ALARM: Improving care provided during labour to women, their fetuses and newborns, and their families
page 5, 10 and 15

What will being on the G8/G20 agenda mean to mothers and children?
page 2

Committees: call for junior member representatives
page 7
Recently, the SOGC has received reports that some Canadian women are questioning the safety of certain oral contraceptives, primarily those containing drospirenone (e.g. Yaz and Yasmin). Of particular concern is the perceived increased risk of venous thromboembolism (VTE).

First, it is important to note that all oral contraceptive products on the market, including those containing drospirenone, have received Health Canada approval based on rigorous testing. In addition, a literature review conducted by SOGC members has led to the conclusion that there is no reason for the SOGC or Canadian women to believe there are serious health concerns with any oral contraceptive, including those containing drospirenone.

Two of the highest quality “prospective” studies containing over 120,000 women (EURAS and Ingenix studies) showed no difference in VTE rates between currently marketed oral contraceptives. Also of note are the following considerations:

• The frequency of VTEs while using oral contraceptives is significantly less than the frequency of VTEs that are related to pregnancy.
• The rash of incidents reported to Health Canada may represent “stimulated reporting” – the phenomena whereby media attention stimulates physicians and patients to report adverse events.
• Since denominators are unknown and risk factors in women who were prescribed oral contraceptives containing drospirenone are unknown, these reports cannot provide valid evidence about the relative risks of VTE with various oral contraceptives.
• Drospirenone-containing OCs offer additional benefits to women with acne and hirsutism, many of whom are overweight. These women are at increased risk for venous thromboembolism because of obesity.
• Pregnancy and the immediate postpartum period carry far greater risks of blood clots than the use of any oral contraceptive does.

The SOGC advises all women who are currently using oral contraceptives to continue doing so as prescribed, unless they experience complications, and to speak with their health-care professionals if they have specific concerns.

During the 2010 Olympics, Canada welcomed the world and demonstrated the true values and culture that make us Canadian. Now Canada is preparing to host world leaders during the G8/G20 summits in June, an opportune moment to show that our values go much further than politeness and good hockey skills. It is time for Canada to take the lead in making progress for improved maternal, newborn and child health in low-resource countries. Every Canadian should recognize that safe motherhood is not only an important value, but is a right that should be granted and enjoyed by all women, regardless of where they live.

The SOGC is doing its part to ensure the Canadian government takes full advantage of this opportunity and keeps its promise of making the health of women and children a priority topic during the G8/G20 summits. By joining forces with several NGOs, civil society organizations, and Members of Parliament, the SOGC has been increasing advocacy efforts and strengthening key messages to maintain pressure on the government. Recently, the SOGC has also initiated the formation of a working group of health professionals, with representative CEOs of five other organizations: the Canadian Paediatric Society, the Canadian Association of Midwives, the Canadian Nurses Association, the College of Family Physicians of Canada, and the Society of Rural Physicians of Canada. By working with these professional associations, the SOGC is able to develop and convey clear messages and important recommendations based on the knowledge and expertise of Canadian health professionals.

After meeting with key G8/G20 officials, as well as sending several letters to the Prime Minister and the Minister for International Cooperation, Bev Oda, the SOGC has received an invitation to meet with the Minister to discuss recommendations for the recently-announced mother and child initiative. It is at this time that the knowledge of Canadian health professionals is needed most. Canadian Parliamentarians are ready to take action and there is no better time for Canadian health professionals to make their voices heard and to take part in shaping what is sure to be a landmark proposal for improving the health of women and children around the world.

To learn more about the SOGC’s G8/G20 advocacy efforts, visit http://iwhp.sogc.org and click on ‘Get Involved’.
Below is a tentative schedule for upcoming guidelines that will be published by the SOGC. Please note that the publication dates listed below are tentative and subject to change. All guidelines are published in the Journal of Obstetrics and Gynaecology Canada (JOGC) and are available from the SOGC website, www.sogc.org.

**April 2010**
- Cytomegalovirus infection in pregnancy
- Canadian guidelines for elective single embryo transfer following in vitro fertilization

**May 2010**
- Adhesion prevention in gynaecological surgery

**June 2010**
- Endometriosis
- Ovulation induction in Polycystic Ovary Syndrome (PCOS)
» Important Deadlines:
  • Call for Abstracts: September 1, 2009
  • Deadline for Abstracts: February 15, 2010
  • Notification of Acceptance: March 15, 2010
  • Registration Early-bird: March 15, 2010

» WHAT YOU CAN EXPECT
  • Plenary sessions in various areas of the most recent HPV research
  • Opening Keynote with Stephen Lewis, former UN Secretary-General’s Special Envoy for HIV/AIDS in Africa (June 2001 – 2006), who will draw the parallels between HIV and HPV in developing countries
  • Clinical Workshop with international experts
  • Public Health Workshop hosted by the Public Health Agency of Canada and the Institut national de santé publique du Québec
  • Community of Practice sessions for Young Researchers
  • Four scientific tracks including basic science, clinical science, public health & epidemiology and one dedicated track for capacity building for participants from developing and emerging countries
  • Extended time for oral presentations
  • Interactive sessions with integrated question and answer periods
  ... a great time in Montréal during the International Jazz Festival
**Upcoming meetings**

**SOGC meetings**
- **Ontario CME Program:** Update in Gynaecology and Mature Women’s Health
  - April 15-16, 2010, Toronto
- **Annual Clinical Meeting**
  - June 2-6, 2010, Montréal
- **Quebec CME Program:**
  - Update in Obstetrics and Gynaecology
    - September 30-October 2, 2010, Québec
- **Quebec CME Program in Obstetrics**
  - October 21-22, 2010, Montréal
- **Ontario CME Program:**
  - Update in Obstetrics and Gynaecology
    - December 2-4, 2010, Toronto

**Program schedule**

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<tr>
<th>Location</th>
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<tr>
<td>Toronto, ON</td>
<td>April 17-18, 2010</td>
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<tr>
<td>Vancouver, BC</td>
<td>May 14-15, 2010</td>
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<tr>
<td>Winnipeg, MB</td>
<td>October 1-2, 2010</td>
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<tr>
<td>Montréal, QC</td>
<td>October 23-24, 2010</td>
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<tr>
<td>Toronto, ON</td>
<td>December 5-6, 2010</td>
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This event has been accredited by the SOGC as a Group 1 Learning Activity, as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Topics include, but are not limited to, the following:

- Risk management
- Induction of labour
- Fetal well-being during labour
- Hypertensive disorders of pregnancy
- Shoulder dystocia
- Breech delivery

The course is limited to 40 participants, register NOW at www.sogc.org!

For more information, please contact Melissa Gauthier at mgauthier@sogc.com

For more information, contact the Society of Obstetricians and Gynaecologists of Canada:
- 780 Echo Drive, Ottawa (ON) K1S 5R7;
- Tel: (613) 730-4192 or 1-800-561-2416;
- Fax: (613) 730-4314 Web: www.sogc.org

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**ALARM**

Improve care provided during labour to women, their fetuses and newborns, and their families.

This intensive two-day course serves as a review and update for obstetricians, family physicians, midwives and nurses, enabling them to renew and maintain their competencies. Upon completion, participants will understand how to improve the outcomes and processes of intra-partum and immediate postpartum care.

The program is developed by obstetricians, family physicians, midwives and nurses, and includes case-based plenary sessions, hands-on workshops and a comprehensive examination process. All content is evidence-based and follows Canadian clinical practice guidelines.

This event has been accredited by the SOGC as a Group 1 Learning Activity, as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

The course is limited to 40 participants, register NOW at www.sogc.org!

The Society gratefully acknowledges the generous support of Duchesnay Inc. and Ferring Pharmaceuticals (confirmed at time of print).

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For more information, please contact Melissa Gauthier at mgauthier@sogc.com

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**5th International Normal Labour and Birth Research Conference: The Benefits & Challenges of Preserving Physiologic Birth**
- July 20-23, 2010, Vancouver
  - www.midwifery.ubc.ca/midwifery/normalbirth/conf.htm

**2nd Annual Franco-Québecoise Day**
- AOGQ invites you to this event, held in conjunction with the annual congress of Gynazur.
  - September 16 at Hotel Negresco in Nice, France
  - www.gynazur.eu or (514) 849-9009
Informatics Committee: CALL FOR MEMBERS

The members of the SOGC’s Informatics Committee work to identify and evaluate new technologies that have the potential to impact the practices of health-care professionals. Based on their evaluations, committee members function as educators at regional and national CME events, where they present medical technology updates on topics such as mobile medicine, protecting your computer, building your own website, and medical podcasting.

The committee currently has five members and is looking for others who are interested in joining, including but not limited to the following positions:

- One junior member
- One western region member

The committee meets for one to three teleconferences per year. For more information or to submit your name, please contact committee coordinator Nikolas LeBlanc at nleblanc@sogc.com or 1-800-561-2416, extension 270.

WHAT’S YOUR STORY?

The SOGC News wants to hear from you, our membership!

In each issue, the SOGC News publishes articles, profiles, and features highlighting the latest news in obstetrics and gynaecology. We welcome your news about innovative new programs or approaches to ob/gyn care, where we stand as a specialty, and where we are headed. We also enjoy highlighting our members’ contributions to the specialty and the health of Canadians — if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, let us know!

If you have a story that you think Canada’s health-care professionals in ob/gyn would like to read about, let us know. You are encouraged to send submissions, articles or story ideas for the SOGC News to editor Heather Bell by email at hbell@sogc.com, or toll-free by phone at 1-800-561-2416, extension 325.

WELCOME, new members

The SOGC is pleased to welcome some of the newest members to our society:

- **Associate member (RN):** Ms. Kimani Daniel, RN, IBCLC; Mr. Kevin B. Linnen, NP; Ms. April McAllister, NP; Ms. Grace Neustaedter; Ms. Marlene Vibert, RN

- **Ob/gyn member:** Dr. Alon Shrim

- **Associate member (health-care professional):** Mr. Michael Regan

- **International member:** Dr. Ghodsieh Seyed Alavi

- **Associate member (RM):** Ms. Carole Lupu; Mrs. Liza Jane Van de Hoeef, RM

- **Junior member:** Dr. Jana Issac Alshalaty; Dr. Isabelle Boucorian; Dr. Dana Rae Dzikowski; Dr. Johanna Martinez; Dr. Maryam Nasr-Esfahani; Dr. Tahir Tayyeb

- **Junior member (family practice):** Dr. Kristina Geraldine Cerny

- **Associate member (MD):** Dr. Katharina Beate Cardinal; Dr. Sarah Jane Cook; Dr. Stacy Desilets; Dr. Selena Lawrie; Dr. Martine MJ LeBel; Dr. Stephanie Malherbe; Dr. Marjolaine Portelance-Huot; Dr. Cornel Smith; Dr. Jacqueline M. Wong

- **Associate member (Ph.D):** Ms. Marie-christine Dube, Ph.D; Ms. Amelie Tetu

- **Associate member (students in health-care training):** Ms. Sarah Joy Allaby; Ms. Apoorva Balakrishnan; Ms. Amelie Boutin; Ms. Sheryl Choo; Miss Aisling Anne Clancy; Miss Neasa Cott; Miss Annie A. Colwell; Ms. Meera Michele Dalal; Ms. Josee Desgagne; Miss Brigid Dineley; Ms. Samantha Esmonde; Ms. Sara Fernandez; Miss Caley Elizabeth Flynn; Ms. Erika Frasca; Ms. Jessica Ashleigh Green; Ms. Marie-Eve Guevin; Miss Gillian Louise Hewson; Ms. Waseema Nisaa Hoosainny; Ms. Kun Huang; Ms. Janine Rose Hutson; Ms. Ioulia Iosfina; Ms. Lindsay Janztie; Ms. Laura Elaine Karis Allen; Ms. Meaghan Keating; Miss Glennie Lane; Ms. Georgia Mary Lefas; Ms. Tina Chen Liang; Ms. Jaclyn Lauren Madar; Ms. Helene Marcacurelle; Mr. Pavel Martinka; Mrs. Jeanne McInall; Miss Rebecca Joanne Zo Menezes; Miss Leslie Ann Morrison; Ms. Andrea Mousseau; Mrs. Allison Paige; Ms. Wendy Pearle; Mr. Michael Sawchuk; Ms. Eva Seto; Ms. Eman Shalom-Paz; Miss Lynn Sterling; Ms. Claudine Storness-Biss; Ms. Ailis Alicia Strap; Miss Trish Uniac

Generalist locum position available: obstetrician/gynaecologist

The Department of Obstetrics and Gynaecology, Queen’s University, in beautiful Kingston, Ontario, is seeking a general obstetrician/gynaecologist for July 1, 2010. The duration of this locum will be at least six months. The position is for a generalist obstetrician and gynaecologist with full participation in the call schedule. Colposcopic skills would be an asset. This position is funded through the Queen’s University Alternate Funding Plan. The University invites applications from all qualified individuals.

Inquiries and applications, including a curriculum vitae and names of three references, should be directed to Dr. Michael M.J. McGrath, Head of the Department of Obstetrics and Gynaecology, Queen’s University, Kingston, Ontario, K7L 3N6, or by email to michael.mcg Rath@queensu.ca.

All qualified candidates are encouraged to apply, although Canadians and permanent residents will be given priority. Review of applications will commence immediately and continue until the locum is filled.
MEMBERSHIP RENEWAL 2010 – 2011 for residents and students

All residents and students in health-care training should have received membership renewal notices by email on April 1, 2010.

Before renewing your membership dues for 2010-2011, please remember to notify the Membership Department if your status is changing on July 1, 2010. For example, you are a student starting residency or a resident starting a practice or fellowship. Complete the ‘Change of Status form’ so that we may adjust your profile accordingly and you will benefit from great discounts that the SOGC has to offer (if applicable). This form can be downloaded from our website, www.sogc.org, under ‘Quick Links’ in the members’ section.

Be part of our campaign… renew your membership for 2010-2011! For the quickest and easiest way to renew your membership, visit our website at www.sogc.org, and log in to the member’s section and click on ‘Pay your dues online’. If you choose this method of payment, you will be eligible for the following draws:

- payment received prior to May 15th, 2010 = win a free conference registration to the ACM 2010
- payment received prior to June 30th, 2010 = win a free conference registration to a regional CME 2010 or 2011

Should you have any questions, please contact Linda Kollesh, the membership and subscription services officer at lkollesh@sogc.com.

Deadline Reminders

Reminder: new deadline for elective grant applications

Canadian and international electives taking place between July 1, 2010, and June 30, 2011, are eligible for these grants. For more information, visit the Awards, Bursaries and Grants’ section of the SOGC website, www.sogc.org. The deadline for applications is May 1, 2010.

Junior Member Committee: call for nominations

The objective of the SOGC Junior Member Committee is to provide a forum in which ob/gyns in training can express opinions and recommendations on issues that directly impact ob/gyn residents. The committee develops programs for residents and facilitates communication among the resident communities of each university. The committee is a national voice for residents.

Chair-elect

If you are interested in the chair-elect position, please visit the ‘Junior Members’ section of the SOGC website, www.sogc.org, for more details on responsibilities involved with the position. The deadline for nominations is May 1, 2010.

Medical student representative

The SOGC Junior Member Committee is looking for a medical student representative for the term from July 1, 2010 to June 30, 2011.

The medical student representative who sits on the committee will represent medical student members from across the country and be their active voice within the Junior Member Committee.

If you are interested in this position, please forward your resume (one page) to Janie Poirier at jpoirier@sogc.com. The deadline is May 1, 2010.

Other SOGC committees looking for junior member representatives

Several of the SOGC’s committees are looking for junior members representatives. These positions provide residents with the opportunity to express opinions and recommendations on issues that directly impact ob/gyn residents. The SOGC committees listed on the right are looking for resident members (PGY1 to PGYS).

If you are a resident interested in one of the committees and would like more information, please contact the committee coordinator directly.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Committee coordinator</th>
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<tbody>
<tr>
<td>ALARM Committee</td>
<td>Melissa Gauthier, <a href="mailto:mgauthier@sogc.com">mgauthier@sogc.com</a></td>
</tr>
<tr>
<td>ALARM/GESTA International Committee AGIC</td>
<td>Caroline Montpetit, <a href="mailto:cmontpetit@sogc.com">cmontpetit@sogc.com</a></td>
</tr>
<tr>
<td>Clinical Practice-Obstetrics Committee</td>
<td>Renée Dupuis-Leon, <a href="mailto:rdupuisleon@sogc.com">rdupuisleon@sogc.com</a></td>
</tr>
<tr>
<td>Diagnostic Imaging Committee</td>
<td>Renée Dupuis-Leon, <a href="mailto:rdupuisleon@sogc.com">rdupuisleon@sogc.com</a></td>
</tr>
<tr>
<td>International Women’s Health Committee</td>
<td>Astrid Bucio, <a href="mailto:abucio@sogc.com">abucio@sogc.com</a></td>
</tr>
<tr>
<td>Maternal Fetal Medicine Committee</td>
<td>Renée Dupuis-Leon, <a href="mailto:rdupuisleon@sogc.com">rdupuisleon@sogc.com</a></td>
</tr>
<tr>
<td>Reproductive Endocrinology Infertility Committee</td>
<td>Renée Dupuis-Leon, <a href="mailto:rdupuisleon@sogc.com">rdupuisleon@sogc.com</a></td>
</tr>
<tr>
<td>SOGC Informatics Committee</td>
<td>Nikolas Leblanc, <a href="mailto:nleblanc@sogc.com">nleblanc@sogc.com</a></td>
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</table>
Raise your voice for women worldwide

During the SOGC’s International Women’s Health Symposium

Maternal health advocates around the world are gaining momentum in their efforts to make the health of women a priority at the upcoming G8/G20 Summit in June. As Canada welcomes world leaders and puts forth a landmark initiative to improve health outcomes for women and children, there is no better time to raise your voice.

This year’s International Women’s Health Symposium is the perfect opportunity to take part in what is now a global movement to advocate for the health of women and children around the world.

Learn how to make a difference by raising your voice, as international experts discuss the challenges and successes of advocating for improved quality care for women in their country.

Be part of the movement. Join the SOGC in celebrating women’s health worldwide at the 2010 International Women’s Health Symposium on June 2nd.

As part of the program, you will find:

- 14 International Symposia
- 19 Post-Graduate Courses
- 24 Best Practice Sessions
- 2 Sub-Specialty Sessions
- 2 days dedicated to Research & Innovation presentations
- Stump the Professor
- Up to 60 exhibitors that will display the latest innovations in the industry
- An awards ceremony that will highlight contributions made by members and recognized leaders in the field of obstetrics and gynaecology.
- 2 Pre-Conference Courses: Advances in Labour and Risk Management (ALARM) & a hands-on Society of Canadian Colposcopists (SCC) Basic Colposcopy Course

This year presents a unique opportunity as the ACM will be a conjoint meeting organized with the Association of Obstetricians and Gynecologists of Quebec (AOGQ) which occur every five years.
Questions to ask yourself about ACM 2010:

Who should attend?
Health-care professionals from across the country to build relationships, exchange experiences and knowledge, and work towards common goals in women’s health.

Where should I stay?
The Sheraton Centre Montreal
Standard Room: $209.00 single/double occupancy
Tel: 1-800-325-3535
Group code: SOGC
Deadline Date: Friday, April 30, 2010

What will your children tell you about Montreal?
For children 3-12 and only $30.00 per child, per day, your children will experience everything Montréal has to offer at the SOGC subsidized Children’s Camp.

When should I register?
If you register before April 30, 2010 you will be entered in a draw to win a free registration to a regional CME of your choice in 2010/2011.

How do I keep up with the latest changes to the Scientific Program?
By visiting our website at www.sogc.org

Who are “The Lost Fingers”?
Group nominated in two categories at the Juno Awards who will be performing during the SOGC social evening on June 4.
To register please visit our website at www.sogc.org.

Exciting changes to the Scientific Program have occurred, visit our website for the schedule and to register www.sogc.org
WHAT’S SO ALARMING ABOUT THE ALARM?
By Dr. Rowena M. Auxilos

It is not enough to be clinically competent. It is not enough to be socially aware and socially conscious. The obstetrician and gynecologist must be a champion for ALL women's health, welfare and rights... must become the voice of the voiceless, the champions of the neglected, and the militants of the poor. Their leadership and their social and economic clout are needed to make essential obstetric care available to all women. Their actions and voices are necessary to shift resources at the national level... it is time... to move beyond the consulting room, beyond the hospital ward, to play a prominent part in the revitalization of the health system as a whole.

— Dr. T. Turmen

What exactly is so alarming about the ALARM?

While I may have heard about it for the past several years, the mixed reviews I got were both baffling and amusing — with “very fruitful” on one end of the spectrum and “what a nightmare” at the other end.

“Very fruitful” meant it is some kind of a refresher course, a look back to the basics of obstetrics and gynecology which somehow were lost in oblivion, perhaps by the early onslaught of Alzheimer’s or possibly because participants have simply forgotten, busy as they are, intertwining their life and the practice of their specialty and its complexities thereof.

“What a nightmare” meant memorizing the contents of the three-inch-thick ALARM book, taking a pre- and post-test that is reminiscent of the Part I Diplomate Exams, and going thru an OSCE with the likes of Dr. Ruth Gutierrez keenly looking through her pair of eyeglasses, scrutinizing whether the participant has applied correctly or incorrectly the forceps on a God-forsaken rag-doll baby and at the same time listening intently for whether the participant missed out on any of the mnemonics of forceps application. To top it all off, like icing on a cake, one needs to pass the course. If that does not sound like a nightmare, I don’t know what would.

Who in the world and in their right mind would want to go through such a rigorous and stressful process? A lot of people, I was told, judging from the past several years, the mixed reviews I got were both baffling and amusing — with “very fruitful” on one end of the spectrum and “what a nightmare” at the other end.

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What is the ALARM all about?

To find meaning and understanding for this one, valid questions did not come easy, especially for somebody who had a lot of reservations about the course. Neither did I find any consolation at all when I noted that my seatmates’ books were entirely hi-lited in yellow, as if silently screaming the truth that all of them came well-prepared to slug it out and pass the course.

But as the day went on, and despite the grueling 13 topics on the first day that melted our gray matter, the goals and objectives of the course quietly unfolded.

The ALARM (Advances in Labor and Risk Management) is not alarming after all.

This international program’s vision is to improve the health and status of women and their newborns globally by advancing awareness and respect of the sexual and reproductive rights of women and health-care providers and policy and program decision makers. For most of us, perhaps this vision may sound highfalutin, but it does make sense when we are confronted with the fact that more than 530,000 women die annually from pregnancy-related complications. More than 99 per cent of these deaths occur in underdeveloped countries, such as the Philippines. And most of these deaths are preventable if adequate resources and services are made available to women. Again, for most of us, this statement should have been directed to the top-most executive of the country and all the powers-that-be—to focus their energies on overall health policies rather than dwell on some petty and trivial intramurals that would not be beneficial to the health status of women in general. However, it is also internationally recognized that skilled attendance at birth can reduce maternal mortality and morbidity by as much as 80 per cent. Unfortunately, this skilled attendance varies considerably in different parts

(continued on page 11)
of the world; it is estimated to be as low as 11 per cent in some low-resource countries — again, such as the Philippines.

The role of the ALARM International Program (AIP) is to provide a forum in which we can discuss an international framework to advocate for and promote improved sexual and reproductive rights and sexual reproductive health.

On the second day …

A shift in the mind-set of the participants was apparent. Gone were the complaints of sore buttocks, filled-up bladders and missed late-afternoon television dramas. Perhaps there really comes a point in one’s life that the learning experience becomes so important, especially when confronted with the harsh realities of life. Rather than merely passing the course, our group focused on the clinical causes of maternal and neonatal mortality and morbidity, after having been sensitized to the sexual and reproductive rights framework.

There was a palpable appreciation for the faculty, who offer the course pro-bono, gratis et amore, just so they could help reduce this country’s maternal and neonatal mortality. Dr. Ruth Gutierrez did not appear to be a disciple of the Abu Sayaf after all, as she patiently guided each and every one of us through proper forceps application. God bless Dr. Maria Lourdes Coloma and Dr. Lourdes Blanco-Capito for uncomplainingly steering all of us in the correct direction as we struggled with shoulder dystocia.

Dr. Maricar Quevedo did not spew fire and brimstone when we disarticulated one arm of the baby mannequin in breech extraction; rather, she laughed off all of our apprehensions and effortlessly eased our trepidation.

Who could ever forget Dr. Christia Padolina and her cardiotocograph? Or Dr. Eliza Tiu and Dr. Mayumi Bismarck and the vacuum? For most of us in Manila, the fetal monitor and the vacuum are familiar contraptions in the delivery room. However, these pieces of equipment are rare commodities in the areas where some of our colleagues come from. Some have seen fetal monitors and vacuums only in books. If ever there is a fetal monitor in their locality, it could hardly be used as, more often than not, no paper strips are available. It is of no surprise, therefore, that I held those participants in high esteem with the utmost admiration, as they have rendered effective health-care services to their patients with a minimum of armamentarium at their disposal.

… and a verdict delivered

But how could one really gauge whether taking the course is worth all of the time and effort? Perhaps only time will tell. Or if there are documents that can show changes are made in health-care practices or even a reduction in maternal and neonatal mortality.

A week after I took the ALARM course, I got a frantic call from the resident-on-duty at our hospital: “Ma’am, we have a service patient, frank breech!” I could vividly remember getting similar calls, and my heartbeat would start racing. This time, however, we delivered the baby just like a walk in the park. As we did so, I could distinctly hear the voice of Dr. Ma. Socorro Solis once more … “Allow the baby to be delivered up to the level of the umbilicus…Pinard…Loveset…Mauriceau-Smellie-Veit maneuvers…”

Indeed, the ALARM course is worth all of my time and effort: it is the one course I will never regret taking the rest of my life.

LAST CALL
FOR PHOTOS

The International Women’s Health Program invites SOGC members to participate in its annual photo contest. The deadline for submissions is April 16.

The contest isn’t limited to a certain theme this year, so you may send photos representing any aspect of your international work or associated travel. The entries will be displayed at the International Women’s Health Symposium, hosted at the SOGC’s Annual Clinical Meeting in June, in Montréal.

Please visit the program’s website, http://iwhp.sogc.org, for full contest rules and details.

The winning entries from last year’s IWHP photo contest, taken by (clockwise from left) Ruth McGaffigan, Ester Anne Chin and Francois Couturier.
Sensible approach to prenatal and postpartum/breastfeeding supplementation
Supported by a complete product monograph
Prescribed according to patient’s health status and nutritional needs
Covered by most private insurance plans

Iron and calcium provided at different times of the day.
Avoids the inhibitory effect of calcium on iron absorption.
Helps reduce constipation and gastric discomforts.
According to the Canadian Public Health Association (CPHA), one hundred years ago infectious diseases were the leading cause of death worldwide. Thanks to vaccines and immunization programs, infectious diseases now cause less than five per cent of all deaths in Canada.

As SOGC members are well aware, immunization is an important consideration for women who are pregnant or are planning to conceive. At this time in a woman’s life, increased contact with healthcare professionals means it’s an ideal opportunity to evaluate and update immunization status, and protect her and her baby from diseases that are particularly harmful for him or her. This past November, the SOGC published an updated clinical practice guideline on immunization in pregnancy, and a public education brochure on the topic has also been printed.

Other recent immunization developments of concern to SOGC members are this year’s approval of a second HPV vaccine for use in Canada and the approval of an HPV vaccine for men.

New resource

MORE FASHION ADVICE from the SOGC

A third version of the SOGC’s popular scrub caps has been produced: this one features our public education websites and the word woman in fifteen languages. A limited quantity of these have been produced. They were distributed at the recent West/Central CME in Banff and will also be given at some CME contraception workshops: Test Your Contraception IQ.

In the past, green SOGC caps were handed out at the Quebec CME last fall and multicolour public education caps were given CME modern contraception challenges workshops.
The SOGC welcomes approval of HPV VACCINE FOR MALES

The society welcomes the latest breakthrough in the fight to prevent the spread of the human papillomavirus (HPV), the most common type of sexually transmitted infection in Canada.

“Given that 75 per cent of sexually active Canadians will have at least one HPV in their lifetime, it’s great news that both men and women can now be vaccinated against this highly contagious virus,” says Dr. Michel Fortier, president of the SOGC. “Canada joins Australia and other nations in providing equal protection to men and women when it comes to HPV.”

In order to ensure that people are aware of the HPV public health threat, the SOGC will continue to pursue its public education campaign emphasizing the benefits of vaccination as well as the importance of pelvic exams and Pap smear screening for women to prevent genital warts, cervical cancer and other cancers. Canadians are invited to visit the www.hpvinfo.ca website for more information.

Duchesnay launches website dedicated to USI

‘Laughing without Leaking’ was created to encourage Canadian women to share their concerns with other women, provide them with valuable information, and to answer many of their questions. One feature of the website is a series of video clips featuring SOGC past-president Dr. Donna Fedorkow discussing urinary stress incontinence and pelvic floor issues.

The new website’s address is www.laughingwithoutleaking.ca.

SCC offering two courses at ACM

**Postgraduate Course 1 – Colposcopy Update**
June 3, 2010
8:30 am to 5 pm

The Society of Canadian Colposcopists (SCC) has organized an exciting Postgraduate Course 1 – Colposcopy Update, to be hosted in conjunction with the SOGC’s Annual Clinical Meeting in Montréal.

This year, there will be two guest speakers. The first is Dr. Anna-Barbara Moscicki, a professor of pediatrics at the University of California, San Francisco, and the associate director of the school’s division of adolescent medicine. Dr. Moscicki has focused her career on adolescent gynaecology and sexually transmitted disease research. Dr. Moscicki will be providing an update on cytology in adolescents.

The second guest speaker is Dr. Hope Haefner. Dr. Haefner is a professor in the department of obstetrics and gynecology at the University of Michigan Hospitals. She is currently involved internationally with vulvovaginal disease education. Dr. Haefner will be speaking about vulvodynia and other challenging vulvar conditions.

A wide range of topics will be presented in this course, including the following:
• Identifying the specificities of HPV infections and related diseases in the adolescent
• Describing adolescent perceptions of HPV infections
• Discussion on the steps involved in the diagnosis and management of vulvar diseases and vulvar painful syndromes
• Recognizing common colposcopic patterns of vulvar and cervical dysplasia

**Basic Colposcopy Course**
Society of Canadian Colposcopists
McGill Medical Simulation Centre
June 2, 2010
7:45 am to 4:30 pm

The SCC will present the Basic Colposcopy Course again this year, in conjunction with the SOGC’s ACM in Montréal.

This day-long course is ideal for the trainee, the beginning colposcopist, or if you just want a comprehensive review of current colposcopy.

The course will discuss new concepts in screening, triage, identification and treatment of lower genital tract neoplasia. There will be a hands-on lab for developing skills using different colposcopic equipment, including the performance of LEEP's.

The fee for this course is $100; registration is limited so enroll early.

We hope to see you in Montréal!

Sign-up for these courses while registering for the ACM. Visit www.sogc.org.
IN IQALUIT

Does Melissa Gauthier live a jet-set life? On any given weekend, you might find this SOGC employee in any corner of the country: from Moose Factory to Sioux Lookout to Halifax. You name it and she’s probably been there. As the coordinator of the society’s ALARM program, one of Melissa’s roles is being on-site at courses — nearly 20 per year — to act as a facilitator.

Melissa was recently in Iqaluit, setting up two courses for a total of six faculty and 62 participants. While at a course, she’s the backbone of the operation: coordinating hotel rooms and food arrangements, making sure equipment and supplies are in the right places at the right times, setting up for workshops, ensuring that faculty and participants have everything they need, and always being adaptable.

The two-day courses in Iqaluit were held in the local hospital, with many nurses, doctors and midwives coming in from nearby stations.

“The ALARM course is really well-received in small communities,” says Melissa. “Participants usually have to travel far for continuing medical education, so it’s great when we can come to them — it saves resources and doesn’t take the health-care professionals away from their communities for long periods of time.”

The SOGC’s Melissa Gauthier braved frozen eyelashes while facilitating an ALARM course in Iqaluit.

The faculty who travelled to Iqaluit with Melissa were Dr. Mary Susan Lee Aubin; Ms. Amy L. Guy, RN; Dr. J. Peter O’Neill; Ms. Carol Cameron, RM; Dr. Janet Northcott; and Dr. Deborah Seibel.

SOGC ON THE GO

SOGC staff will be present at many events in April, recruiting new members, delivering training seminars, and promoting our public education programs to health-care professionals, educators and the public.

April 9 to 11, Montréal . . . National Women’s Show
April 15 to 16, Toronto . . . . . . . Ontario CME
April 17 to 18, Toronto . . . . . . . ALARM course
April 22 to 24, Toronto . . . . . . . Rural and Remote Medicine Course
April 24, Toronto . . . . . . . . . . . . . . . . . Elle Show

IWHP news

AOGU ON THE WEB

With support from the CIDA-funded Partnership Program, the SOGC has worked closely with the Association of Obstetricians and Gynaecologists of Uganda (AOGU) to develop a website which will keep members up to date on the association’s activities and events. This will also allow interested individuals and organizations from around the world to learn more about AOGU’s work to promote sexual and reproductive health in Uganda.

To connect with the SOGC’s partners in Uganda and learn more about the AOGU, visit www.gynuganda.com.
• Helps to retrain the pelvic floor muscles.
• Ensures that only the correct muscles are contracted through a biofeedback mechanism.
• Exercises are performed privately at home without disrupting usual activities.

GENTLE AND EFFECTIVE

NON INVASIVE

COST/TIME SAVING

15 minutes, twice a day, for 3 months

5 cones of identical shape but of different weights (grams)

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Duchesnay has launched a new website to address most of the questions your patients may have on urinary stress incontinence.

www.laughingwithoutleaking.ca

Medical information: 1 888 666-0611 medicalinfo@duchesnay.com