entitled Sex with Ed (a fun play on the words sex education). A suite of Sex with Ed education materials
and promotional items were produced. This campaign was implemented throughout the winter of 2007 and into the spring of 2008. The increased number of visits by an average of 100,000 visits per month was directly attributed to this campaign. As this successful campaign drew to an end, the SOGC turned its attention to the 2008 advertising campaign. The proposed focus for the upcoming year: compliance — the appropriate use of contraception.

One of the flagship tools of the CAP program is the sexualityandu.ca website. Traffic to the website steadily increased during this reporting period. In 2007, the monthly average was of approximately 250,000 hits. These increased to over 350,000 hits per month in the early part of 2008, representing an increase of about 30%. To ensure its continued success as one of Canada’s leading online resources for information on healthy sexuality, contraception, and sexually transmitted infections (STIs), ongoing updates and upgrades were made to this award-winning website. During this reporting period, the new SexU online quiz on contraception, STIs and sexual well-being was launched. Over 10,000 users answered the quiz in the first month. This quiz represented an evolution of the SexFu online quiz aimed at a younger target audience. In addition, new audio-visual interviews responding to frequently asked questions (FAQs) on contraception and STI topics were uploaded to the website in May 2008. New audio-visual testimonials addressing gay and lesbian health soon followed in June 2008. A new micro site targeted at women in Caribbean communities was also created to help address the needs of this one sector of the underserved population in Canada. As a follow-up, preliminary work was done on the creation of an Aboriginal Hub on healthy sexuality. In collaboration with Wabano, a survey was designed to assess the awareness, attitudes, beliefs and perceptions of First Nations, Métis, and Inuit women with respect to sexual activity, STI knowledge and resource networks available to them. A report will be tabled in late 2008. Finally, a website audit is to be conducted in the fall of 2008 with potential improvements being made in late 2008 and in 2009, based on audit recommendations. In the meantime, a web survey was conducted with sexualityandu.ca users to assess the impact of the CAP program and evaluate the website. Over 1,000 respondents completed the survey and results were circulated.

Between 1 July 2007 and 30 June 2008, the SOGC introduced a new automated registration process and web-based ordering function to increase the operational efficiencies of the Compassionate Contraceptive Assistance Program. The purpose of the program is to help our members ensure that access to contraception is not denied because a patient’s financial hardship becomes a barrier to obtaining contraceptives.

The SOGC also recognizes the importance of providing our members and all health-care professionals with tools that can facilitate the counseling process. During this reporting period, the review process for the Contraception Flipchart was initiated. The 3rd edition is expected to be completed later in 2008. To complement this reference tool for health-care professionals, the complementary Contraception Comparison Chart will also be updated and will serve as a free hand-out for patients. Also of use to health-care providers is the STI Flipchart which can be used to counsel patients regarding various sexually transmitted diseases.

**The HPV Education and Awareness Program**

Because the human papillomavirus (HPV) is the most widespread sexually transmitted infection in Canada, with 75% of Canadians who will contract the virus at least once in their lifetime, the SOGC is proud to administer this
program. With the financial support of the Public Health Agency of Canada (PHAC), the SOGC worked on the development and production of an **HPV Toolkit** intended for educators and health-care professionals. The tool is intended to assist them in discussing HPV with youth, young adults, and/or their parents.

Through unrestricted educational grants, the SOGC was also able to re-design the **hpvinfo.ca website** in the fall of 2007 and populate it with more in-depth content, including interactive applications such as video testimonials and interviews with physicians. It is important to note that the website audit to be conducted in the fall of 2008 for the sexualityandu.ca website will also include an assessment of the hpvinfo.ca website. In the meantime, traffic to the website has been steadily increasing with a monthly average of just below 30,000 hits in 2007 that rose to just under 44,000 hits per month in the early part of 2008 (a monthly increase of about 32%). This significant increase is likely attributable to the SOGC's **HPV advertising campaign** and the production of **education material** (brochures, posters, ads, etc.). Targeted on-campus promotions and advertising initiatives were undertaken in the fall of 2007. Planning for the 2008 campaign is well underway for the fall of 2008, as all Canadian provinces prepare to implement their respective HPV vaccination programs during the 2008-2009 school year.

**Healthy Beginnings**

It is true that the SOGC works hard to provide its members and their patients with the information they need to help prevent unwanted pregnancies and STIs. However, the SOGC is also there to assist women who are (or plan to get) pregnant as well as to support the health-care professionals who guide and monitor a mother’s progress throughout her pregnancy. During this reporting period, the SOGC initiated the process to update the content and produce the 4th edition of our book to be entitled *Healthy Beginnings: Giving your baby the best start, from preconception to birth*. The key objectives of this exercise were to ensure that the book accurately reflects the SOGC’s latest clinical practice guidelines, that a greater emphasis be put on the importance of preconception, and that the content be revised to incorporate facts and information unique to Canada’s Aboriginal communities. From an operational perspective, the SOGC also opted to contract the services of a publishing firm to print, promote and distribute the book. (The English version is expected to be available in March 2009, with the French edition to follow in June 2009.)

**The Menopause Education and Awareness Program**

Because the SOGC believes in caring for women at all stages of their sexual and reproductive lives, this new menopause program was established. Planning for phase two of the **menopauseandu.ca website** was conducted between July 2007 and the end of June 2008. Implementation is expected to take place later in 2008 and well into 2009. The SOGC is also proud to have assembled the various parties actively involved, or interested in, menopause and osteoporosis to create a **new Menopause Coalition**. Approximately 15 organizations accepted to attend the inaugural meeting held in Ottawa in June 2008.
Auditor’s Report to the Members

We have audited the statement of financial position of The Society of Obstetricians and Gynaecologists of Canada as at December 31, 2007 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Society’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at December 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the Canada Corporations Act, we report that, in our opinion, except for the change in method of accounting for financial instruments as explained in note 2 to the financial statements, these principles have been applied on a basis consistent with that of the preceding year.

KPMG LLP
Chartered Accountants, Licensed Public Accountants, Ottawa, Canada
April 25, 2008

Summarized Statement of Financial Position

Year ended December 31, 2007, with comparative figures for 2006

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
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<tbody>
<tr>
<td>Prepaid rent</td>
<td>1,563,640</td>
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<td>Capital assets</td>
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<td>Intangible assets</td>
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<td>Net investment in Salus Global Corporation</td>
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<tr>
<td></td>
<td>$12,165,354</td>
<td>$7,922,507</td>
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Liabilities and Net Assets

Current liabilities:
- Bank indebtedness: 423,466
- Accounts payable and accrued liabilities: 1,589,295
- Amounts due to Salus Global Corporation: 246,552
- Deferred revenue: 1,394,567
- Current portion of long-term debt: 129,139

Total current liabilities: 3,783,019

Long-term debt: 1,151,325

Net assets:
- Unrestricted: 5,311,648
- Invested in capital and intangible assets: 462,878
- Invested in Salus Global Corporation: 1,456,484

Total net assets: 7,231,010

Commitments
- Future accounting standards
- Contingencies
- Guarantees

Total commitments: $12,165,354

$12,165,354 $7,922,507
### Summarized Statement of Operations

Year ended December 31, 2007, with comparative figures for 2006

<table>
<thead>
<tr>
<th></th>
<th>Budget (unaudited)</th>
<th>2007</th>
<th>2006 (Restated)</th>
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<td><strong>Revenues:</strong></td>
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<td>Registration fees/Funding</td>
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<td>Administrative services</td>
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<td>Membership fees</td>
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<td>Exhibits</td>
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<td>Sales of books and brochures</td>
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<td>Grants</td>
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<td>Social programs</td>
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<td>Miscellaneous</td>
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<td>Investment revenue</td>
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<td>Rent from rental units</td>
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<td>Funding of international activities</td>
<td>–</td>
<td>41,907</td>
<td>64,969</td>
</tr>
<tr>
<td>Salary management for tenants</td>
<td>107,973</td>
<td>135,183</td>
<td>90,511</td>
</tr>
<tr>
<td>Internal resource</td>
<td>50,000</td>
<td>84,734</td>
<td>103,956</td>
</tr>
<tr>
<td><strong>Total Revenues:</strong></td>
<td>12,116,710</td>
<td>10,659,998</td>
<td>10,267,861</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>4,570,878</td>
<td>3,733,703</td>
<td>3,122,742</td>
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<tr>
<td>Consulting</td>
<td>1,522,048</td>
<td>1,392,398</td>
<td>910,480</td>
</tr>
<tr>
<td>Committee travel and accommodation</td>
<td>744,059</td>
<td>589,062</td>
<td>579,961</td>
</tr>
<tr>
<td>National travel and accommodation</td>
<td>546,577</td>
<td>165,661</td>
<td>294,907</td>
</tr>
<tr>
<td>President’s expenses</td>
<td>50,700</td>
<td>76,371</td>
<td>47,333</td>
</tr>
<tr>
<td>Memberships and affiliations</td>
<td>9,500</td>
<td>6,928</td>
<td>5,894</td>
</tr>
<tr>
<td>Professional development</td>
<td>91,400</td>
<td>55,563</td>
<td>34,207</td>
</tr>
<tr>
<td>Development costs</td>
<td>339,232</td>
<td>5,340</td>
<td>5,500</td>
</tr>
<tr>
<td>Conference speakers</td>
<td>618,953</td>
<td>467,131</td>
<td>610,540</td>
</tr>
<tr>
<td>Translation and interpretation</td>
<td>189,420</td>
<td>31,000</td>
<td>51,959</td>
</tr>
<tr>
<td>Books and periodicals</td>
<td>20,500</td>
<td>11,615</td>
<td>13,916</td>
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<tr>
<td>Printing</td>
<td>434,951</td>
<td>649,421</td>
<td>1,109,862</td>
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<tr>
<td>Publicity/promotion</td>
<td>307,600</td>
<td>810,357</td>
<td>729,931</td>
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<tr>
<td>Prizes and awards</td>
<td>53,150</td>
<td>59,459</td>
<td>59,650</td>
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<td>Equipment purchases</td>
<td>164,050</td>
<td>124,188</td>
<td>114,917</td>
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<td>General office administration</td>
<td>411,967</td>
<td>368,293</td>
<td>453,022</td>
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<td>Equipment rental</td>
<td>200,805</td>
<td>118,260</td>
<td>121,728</td>
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<tr>
<td>Rent</td>
<td>414,065</td>
<td>301,273</td>
<td>305,133</td>
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<tr>
<td>Legal and audit</td>
<td>49,600</td>
<td>58,494</td>
<td>39,962</td>
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<tr>
<td>Insurance</td>
<td>33,300</td>
<td>26,929</td>
<td>20,613</td>
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<td>Affiliated meetings</td>
<td>30,500</td>
<td>62,222</td>
<td>33,590</td>
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<td>Hospitality</td>
<td>514,375</td>
<td>539,573</td>
<td>506,046</td>
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<td>Amortization of capital assets</td>
<td>97,257</td>
<td>101,434</td>
<td>107,790</td>
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<tr>
<td>Interest on loans</td>
<td>78,000</td>
<td>70,256</td>
<td>84,668</td>
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<tr>
<td>Special projects and international activities</td>
<td>267,902</td>
<td>168,021</td>
<td>175,521</td>
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<td>Miscellaneous</td>
<td>51,201</td>
<td>84,146</td>
<td>141,531</td>
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<tr>
<td><strong>Total Expenses:</strong></td>
<td>11,811,990</td>
<td>10,077,098</td>
<td>9,681,403</td>
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<tr>
<td><strong>Excess of revenues over expenses, before undernoted</strong></td>
<td>304,720</td>
<td>582,900</td>
<td>586,458</td>
</tr>
<tr>
<td><strong>Net results from MORE® Program</strong></td>
<td>–</td>
<td>(104,363)</td>
<td>614,814</td>
</tr>
<tr>
<td><strong>Gain on sale of MORE® Program</strong></td>
<td>–</td>
<td>1,607,811</td>
<td>–</td>
</tr>
<tr>
<td><strong>Proportionate share of net loss of Salus Global Corporation</strong></td>
<td>–</td>
<td>(571,336)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Commissions earned from Salus Global Corporation</strong></td>
<td>–</td>
<td>156,010</td>
<td>–</td>
</tr>
<tr>
<td><strong>Interest earned on promissory notes receivable</strong></td>
<td>–</td>
<td>180,947</td>
<td>–</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses</strong></td>
<td>$304,720</td>
<td>$1,851,969</td>
<td>$1,201,272</td>
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</tbody>
</table>