Haiti relief: SOGC contribution  
page 2

Female genital mutilation:  
100 million reasons for  
zero tolerance  
page 10

Grant deadlines approaching  
page 14

The plight of missing Aboriginal women in our country  
page 3
**Upcoming clinical practice guidelines**

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.

**February 2010**
- Obesity in pregnancy

**March 2010**
- Cytomegalovirus infection in pregnancy
- Genetic considerations for a woman’s preconception evaluation

**April 2010**
- Canadian guidelines for elective single embryo transfer following in vitro fertilization
- Ovulation induction in Polycystic Ovary Syndrome (PCOS)

**HAITI RELIEF: SOGC contribution**

**A message from the SOGC’s president and executive vice-president**

Dear colleagues,

The SOGC has received a lot of mail and phone calls since January 12, which goes to show that we are all preoccupied by the situation in Haiti. We have taken note of your desire to contribute in some way to help the Haitian people and our colleagues in Haiti.

We have been able to communicate with our partners of the *Société Haïtienne d’Obstétrique et de Gynécologie (SHOG)*. They have told us that many of their members are still missing and that, unfortunately, one of them has already been declared dead — Dr. Alix Laroche, assistant principal of the *École Nationale des infirmières-sage femmes d’Haïti*, died while teaching.

We have begun discussions with some SHOG representatives in order to identify the best way forward for providing support. Many of our Haitian colleagues were fortunate enough to remain safe and sound, and we need to give them the support required to actively participate in the rescue efforts being deployed.

For the time being, monetary contributions are probably the best way to help. We believe that the Canadian Red Cross (www.redcross.ca), Doctors without Borders (www.msf.ca) and the Canadian Foundation for Women’s Health (CFWH) (www.cfwh.org) are organizations that will ensure the effective distribution of your donations to earthquake victims.

Speaking of the CFWH, we have set up a special fund for Haiti to which you can donate via cheques or online; a tax receipt will be issued for each donation. The money collected by the foundation will help procure the drugs and equipment required to provide obstetrical care, as well as contribute to the restoration of the *Centre de Croix des Bouquets*. Please remember that, for the last few years, the SOGC has been working with the SHOG to establish an obstetrical care unit in the *Centre de Croix des Bouquets*. Given the destruction of the main hospitals in Port au Prince, we are now in the process of examining, with our Haitian colleagues, the possibility of making this unit functional in the next few days/weeks.

Let us answer the call and be most generous. We respectfully ask that those of us that can afford it donate the equivalent of a day of practice honorariums!

We also need to acknowledge the fact that our efforts will be of a long-term nature; thus, we believe that volunteer opportunities will come to manifest themselves in due time. So, we invite those of us who speak French and/or Creole, who have work experience in low-resource countries and who are willing to help to contact us.

Finally, the SOGC has formed an ad-hoc committee co-chaired by Dr. Michel Fortier and Dr. Lalonde to follow the situation and keep you informed.

Please give generously and let us continue our support of Haiti.

Yours truly,

Michel Fortier, MD, FRSC(c)
SOGC President

André B. Lalonde, MD, FRCSC, FRCOG, FSOGC, FACS, M.Sc., SOGC Executive Vice-President

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**New resource**

**STI comparative chart**

The SOGC has produced an *STI comparative chart*, a complementary tool for the *Understanding sexually transmitted infections* flipchart. Intended for patients, information on this chart identifies different types of STIs and their symptoms and treatments. Charts can be ordered at www.sogc.org.
SHAME ON CANADA!
The plight of missing Aboriginal women in our country
By Dr. André Lalonde, SOGC executive vice-president

As the Olympic flame was passed from hand to hand across Canada, its journey captured the attention of a nation. As the torch travelled through their communities, several First Nations groups seized this opportunity to highlight the unacceptable behaviour of our government and law enforcement agencies regarding the many missing Aboriginal women in our country.

From Maniwaki to Winnipeg to Vancouver, too few Canadians realize that so many Aboriginal women have gone missing over the past few years. The Native Women’s Association of Canada has catalogued 520 cases of missing or murdered Aboriginal women, half of them since 2000.

These women disappear, and our police forces and government agencies are slow to respond. This is in stark contrast to what happens in the disappearance of a single young non-Aboriginal woman, when it often seems that a whole community, province or nation can be quickly mobilized to find answers.

This shameful behaviour has been going on for too long. It is time that we all stand up and be counted, and pressure our governments to establish a special task force that would vigorously investigate the disappearance of Aboriginal women. In August, the Manitoba government, RCMP and Winnipeg Police Service established a task force that will review cases of missing and murdered Manitoba women, many of whom are Aboriginal. This is a step in the right direction.

A few years ago, the SOGC supported the Aboriginal community in Ottawa when a young, pregnant Aboriginal woman was stabbed to death. Very few people responded to put up a reward for information leading to the arrest of the person(s) responsible.

Canada is a rich country, but lately it has been portrayed as a mean country, not willing to tackle maternal and child poverty, not able to tackle the medical problems of our First Nations and northern communities, not willing to tackle disparities between rich and poor in the nation.

One of the SOGC’s seven strategic directions is to advance culturally-safe health and healing for Aboriginal women. I call on all of you to write to your local member of Parliament and ask him or her to address this issue, and to pressure our provincial and national governments to organize a national task force that will address the urgent issue of missing Aboriginal women in Canada.

QUARISMA

The QUARISMA training sessions offered to Quebec hospitals participating in the intervention group have come to an end. The time period had been extended, since many hospitals expressed the need to have more training sessions. Instructors went back to the sites and, in some hospitals, all the nurses and the majority of ob/gyns received the training.

The centres started audits on selected caesarean sections and are now able to determine if these caesarean sections could have been avoided, could have been potentially avoided or if the caesarean sections were inevitable. Following the audits, the committee members of each centre issued recommendations. In the coming audit sessions, the members will be able to review the recommendations and assess if they can apply them in their centres. The recommendations are issued in a no-blame and non-punitive environment, while respecting anonymity.

For a one-year period, QUARISMA and the SOGC will offer their support to the hospitals participating in the intervention group, either by drafting policies/protocols or by creating pamphlets for patients and their families and educative material on modes of delivery.

What does QUARISMA stand for?
QUALity of care, obstetrical RISK MAnagement and mode of delivery in Quebec

Council
2009–2010

Executive committee
- President: Michel Fortier, MD, Quebec
- Past president: Scott Farrell, MD, Halifax
- President-elect: Ahmed Ezzat, MD, Saskatoon
- Executive vice-president: André Lalonde, MD, Ottawa
- Treasurer: Mark Heywood, MD, Vancouver
- Vice-presidents: Nicole Racette, MD, Vancouver
- Nicole Racette, MD, Vancouver
- Douglas Black, MD, Ontario

Regional chairs, alternate chairs and other representatives
- Western region: Sandra de la Ronde, MD, Calgary
- Stephen Kaye, MD, North Vancouver
- Central region: Annette Epp, MD, Saskatoon
- Margaret Burnett, MD, Winnipeg
- Ontario region: Charmaine Roye, MD, Brantford
- Myriam Amimi, MD, Sault Ste-Marie
- Quebec region: Corinne Leclercq, MD, Victoriaville
- Robert Sabbah, MD, Montreal
- Atlantic region: Ward Murdoch, MD, Fredericton
- Joan Crane, MD, St. John’s
- Junior member: Ardelle Stauffer, MD, Saskatoon
- Associate member (MD): William J. Ehman, MD, Nanaimo
- Associate member (RN): Margaret Quance, RN, Halifax
- Associate member (RM): Kimberley Campbell, RM, Abbotsford
- APOG representative: Alan Bocking, MD, Toronto
- Public representative: Ms. Maureen McTeer, Ottawa
- Corresponding member: Senator Lucie Pépin, Ottawa
Upcoming meetings

SOGC meetings
International CME Program: Update in Obstetrics and Gynaecology
March 8-12, 2010, Costa Rica

West/Central CME: Update in Obstetrics and Gynaecology
March 18-20, 2010, Banff

Ontario CME Program: Update in Obstetrics and Gynaecology and Mature Women’s Health
April 15-16, 2010, Toronto

Annual Clinical Meeting (New Dates)
June 2-6, 2010, Montreal

Quebec CME Program: Update in Obstetrics and Gynaecology
September 30-October 2, 2010, Quebec City

Quebec CME Program in Obstetrics
October 21-22, 2010, Montreal

Ontario CME Program: Update in Obstetrics and Gynaecology
December 2-4, 2010, Toronto

Program schedule

Location . . . . . . . . . . . . . . . . . . . . . . . . . . Date
Banff, AB . . . . . . . . . . . . . . . . . . . March 21-22, 2010
(in conjunction with the West/Central CME)

Toronto, ON . . . . . . . . . . . . . . . . . . . April 17-18, 2010
(in conjunction with the Ontario CME)

Vancouver, BC . . . . . . . . . . . . . . . . . . May 14-15, 2010

Winnipeg, MB . . . . . . . . . . . . . . . . . . . . October 1-2, 2010

Montreal, QC . . . . . . . . . . . . . . . . . . . October 23-24, 2010
(in conjunction with the Quebec CME - offered in French)

Toronto, ON . . . . . . . . . . . . . . . . . . . December 5-6, 2010
(in conjunction with the Ontario CME)

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

Travel and Hotel Reservations
For information on this all-inclusive resort, pricing and reservations, please contact Carlson Wagonlit Travel (CWT), Alexandra Taylor at 1-800-465-4040 ext. 2238 or ataylor@carlsonwagonlit.com.

Register online NOW for this CME program. For complete scientific program information and registration, visit www.sogc.org

This CME program is offered in English.
26th International Papillomavirus Conference and Workshops >>

» 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

www.hpv2010.org
HAVE YOU PAID
your SOGC membership dues for 2010?

A friendly reminder that as of March 1, any memberships not renewed for 2010 will have lapsed. This means that membership privileges will be revoked, and anyone who has not renewed will have to pay non-member prices for SOGC continuing medical education events, such as the SOGC’s annual clinical meeting, regional and international CMEs, and ALARM courses.

In addition, members who have lapsed will no longer receive the Journal of Obstetrics and Gynaecology Canada (JOGC), the SOGC News, or the Scientific Review, and will no longer have access to the members-only features offered at the society’s website, www.sogc.org.

For your convenience, you may pay your 2010 membership dues online, on or before February 28. Log in at www.sogc.org, and on the left-hand menu select “Pay your dues online” under “Member Services”.

For more information, contact Linda Kollesh, membership and subscription services officer, at lkollesh@sogc.com or 613-730-4192, extension 233.

Pay your dues online: draw winners
Thank you to all of our members who took advantage of the SOGC’s online services to renew their 2010 membership dues. We had over 1,100 members pay their dues online before December 31, making them eligible for the draw.

This year’s winners
• Dr. Paul Legault won free registration to the 2010 ICME in Costa Rica
• Dr. Melanie Hnatiuk won free registration to a 2010 regional CME

Congratulations to both winners!

As part of our efforts to follow environmentally friendly practices, we hope that you will continue to use our online membership services in the year to come.

COMMITTEE SPOTLIGHT:
Informatics

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 Nikolas LeBlanc, committee coordinator, at nleblanc@sogc.com or 613-730-4192, extension 270.

WELCOME NEW MEMBERS

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

International: Dr. Mamoona Mushtaq
Junior member – family practice: Dr. Erin Reich
Associate member – MD: Dr. Louise Ferland, Dr. Yulia Kuzmin, Dr. Milena Markovski, Dr. Inas Yacoub
Ob/gyn: Dr. Marc Dufour

Associate member – midwife: Ms. Barbara Barta, RM; Ms. Sandra Louise Fincham; Ms. Carolyn Thibeault, RN, RM; Ms. Saraswathi Vedam

Associate member – RN: Ms. Cynthia Dunn, RN; Mrs. France L. Morin, RN; Ms. Krista Tabler; Ms. Jodi Tuck, RN; Mrs. Robin J. Vanderhoek, RN

Associate member – students in health-care training: Ms. Jocelyne Rae Anders; Ms. Rebecca Antoszek; Miss Sarah Atkinson; Ms. Sabrina Connor; Ms. Tamara Cowan; Ms. Roberta Crossman; Miss Laurence Dales; Miss Jennifer Tracy Deguire;

Ms. Trinity Catherine Dempster; Ms. Gurpreet Kaur Dhallwal; Ms. Katie Fisher; Ms. Adriana Fontaine; Ms. Jill Freeman; Ms. Lorelei Hammond; Miss Cassandra Jean Hirt; Ms. Tracy Kemp; Ms. Leah Klein; Ms. Rachel Lamont; Miss Elizabeth Larson; Ms. Alusha Java Morris; Mr. Stephen Richard Anthony Morris; Ms. Brittey Layne Parlett; Miss Gayathri Raveendran; Ms. Jacqueline Elizabeth Swan; Ms. Marie-Pierre Tendland-Frenette; Ms. Sonya Wonder; Ms. Sarah Wozney; Ms. Hui Jue Zhang
It was again a great year in obstetrics and gynaecology at Laval University. First of all, congratulations to our four PGY-5s who graduated in 2009. Dr. Lisa-Marie Chartrand and Dr. Lionel-Ange Pourgui are currently working in Gatineau, Dr. Sylvianne Lépine in Repentigny, and Dr. Élise Faucher in Rimouski. We wish them success in their careers.

We are pleased to welcome our new first year residents. Our program is growing rapidly, with an increasing number of new residents. In 2009, our program accepted six new PGY-1s: Dr. Cindy Taillon, Dr. Melissa LeBlanc, Dr. Mélanie Boucher, Dr. Josée Duguay, Dr. Stéphanie Bossé and Dr. Suzanne Demers.

We are also very proud to welcome back and add to our staff five new attending physicians who have completed various fellowships or additional training. Dr. Madeleine Lemyre successfully completed a two-year fellowship in minimally invasive gynaecologic surgery at Stanford University in California. Dr. Katy Gouin finished a two-year fellowship in maternal and fetal medicine in Toronto. Dr. Karine Girard did a one-year fellowship in interventional laparoscopy at McGill University in Montreal. Also, Dr. Geneviève Gagnon completed one year of additional training in obstetrical ultrasound in Ottawa, and Dr. Julie-Anne Rousseau in endocrinology and fertility at the University of California in San Francisco. Their expertise and knowledge will be of great value to our program. We are all very happy to be working with them.

Furthermore, we are honoured that Dr. Jacques R. Mailloux will continue to be our program director for a third mandate. His dedication, understanding, flexibility and integrity are only a few of the qualities that make him such a greatly-appreciated and respected program director. He was among the top five finalists for the best program director in Canada — congratulations.

We are sad to say that Dr. Marleen Daris has left the position of assistant program director; her commitment, leadership and sense of justice have made her an excellent assistant program director over the past few years. Lastly, Dr. Madeleine Lemyre has gladly agreed to take some of Dr. Daris’ responsibilities in the administration of the program. She will be assisting Dr. Mailloux, and we are confident that she will be successful in her new tasks.

Finally, in 2009 our program introduced a very unique and fun way of integrating the CanMEDS competencies into the curriculum. Throughout the academic year, each resident had to complete a “CanMEDS note book” in which he or she described and analyzed real-life clinical situations relating to specific CanMED competencies. Afterwards, a wine-and-cheese and a beer-and-sausage were organized to discuss the different cases. These two events were appreciated by both residents and attending physicians. It was a special and original way of combining work and entertainment.

To sum up, our program is continuously growing and improving. 2010 is also looking to be a very promising year, and we look forward to it.
ACM 2010 is...

... about sharing our passion for obstetrics and gynaecology

This year, the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Association des obstétriciens et gynécologues du Québec (AOGQ) are combining their expertise to offer the 66th Annual Clinical Meeting in Montreal from June 2-6 — this promises to be an outstanding educational opportunity for all, and an excellent contribution to our field.

As part of this five-day program, you will hear from influential and internationally-renowned scientists and clinicians presenting on topics from various fields in obstetrics and gynaecology.

• A full day program on international women’s health
• International symposia
• Post-graduate courses
• Best practice sessions
• Sub-specialty meetings
• Pre-conference courses such as ALARM and the Society of Canadian Colposcopists’ Basic Colposcopy Course
• Research & innovation presentations
• Stump the Professor
• Up to 60 exhibitors that will display the latest innovations in the industry
• Awards Ceremony that will highlight outstanding contributions made by members and recognized leaders in the field of ob/gyn

... about social networking

Mingle, meet, catch up, laugh, learn and enjoy at ACM 2010’s social functions:
• Opening Reception – Thursday, June 3
• Event with Lost Fingers – Friday, June 4
• Resident Fun Night – Saturday, June 5
... about life-work balance

Stroll the cobblestones of Old Montreal, explore the Botanical Garden, hike through scenic Mount Royal Park, let your taste buds savour the craft of quaint microbreweries and gourmet kitchens — enjoy the variety of activities that this multicultural hub has to offer.

Want to bring your kids to enjoy the experience, too? The SOGC offers a subsidized Children’s Camp, where they can have as much fun as you will. For additional information, contact Gerri-Lynn Sendyk at glsendyk@sogc.com.

... about being in the right place at the right time

To update and maintain professional knowledge and evolve the practice of obstetrics and gynaecology in Canada, the SOGC’s programs explore the frontier of scientific knowledge and practice methods. Book your hotel room to guarantee your place at ACM 2010 in Montreal, at the right price.

Sheraton Centre – Host hotel and meeting location
1201 René-Lévesque Boulevard
- Standard room: $209 single/double occupancy
- Club room: $259 single/double occupancy
- Tel: 1-800-325-3535
- Group Code: SOGC
- For online hotel reservations, please visit our website at www.sogc.org
- Reservation deadline: Friday, April 30, 2010

Check our website for additional information on our Scientific Program and travel discounts: www.sogc.org
FEMALE GENITAL MUTILATION
Marking the International Day of Zero Tolerance to Female Genital Mutilation

During the first week of February, the International Women’s Health Program of the SOGC, along with Amnesty International and the Canadian Nurses Association, joined many others around the world in marking the International Day of Zero Tolerance to Female Genital Mutilation (FGM), which takes place February 6 every year.

The aim of the International Day of Zero Tolerance to FGM is to raise awareness around the world about the harmful practice of female genital mutilation and to promote action for its eradication. An estimated 100 to 140 million women have been subjected to the practice, and three million girls continue to be at risk each year.

In countries such as Somalia and Egypt, as much as 99 per cent of the female population has endured some form of FGM. It is atrocious that in many parts of the world it is still tolerated to compel young girls to undergo such an excruciating procedure, which leaves them with altered — sometimes even completely eliminated — genitals.

FGM is a practice that violates the basic rights of women and girls and poses enormous risks to their health and well-being. The harmful effects of FGM are numerous, including complications in childbirth and maternal death, as well as side effects such as severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual problems. The fact that such a harmful practice continues to persist, even when laws and awareness programs are introduced, exemplifies the complex challenge we face: how to improve women’s health when the cause of the problem is part of a timeless tradition, deep-rooted in culture and beliefs, encompassing important social norms and ideals, and embedded into an economic framework as a means of income for many.

Increasingly, many countries in Africa arecriminalizing the practice in an effort to eradicate FGM. Although such government support on the issue is encouraging, simply banning the practice is not enough. Criminalization does not address the causes of FGM and only complicates the issue further, as the practice is pushed underground, resulting in even greater risks to women and girls. Similarly, for health professionals, using medical knowledge to remediate the effects of FGM is not enough.

One must look at the sociological, economic, cultural and religious factors that influence the practice, and understand that what is needed involves more than treatment, more than a prevention program, and even more than criminal laws. It involves changing a way of thinking that has been deeply engrained in peoples’ minds.

Efforts to bring about such vast change are convoluted. In many societies, it is the women themselves who, even fully understanding the consequences and risks of FGM, continue to battle for maintaining the tradition within their families. As they weigh the consequences for their daughters and granddaughters, between marriage eligibility versus enduring pain and risking poor health outcomes, most often the decision is geared towards pleasing men by adhering to their ideal of a marriageable woman and by gaining acceptance within society.

In order to bring about social change, it is important to convince not only the women, through empowerment and education, but moreover the men, since until they can publicly voice their indifference between circumcised and uncircumcised women for their choice of wives, women will continue to endure the consequences and succumb to the ideals set forth by society.

In some countries, 99 per cent of the female population has endured some form of FGM.

Education and awareness efforts must also reach out to a variety of other actors, including religious leaders, community leaders and political leaders, who seldom view women’s health issues as a priority topic, especially when their country is faced with a multitude of problems that demand their attention.

In attempting to eradicate FGM, it is important to consider the economic factors which influence those women who perform the cutting. If their only means of income is reliant on performing the practice, it becomes nearly impossible to put an end to their services unless they are able to find another source of income. Similarly, as FGM is often a culturally important rite of passage, elimination of the cutting should be accompanied by a continuation of cultural celebration or the introduction of a novel form of marking the milestone.

It is clear that putting an end to female genital mutilation is an enormous challenge, and changing a society’s way of thinking requires great amounts of time. Tolerance of such a horrific and widespread violation of human rights needs to end, but the change will only begin once people around the world start to realize the tragic implications of this practice.

What can we do?

As health professionals working in the field of obstetrics and gynaecology, SOGC members are well placed for initiating discussions with their patients, fellow health-care providers, and community leaders to help raise awareness about female genital mutilation. Although in Canada it may seem rare that a physician would encounter a patient who has undergone FGM, in this era of mass migration,
Since 2007, the SOGC and the Museum of Health Care at Kingston have had a partnership arrangement. Under the directorship of Dr. James Low, the museum is dedicated to the preservation of the health-care sector’s material legacy, highlighting unique developments in Canadian medical history.

The museum offers skilled care and a safe environment for artifacts related to the history of obstetrics and gynaecology. The society gladly supports the work of the museum both financially and through the donation of artifacts. Already, the museum is home to a significant collection of our members’ obstetrical instruments and books. SOGC members have also been involved in efforts to “fill in the gaps” with respect to particular areas of interest. Currently, Dr. Robert Reid and Dr. Hugh Gorwill are working with the museum team to strengthen the collection on the subject of assisted reproduction.

As part of the museum’s program, an online catalogue allows the public to view high-quality photographs and detailed descriptions of the artifacts. The SOGC’s instruments are featured in this catalogue and are now listed as a special collection. You can browse the research collection catalogue by visiting: http://db.library.queensu.ca/hosmus/index.html. And, while you’re there, you can enjoy all that the museum’s exceptional website has to offer.

The society’s Archives and History Committee proudly supports the continued partnership with the museum and would like to encourage members to contribute to this important program.

If you have items you would like to donate to the museum, please contact Marion Lapham at mlapham@sogc.com or 613-730-4192, extension 244.

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Multiculturalism and population growth, such occurrences are more and more common. A global understanding of women’s health is becoming increasingly necessary.

FIGO has recommended that individual obstetricians and gynaecologists explain and educate about the consequences of FGM, as well as support community members opposing its continuation. In order to provide quality services to their patients and to provide leadership for actions that support the eradication of FGM, Canadian health professionals must first recognize the multifaceted complexity of this pressing issue and identify with the need to strengthen a global consensus of zero tolerance to female genital mutilation.

To mark the International Day of Zero Tolerance to Female Genital Mutilation, the SOGC joined the CNA in raising awareness about FGM and sharing information on efforts and progress being made nationally and internationally for the elimination of the practice, during a half-day seminar held in Ottawa on February 3. We encourage SOGC members to explore more deeply the issue of female genital mutilation through the resources listed on the right.

**Resources**

- IWHP website
  

- FIGO Resolution on FGM
  
  www.figo.org/projects/general_assembly_resolution_FGM

- FIGO Role of Health Professionals in regards to FGM
  

- FIGO Ethical issues in Ob/Gyn
  

- CMAJ Case management of FGM for Canadians
  
  www.cmaj.ca/cgi/reprint/162/9/1344.pdf

- PHAC guidelines related to FGM
  

- WHO website
  
  www.who.int/mediacentre/factsheets/fs241/en/

- Female Genital Cutting Education and Networking Project
  
  www.fgmnetwork.org

- The Donors Working Group on Female Genital Mutilation/Cutting
  
  www.fgm-cdonor.org

- Population Reference Bureau
  
  www.prb.org/Articles/2009/fgmc.aspx

- The Cutting Tradition
  
  Video produced by Safe Hands and FIGO

- Dabla! Excision!
  
  Video produced by Erica Pomerance

- Mooladé
  
  Video produced by Ousmane Sembene

- Female Genital Mutilation and Obstetric Care
  
  Book by Beverley Chalmers and Kowser Omer-Hashi

- WHO website
  
  www.who.int/mediacentre/factsheets/fs241/en/

- Female Genital Cutting Education and Networking Project
  
  www.fgmnetwork.org

- The Donors Working Group on Female Genital Mutilation/Cutting
  
  www.fgm-cdonor.org

- Population Reference Bureau
  
  www.prb.org/Articles/2009/fgmc.aspx

- The Cutting Tradition
  
  Video produced by Safe Hands and FIGO

- Dabla! Excision!
  
  Video produced by Erica Pomerance

- Mooladé
  
  Video produced by Ousmane Sembene

- Female Genital Mutilation and Obstetric Care
  
  Book by Beverley Chalmers and Kowser Omer-Hashi
Multi-jurisdictional Midwifery Bridging Program
A WESTERN REPORT

The Canadian Midwifery Regulators Consortium and education partners from four universities recently collaborated to develop a pilot program which would facilitate recognition of internationally-educated midwives in western Canada.

In Ontario, this need had been well-addressed over the past eight years through Ryerson University’s International Midwifery Pre-registration Program. However, a similar program was not available to internationally-educated midwives in the rest of the country — but the need was real.

“Demand for midwifery services across Canada far exceeds supply,” says Kim Campbell of UBC’s Midwifery Program. “Most midwifery practices turn many women away every month. In addition to the consumer demand for midwifery, we’re facing a nationwide shortage of maternity care providers in general.”

A pilot of the Multi-jurisdictional Midwifery Bridging Program was delivered between March and September of 2009, with nine applicants originally trained in Belgium (1), the United States (1), Ghana (1), New Zealand (1), and Iran (5). Seven of the applicants completed the program, and six have gone on to write and pass the National Canadian Midwifery Regulators Exam — and are now eligible for practice in Manitoba (1), Saskatchewan (1) and British Columbia (4).

The program: development and delivery

The federal government and western provincial governments agreed to develop a pilot program for the west, delivered through financial support from Health Canada, in collaboration with the Western and Northern Health Human Resources Planning Forum and its member jurisdictions.

The pilot was limited to midwives wishing to work in Manitoba, Saskatchewan, Alberta, British Columbia and the Northwest Territories. Quebec was concurrently involved in running its own bridging program, but valued participation in the western pilot as an opportunity to remain involved as partners. This would increase the national perspective for future sustainability and long-term delivery of Canadian midwifery bridging programs.

Admission criteria previously developed by the Canadian Midwifery Regulators Consortium provided a prior learning and experience assessment (PLEA) through a portfolio review process, which was held within each candidate’s jurisdictional point of entry.

The UBC Midwifery Program delivered the core of the six-month pilot, with significant support from Ryerson University in developing the program. Participants were provided education, support, mentorship and assessment through both distance and online education formats, with focused classroom and clinical exposure in the theory and practice of midwifery within the Canadian model.

The pre-intensive curricula addressed Canadian health-care culture, along with computer and language literacy, and were delivered by distance education through Mount Royal University in Calgary. The core midwifery content was offered onsite at UBC, as well as at a distance in clinical placements with Registered Midwives. The other education partners were University College of the North and Université du Québec à Trois-Rivières.

THE PROGRAM EXPANDS:
call for candidates

Internationally-educated midwives interested in bridging to Canadian midwifery outside of Ontario are encouraged to visit www.midwiferybridging.ca for more information on the program.

The Canadian Midwifery Regulators Consortium and the educational partners are awaiting government funding to provide a second pilot in 2011. They are actively recruiting internationally-educated midwives who wish to work in Alberta, British Columbia, Manitoba, Northwest Territories, Nova Scotia, Nunavut or Saskatchewan to review the criteria and participate in the process. A French language program for midwives wishing to practice in Quebec is also included in future bridging plans.

Internationally-educated midwives wishing to work in Ontario can apply to the International Midwifery Pre-registration Program (IMPP) at Ryerson University; for information, visit www.ryerson.ca/midwife/admission.html.

THE IWHP INVITES YOU TO
get out your camera …

It’s that time of year again: the International Women’s Health Program is inviting SOGC members to participate in its annual photo contest.

This year, the photo contest is not limited to a certain theme, so members may send a variety of photographs representing their international work or travel. Submissions will be accepted until April 16, and the winning entries will be displayed at the International Women’s Health Symposium, hosted at the SOGC’s 2010 Annual Clinical Meeting in Montreal, in June.

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

The winning entries from last year’s IWHP photo contest, taken by (from left to right) Ruth McGaffigan, Ester Anne Chin and François Couturier.

12 February • 2010
According to the JOINT SOGC-MOTHERISK Clinical Practice Guideline, prenatal supplementation consisting of a multivitamin with folic acid (0.4–1.0 mg) should continue throughout the postpartum period (4–6 weeks or as long as breastfeeding continues).\(^1\)

PregVit is specifically formulated for use in women prior to conception, throughout pregnancy and during the postnatal period.

PregVit is contraindicated in patients with a known hypersensitivity to any of the ingredients.

REPORT ON
the 28th Ontario Regional CME
By Dr. Charmaine Roye, chair of the Ontario Regional Committee

The first weekend of December heralded the annual Ontario Regional CME, with 275 participants registered. Despite the unexpectedly pleasant outside temperatures and many distractions (holiday shopping at the Eaton Centre, visiting the One of a Kind Craft Show at the convention centre), sessions were very well attended!

We heard updates on the fledgling Assisted Human Reproduction Agency of Canada (AHRAC), reviews of the return to vaginal breech delivery, and previews of upcoming clinical therapies for prematurity. A timely presentation on H1N1 and pregnancy sparked many questions and discussions, and current trends such as dealing with obese patients, hysterectomy rates, and the concept of technicity were discussed. A very welcome session on diagnostic imaging in pregnancy was presented. Ontario-specific information was shared with respect to the CMPA’s medico-legal context. In addition, the Wait Time Information System of Ontario data helped inform the debate about shortening provincial wait times for gynaecological surgery. Further, small group discussions, and current trends such as dealing with obese patients, hysterectomy rates, and the concept of technicity were discussed. A very welcome session on diagnostic imaging in pregnancy was presented. Ontario-specific information was shared with respect to the CMPA’s medico-legal context. In addition, the Wait Time Information System of Ontario data helped inform the debate about shortening provincial wait times for gynaecological surgery. Further, small group and best practice sessions gave practical advice to front-line clinicians in an interactive fashion.

There was an excellent turnout to the Ontario Society of Obstetrics and Gynaecology (OSOG) annual meeting and award dinner, at which Dr. Gordon Lickrish, one of the early proponents of colposcopy and less invasive management of abnormal PAP tests, was the 2009 recipient of the OSOG Lifetime Achievement Award. Colleagues and former residents gave wonderful tributes and enjoyed networking with friends and acquaintances.

The inaugural APOG Cannell lecture was given by Dr. Richard Reznick, well known for his research in education and a recipient of numerous national awards for his work in medical education. Dr. Reznick gave a riveting presentation on the seismic shift from teaching clinical competencies to a revolution in curricular development. An inspired choice of speaker and a brilliant opportunity for APOG and the SOGC to partner in delivering the Cannell lecture.

Many thanks to the entire faculty, SOGC staff, and the exhibitors for their support, and of course to the participants for making this year’s meeting an outstanding success. We hope to see you all again next year!

SCC offering Basic Colposcopy Course

The Society of Canadian Colposcopists (SCC) will again present a Basic Colposcopy Course in conjunction with this year’s Annual Clinical Meeting in Montreal:

June 2
McGill Medical Simulation Centre
8 a.m. to 16:30 p.m.

This day-long course is ideal for trainees, beginning colposcopists, or those who want a comprehensive review of current colposcopy. New concepts in screening, triage, identification and treatment of lower genital tract neoplasia will be discussed. There will also 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. A syllabus and handouts will be provided for each participant. As well, the SCC will provide a CD of all presentations from the course. Refreshments and lunch are included.

Registration is limited, so act quickly. Please enroll for this course when registering for the Annual Clinical Meeting.

PG-1 course

Don’t forget that the SCC will also hold its annual PG-1 course on Thursday, June 3 — another great session for all who are interested. Keep checking the SCC website, www.colposcopycanada.org, for more information and registration details.

2010 BURSARIES, grants and fellowships

FPSRH bursaries and grants

The Foundation for the Promotion of Sexual and Reproductive Health (FPSRH) is pleased to promote and support educational initiatives in the field of sexual and reproductive health through the following bursaries and grants:

- Bursaries for Structured Learning Projects: Up to five bursaries per year with a potential value ranging from $3,000 to $5,000. Applications can be received at any time.
- Bursaries for Nurses and Midwives: Two bursaries per year consisting of $3,000 for the nurse or midwife and $1,000 for the host institution. Applications must be received by February 15 and November 15.
- Resident Elective Grant — International Women’s Health: One bursary per year consisting of $4,000 for the resident and $1,000 for the host institution. Applications must be received by May 1.

For more information, please visit the SOGC’s website at sogc.org/about/grants_e.asp.

CFWH grants and fellowships

Through the generosity of individual donors and corporate partners, the Canadian Foundation for Women’s Health (CFWH) is able to provide the following research grants and fellowships in the area of obstetrics and gynaecology:

- CFWH General Research Grant
- ALVA Foundation Grant in Neonatal and Newborn Health
- Garfield Weston Foundation Award in Obesity and Reproductive Health
- Duchesnay International Elective Fellowships for Obstetrics and Gynaecology Residents

The application deadline for the grants is March 15. For more information, please visit the foundation’s website, www.cfwh.org.
Dr. Doig carries the flame

For years, CMA President and SOGC member Dr. Anne Doig has been a supporter of competitive swimming, as both an athlete and a dedicated volunteer for Swimming Canada. Dr. Doig recently added a new experience to her athletic resume: running with the Olympic flame.

Dr. Doig was one of 20 physicians selected by their CMA colleagues to carry the torch as it passed through Cornwall, Ontario, on December 14. The selections were made based on the nominees’ commitment to inspire and encourage those in their home communities to embrace physical activity as part of their daily lives.

“I was one small link in a very big chain,” says Dr. Doig, who practices family medicine and obstetrics in Saskatoon. “If every one of us does one tiny little thing, big things happen. That statement is true about sports, it is true about life and it is true about being a physician.”

Delivering the AIP in Kenya

In February, IWHP volunteers Dr. Jaelene Mannerfeldt, Ms. Cathryn Ellis, Dr. John Smith and Dr. Anne Biringer will be travelling to Kenya to deliver an ALARM International Program (AIP) course, including a “Train the Trainers” module. They will be staying in Eldoret, a western Kenyan town situated south of the Cherangani Hills, from February 15 to 20. During their visit, IWHP volunteers will roll out the first of three AIP training courses planned for the country. This is part of a larger project that will include an evaluation of the program’s concrete impacts on maternal health, by analyzing data before and after Phase I of the AIP.

Also in Kenya …

At the beginning of February, Moya Crangle, project manager of the FIGO Saving Mothers and Newborns Project, will travel to the country. During her stay, Moya will visit and provide support to the project teams at Kenyatta National Hospital and Pumwani Maternity Hospital in Nairobi, as well as the Moi Teaching and Referral Hospital and Sabatia Health Center in western Kenya. This project implements criterion-based audits in order to improve the quality of maternity and newborn care in their facilities.

THE SOGC at work

THE IWHP on the go

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