Celebrating Our Members
Regional Awards 2005 - Drs. Rochette, Gauthier, McCleary, McCarthy and De la Ronde

From the EVP Desk André B. Lalonde

With SOGC’s Annual Clinical Meeting, we will be celebrating our Regional Award Winners as well as our International Volunteer Awards. As our co-host of this year’s annual meeting, we will be celebrating two well-known AOGQ members who have had a strong influence on the SOGC in the ‘80s and early ‘90s. We will honour Dr. Antonin Rochette, who was treasurer and Council Member of SOGC, and Dr. Cajetan Gauthier, who was a Council Member of the SOGC. These members were instrumental in maintaining a Quebec presence within the society and facilitating the society headquarter’s move to Ottawa.

The regional award winner for Ontario is Dr. Paul McCleary, who has devoted his entire career to the promotion of women’s health by providing much needed gynaecology services to the Center for Addiction and Mental Health. He provided special service to this out patient mental health facility for over 30 years. His services in obstetrics and gynaecology to women who are mentally ill was received at a time when these women are often ostracized from other private clinics.

Another awardee is Dr. G. McCarthy from Manitoba. For the past 32 years, he has been happy to pursue a career outside of the limelight, devoted to patient care, teaching and mentoring.

Reducing Risk for Mothers and Newborns in Haiti:
The SOGC and Société haïtienne d’obstétrique et de Gynécologie (SHOG)

The SOGC’s recent mission to Haiti for the Société haïtienne d’obstétrique et de Gynécologie (SHOG) 2003-2006 Partnership Programme resulted in several opportunities.

A six-day visit by Suzanne Plourde, International Health Specialist with the SOGC, provided an opportunity to implement various activities in support of the SHOG.

1.- In November 2004, the SHOG committed to developing a proposal to the International Federation of Gynecology and Obstetrics (FIGO) for an intervention aiming to reduce maternal and neonatal mortality and morbidity. The purpose of this support was to help the SHOG assess the needs for essential obstetrical care (EOC), which includes emergency obstetrical care provided by a health facility within a department targeted and prioritized by the Haiti Ministry of Public Health and Population. Meetings held with the Ministry’s authorities at the national, departmental and communal levels, the World Health Organization, the École nationale des infirmières sages-femmes de

Health center targeted within FIGO-SHOG proposal in Haiti

(Continued on page 3)

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Erratum

SOGC’s Annual Business Meeting: In the last issue, the SOGC’s Annual Business Meeting was promoted as being on June 21, when it should have read Monday, June 20. We are sorry for any inconvenience this may cause.
The SOGC gratefully acknowledges the following sponsors for their generous support of the Annual Clinical Meeting in the form of unrestricted educational grants:

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The SOGC News is published on a monthly basis. Comments and contributions are welcome and should be forwarded to: SOGC News, 780 Echo Dr., Ottawa, ON K1S 5R7, Tel: (613) 730-4192 or 1-800-561-2416 ext. 330, Fax: (613) 730-4314, E-mail: knolan@sogc.com
An Overview of the Maternal and Infant Mortality In Haiti

By Suzanne Plourde, SOGC

The Haitian health system is deeply inefficient. The public hospitals and health centers are timeworn, undersupplied or poorly supplied. They lack structure and human resources in quantity as well as in quality. The poorly managed public sector negatively impacts the health of the population.

On an epidemiological level, Haiti shows a serious problem with regards to maternal mortality. In 2000, 523 women died from pregnancy-related complications for every 100,000 live births. This exceptionally high ratio means that, given a population of 7,929,000 and a birth rate of 3.27 percent, the 259,280 births expected in the country in 2004 happened alongside 1,356 maternal deaths.

One Haitian woman out of forty-one dies from delivery-related causes. Obviously, maternal mortality amounts to a disproportionate number of deaths in any woman of reproductive age; there is one death for every 7 women (13.9%) aged between 15 and 49 with a peak in women between the ages of 25 and 29, which represents close to one-third of the deaths (28.6%). According to UNICEF 2004, the disparity in the pregnancy risk exposure and pregnancy-related complications is important between women in rural Haiti and the ones in urban areas. Women in rural settings average 2.5 more births (total of 5.8 births) than women in urban Haiti (total of 3.3 births). This means that women in rural areas are 75% more at risk than those in urban Haiti. Simultaneously, the complications faced by women at birth also have negative impacts on newborns, which results in high mortality and morbidity rates. Finally, it is internationally recognized that more than 80% of maternal deaths happen during delivery, or not long after, and their causes are well known (hemorrhage, hypertensive disorders, infections, obstructed labour and complications due to unsafe abortions). It is also recognized that skilled attendance at birth can significantly reduce maternal and neonatal mortality and morbidity.

This tragedy is linked, in part, to inadequate access to reproductive health services, particularly inadequate access to basic emergency obstetrical care (EOC) and to comprehensive EOC, and to the lack of skilled attendants at birth. The Société haïtienne d’obstétrique et de Gynécologie (SHOG) wishes to mobilize its professionals in order to provide women access to skilled attendants in emergency obstetrical care.

Reducing Risk in Haiti (Continued from page 1)

Haiti, private clinics, the NGO involved and representatives from the population, also allowed us to gain all pertinent information necessary to describe the proposed intervention framework.

Finally, a draft proposal was submitted to SHOG representatives, following which discussions on the contents and required budget ended with SHOG approval of this initiative, provided financing is available.

2- Other meetings were held, contiguous with complementary partnership activities.
• Following contact in July 2004 with UNICEF Haiti in Washington, a meeting helped crystallize potential expectations concerning SOGC collaboration on an emergency and essential obstetrical care initiative to be implemented in three departments. This project was to benefit from nearly $7 million in financing, to be provided by the CIDA. Thus far, no agreement has been reached on this joint UNICEF-UNFPA-SOGC initiative.
• A follow-up visit with the OXFAM Québec representative in Haiti aimed to define the parameters of a joint effort in the Nippes department. This initiative is moving along nicely, an unsolicited proposal will be submitted to the CIDA by both partners (SOGC and OXFAM Quebec) in order to get CIDA’s approval on this three-year intervention (emergency and essential obstetrical care component).
• A meeting with the Canadian Red Cross field representative confirmed a mutual interest in working together, which would benefit both organizations in Haiti. Contact was established with representatives from the national head office in Canada, and discussions regarding the benefits of being partners in development continue.
• An informative meeting with the UNFPA representative in Haiti allowed us to reiterate the contribution of the SOGC to the reduction of maternal and neonatal mortality and morbidity.

The SHOG is known in Haiti as the main advocate in the fight against maternal and neonatal mortality and morbidity by teaching the ALARM course to professionals working in obstetrics. The SHOG is preparing its Annual Conference, scheduled for May 2005, during which an ALARM course will be taught by local instructors. A few Canadian instructors will join the team, mostly to insure the development of the Haitian instructors’ capabilities. Finally, the SHOG wishes to widen its sphere of intervention by, hopefully, launching the initiative submitted to the FIGO, which would allow the SHOG to more actively commit itself, in the mid-term, to implementing activities within a health facility.
Members' Corner

Another Great Online Service!

Now all SOGC members can make changes ONLINE to their current member profile such as change of address, phone numbers, fax numbers, or email addresses online; whenever it is convenient for you. Simply visit our website at www.sogc.org. You can also easily renew your membership by selecting “Membership Renewal 2005”. It’s that simple. Just one of the ways that the SOGC is serving you better!

First Time Logging In? The first time you log in, your user ID will be your SOGC member number and your password will be your last name. Once you have successfully logged in, you will be prompted to change your password.

Expands Medical and Dental Scholarship Program

RBC Financial Group® recently announced the expansion of its medical and dental scholarship program to include both first-year and graduating students.

“We know that students in medical and dental programs are faced with costly tuition fees, and as they graduate into either a residency or intern program they bear a significant financial burden,” says Kathryn Whalley, national manager, Consumer Markets, RBC Royal Bank. “RBC wants to help lessen the financial burden on Canada’s future doctors and dentists while they study, recognizing the significant role they play in our country’s health care sector.”

Awards for 2005 graduates: Five RBC Scholarships for Graduating Medical and Dental Students, valued at $3,000 each, will be awarded to students completing their final year of study in a recognized medical or dental program in Canada in 2005. To be eligible, students who are completing their studies to become a medical doctor or dentist at a recognized Canadian university must apply by June 1, 2005.

First-year scholarships: Five RBC scholarships valued at $3,000 are also awarded to students accepted into their first year of study at recognized Canadian medical or dental programs for the 2005-2006 academic year. The application deadline is August 26, 2005.

For more information and an application form, visit the scholarship Web site at www.rbcroyalbank.com/mdscholarship.

Free student banking, flexible credit, and expert advice: RBC’s Plan for Medical and Dental Students provides tailored services, which include: flexible financing, a student line of credit, and free student banking. For more information, and to access budgeting tools, scholarship links, and financing guides, log on to www.rbcroyalbank.com/student/medical(professional.html).

Help Us Recognize our Outstanding Members

If you are or know an SOGC member who is doing outstanding work in their community or has gone above and beyond the call of duty, we want to hear about it. Please submit your member acknowledgment to Shaely Williams at the National Office or email swilliams@sogc.com. Help us recognize our members and the great work they do. Your story will be profiled in the SOGC News.

Dr. Anna Louise Loane

It is with regret the SOGC informs members of the passing away of Dr. Anna Louise Loane (Fredericton, NB) unexpectedly, but peacefully on April 3, 2005 at the age of 84.

Anna was the first Obstetrician and Gynecologist in Fredericton, setting up her practice in November 1951 and a long time member of the SOGC. The SOGC extends its condolences to her family and friends.

SOGC at the SRPC Conference

April 28-30 Montreal, Québec

Recently our Membership and Subscriptions Services Coordinator, Shaely Williams had the opportunity to attend the Society of Rural Physicians of Canada Conference that took place in Montreal, Québec, at the Holiday Inn Select in the heart of downtown Chinatown. The 13th Annual Rural and Remote Medicine Conference covered topics such as rural communities and health needs, rural care and how critical it is, and caring for the community. Total attendance to the conference was estimated at about 350 participants who were SRPC members, residents, associates and medical students. Member of the SOGC, Dr. Brian Gellar gave an update on the Multidisciplinary Collaborative Primary Maternity Care Project and Dr. Vyta Senikas, AEVP of the SOGC gave a talk on Contraception. During the two days that the SOGC booth was at the conference, it was attended by over 200 participants. The booth offered many valuable tools useful in a rural setting such as information on choosing the contraception that is right for you as well as awareness products from the Contraception Awareness Program. To help the SOGC grow, we offered membership at a discounted rate for all new members. The conference on a whole proved to be a success for all.
News: University of Toronto  
By Dr. Ari Baratz, Junior Member

This past year was full of great academic and social experiences for the residents of the Obstetrics and Gynaecology program at the University of Toronto.

The state-of-the-art surgical skills lab at Mount Sinai Hospital continues to serve as a focal point for our surgical training. The lab is a hub for expert faculty to offer demonstrations from basic surgical anatomy and obstetrical skills at the junior resident level to advanced laparoscopic techniques at the senior resident level. New additions to the general curriculum include a longitudinal ambulatory block that allows interns to follow a mentor for their entire first year. Positive modifications to the core program have promoted sub-specialty rotations to earlier points in the training program to allow for enhanced career-path decision making.

On the social front, the highlight was the Second Annual Resident Retreat. This year’s program included an OISE personality seminar, resident general meeting followed by fine dining and live entertainment.

The Latest from McGill University  
By Violaine Marcoux and Wael Jamal, Junior Members

Another year will soon be over. Le temps file! Several events and accomplishments are worth mentioning. Our chief residents are studying hard for the exams and will be leaving us in a few weeks. All six graduating residents are pursuing post-graduate training in different subspecialties such as reproductive endocrinology and infertility, gynecologic oncology, ultrasound and perinatology, advanced gynecologic surgery, and urogynaecology. One graduating resident is even completing a PhD in bioethics. We will be missing all of our excellent chief residents!

With the great collaboration of our program director, Dr Lucie Morin, three of our colleagues took the opportunity to complete additional training and degrees during their residency this year: one is doing a three-year basic science research PhD program in reproductive biology; another will have completed a fellowship in medical education; and the third will have completed a Master in Public Health. Research is mandatory during residency, and all residents are supported in their projects.

On April 29th we had our research day, where all the residents presented their projects. The best paper prize is to be announced at the graduation dinner.

For the first time in many years now, our team Evelyne Caron and Bhuvan Pathak won the debate at the annual interuniversity debate. We also enjoyed a visit from our American colleague Dr. Sabrina D. Craig, Professor Ob-Gyn, Chief, Division of MFM, Tufts-New England Medical Center, Boston who gave an excellent talk on cervical cerclage.

Dr. Hum continues to combine entertainment with teaching. His latest outing included a talk on financial planning and his Karaoke machine.

On another note, we also welcomed four new staff over the last two years. Dr Susie Lau and Dr. Walter Gottlieb are busy in gynecologic oncology, Dr. Josee Truchon doing general gynecology and obstetrics while Dr Stephanie Klam is an appreciated addition to the perinatology team.

It is with great sadness, but with pride that we wish our finishing residents (Erik Walter, Maha Al-Khaduri, Melinda Hall, Deborah Robertson, Abulrahim Gari, and Emre Kayaalp) good luck with all their new projects. We will be welcoming six new residents in July. Hopefully, next year will bring us a new working contract in Quebec after three years of negotiation, but most certainly, next year will bring us lots of fun, work and surprises.

The past year in the Obstetrics and Gynaecology program at UBC has seen some exciting changes to our residency programme. Firstly, all residents will now partake in a month long rotation in Minimally Invasive Surgery. The rotation will focus on hysteroscopic and laparoscopic procedures (both diagnostic and therapeutic) as well as allow for dry lab training at the Centre of Excellence for Surgical Education and Innovation at Vancouver General Hospital. Secondly, our PGY-5 residents are rotating through an office practice and a pathology department in April and May. This change not only provides them with a lighter load to prepare for their Royal College examinations, but it also allows them to prepare for the transition to running their own office practice.

Our team would like to wish Jason Hitkari, Paula Lott, Jen Oakes and Jason Poon the best of luck on their Royal College exams, as well as in all their endeavours as full fledged obstetricians and gynaecologists. On the other end, we are pleased to welcome six new residents to the program: Erin Bader, Carolyn Donnelly, Salim Lalani, Shannon Salvador, Dan Warren, and Kellie Whitehill. They are currently completing their rotating internships and will be joining us for their core obstetrics and gynaecology in July.

In mid-February we had a welcome visit from Dr. Florence Mirembe, head of Obstetrics and Gynaecology at Makerere, Uganda. She gave an excellent presentation for our residents at our academic day, discussing maternal morbidity and mortality in Uganda. She inspired many of our residents to consider an elective in Uganda in coming years, and we will hope to forge a lasting working relationship with Dr. Mirembe.
New Conference!

SOGC/AOGQ/SOLAMER CME
October 6-8, Loews Le Concorde, Québec, QC

Programme offered in French and Spanish

Come Take Part in a Rewarding International Dialogue between Latin Countries!

A post-graduate education event organized jointly by:
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
- The Association des obstétriciens et gynécologues du Québec (AOGQ)
- The Société latine de médecine de la reproduction (SOLAMER)
- The Department of Obstetrics and Gynaecology, Laval University

Scientific Programme:
For updates on the scientific programme: www.sogc.org.

How to register:
- Complete the registration form you received in the mail or
- Registering online at www.sogc.org.

DEADLINE DATE FOR EARLY BIRD REGISTRATION: AUGUST 26TH, 2005

Book your hotel reservation by calling:
Loews Le Concorde, 1225, cour du général de Montcalm Québec (Québec)
Tel.: 1-800-463-5256 or 418-647-2222
Group code: SOG 105
Group price: $195 single/double

HOTEL DEADLINE DATE: AUGUST 26TH, 2005

For conference information:
SOGC, 780 Echo Dr., Ottawa, Ontario K1S 5R7
Tel: 1-800-561-2416 or (613) 730-4192, Fax: (613) 730-4314

Please continue to visit our Website, www.sogc.org, for updates on our CME events. Au plaisir de vous accueillir à Québec!

SOGC, serving its members with excellence!
SOGC Courses

ALARM - 2005
- Moncton, NB - September 11-12
- Comox-Courtenay Valley, BC - September 30-October 1
- Toronto, ON - November 27-28 (in conjunction with the Ontario CME)

National and International Meetings

The 15th World Congress on Ultrasound in Obstetrics & Gynaecology - Vancouver, September 25-29. Ultrasonography is such an important part of what CFAS members do, it would be wonderful to have a strong Canadian representation at the conference. For more information, visit www.cfas.ca.

Canadian Fertility and Andrology Society Conference - October 15-19, 2005, Palais des Congrès, Montréal, Québec; Info: Tel: 514-524-9009; Fax: 514-524-2163; E-mail: CFASoffice@cfas.ca

Growing in the North: Expertise and Leadership in Maternal Child Nursing - Nurses from Maternal Child Services at Prince George Regional Hospital invite you to attend from November 3-5, 2005 at the Coast Inn of the North. Questions Contact: Martina Irvine at (250) 565-2328; Martina.Irvine@northernhealth.ca

“West-Central CME was excellent this year. Having trained in Saskatchewan and working in Alberta has enabled me to know a lot of people at this conference. It was small and very friendly. The talks and break-out sessions were great. I especially enjoyed the infertility talks as well as the “bio-identical” hormone discussion. The snow was great too and the sun shone daily at Sunshine.”

Kevin Wiebe, MD

The New Quebec CME in Obstetrics:
“Preconception to Postpartum”

November 17-18, 2005 at the Ritz Carlton Hotel, Montreal, QC

SOGC is pleased to announce this new CME conference which will be held at the Ritz Carlton Hotel in Montreal on Thursday, November 17 and Friday, November 18, 2005 (this programme is offered in French). This CME conference will offer knowledge on preconception to postpartum and everything in between. The scientific programme is being developed to meet the needs of specialists, family physicians, nurses and midwives who offer healthcare services to women. Some of the topics to be presented will be: Induction of Labour, VBAC, and Medical Management of Miscarriage. You will also have the opportunity to participate in a variety of small group sessions to discuss cases relevant to your personal experiences.

Details of the scientific programme will be outlined in the Preliminary Programme which will be sent to you in the coming months. You will also be able to review this information on the SOGC website at: www.sogc.org.

Location: Ritz Carlton Hotel, 1228 Sherbrooke Street West, Montréal, QC
Telephone: 1-800-363-0366 or (514) 842-4212
SOGC special rate: $165 per night (** Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference. **)

Cut-off date: Tuesday, October 11, 2005

Be sure to check your mailbox for the programme and mark your calendars!

24th Ontario CME

in association with Ontario Society of Obstetrics and Gynaecology (OSOG)
November 24-26, 2005 - Marriott Downtown Eaton Centre, Toronto, Ontario

The SOGC and OSOG would like to invite you to the 24th Ontario CME Programme, to be held at the Toronto Marriott Downtown Eaton Centre. The Ontario Planning Committee promises a dynamic and educational Scientific Programme.

Topics of Interest: Medical Management of Miscarriage, Induction of Labour and VBAC as well as the latest updates on STI’s, PID and office gynaecology. For complete details of the Scientific Programme, please refer to the Preliminary Programme you will receive in the mail.

Space is limited; therefore we advise you to book your hotel room soon!

Location: Toronto Marriott Downtown Eaton Centre
Telephone: 1-800-905-0667
SOGC special rate: $145 single/double occupancy (** Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference. **)

Deadline: Monday, October 24, 2005

Remember to check your mailbox for the arrival of the Preliminary Programme or visit our website www.sogc.org, and mark your calendar to attend the largest regional CME programme!
The Burntwood Regional Health Authority (BRHA) has a position for an obstetrician/gynecologist. The BRHA specialty program is affiliated with the University of Manitoba. The obstetricians have an opportunity to apply for a university appointment and to participate in their department and the larger university community. The position provides a unique opportunity to combine consultation practice in a northern setting with teaching and research.

The Burntwood Regional Health Authority (BRHA) covers the northern 52% of Manitoba and has its headquarters in the Regional Centre of Thompson, population 14,106. Located in Thompson the Regional Level 2 Hospital has 74 beds, 700 deliveries and 30,000 ER visits per year. Thompson General Hospital offers mammography, ultrasound, CT Scanning, dialysis, chemotherapy, surgery, and a level 2 nursery. It has a state of the art Emergency Department with a 3 bed Special Care Unit. The Northern Consultation Centre, with 15 specialists and Burntwood Community Health Centre with 12 family physicians support an interdisciplinary model of care in an academic setting. The Region also has 2 smaller hospitals, 6 health centres and 17 Federal First Nation Health facilities. The Region’s population is 72% Aboriginal.

Thompson is the ideal place to raise a family with excellent schools including French Immersion and Cree bilingual. The University College of the North is expanding in Thompson. A wide variety of extracurricular activities are available for all age groups.

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phealy@brha.mb.ca

“Northern Health in Northern Hands”
Update on SOGC’s Registered Midwives Committee

By: Michelle Kryzanauskas, Chair

The RM Advisory Committee has continued to meet by conference call in preparation for the Council Meeting in June. The committee will have the opportunity to meet in person in June 2005 at the ACM in Quebec City and be involved in many of the educational opportunities that week.

The committee has focused attention and discussion on the issues in obstetrics that are nationwide: vaginal birth after Caesarean, elective Caesarean deliveries, vaginal breech birth, collaborative maternity care models, liability risk management, and protocol and guideline development.

We have had the following discussions and have many questions that have grown out of them.

How does the impact of constant change in obstetrics get managed by midwives and women in Canada? The committee has identified informed choice decision-making by women as the approach to dealing with the impact of these changes.

The committee confirmed that women must be aware of their care provider’s scope and limitations. The women must gain information and knowledge to facilitate their choices for decision making. Women are the primary decision-makers in their obstetric care and should be offered an informed choice decision-making process.

How is informed choice offered in obstetrics with so many variables; scopes of practice, language, education, community standards, birth setting, access to information, access to choice of care providers, time constraints, professional regulation and institutional constraints or closures? The difficult question remains — when is there enough knowledge for women to say “these are my choices”, and for them to be completely responsible for their choices? Midwives have the hard and valuable task of informing women and accepting and supporting that women make informed choices concerning their obstetrical care.

In practice, midwives develop clinical and administrative protocols, guidelines and handouts to support information and knowledge sharing for women to make clear choices in their care. The protocols, guidelines and handouts prepared by practicing midwives must be accessible and easily understood.

Midwives in Canada have historically provided informed choice for women in their choice of birth place. For the most part, we have been offered regulation and funding to provide women the necessary information so they may deliberate and decide on their care. Informed choice decision-making offered by midwives throughout Canada provides women with consistent opportunities for making informed choices relevant to their midwifery and obstetrical care.

Midwifery conferences across Canada throughout this and last year have highlighted informed choice decision-making in their content. The SOGC ALARM and MORE OB® programs and clinical courses have provided more insight and work on informed choice decision-making in the current obstetrical care environment across Canada.

Midwives continue working at the SOGC committee and project levels and, as always, the committee is seeking interested midwives for volunteering work on future projects and committees or to replace midwives who have completed their terms.

Ontario member receives free registration

Dr. Gillian D. Oliver from Kitchener, Ontario, is the recipient of a free registration to one of the SOGC regional meetings, a value of $450, for participating in a needs assessment survey conducted by the SOGC.

Close to 500 SOGC members responded to the needs assessment survey on female sexual dysfunction and hypoactive sexual desire disorder. Although only one participation prize was granted, the SOGC is grateful to each and every one of its members who participated in this important SOGC initiative.

The results of this needs assessment survey will provide invaluable information to the members of the SOGC Expert Committee, led by Dr. John Lamont, responsible for the development of a high-quality educational program on the management of female sexual dysfunction.

Celebrating our Members (continued from page 1)

years he served in obstetrics and gynaecology, and a portion of his practice in the maternity care of First Nation women. To this day he still travels north to their community to provide exemplary obstetric and gynaecological care. He has been instrumental in sensitizing our graduates and students to First Nation needs and cultural sensibilities. He is an excellent teacher with tremendous clinical experience, especially in operative vaginal delivery.

The third regional award nomination is Dr. Sandra De la Ronde from Calgary. Dr. De la Ronde has worked as an obstetrician for the women’s health program of the Calgary Urban Project Society (CUPS). This is a place for socially disadvantaged women to access obstetric and gynaecological care. These women include aboriginal women who cannot access family physician services in their rural community outside of Calgary, women from drug dependency programs, sex trade workers and homeless women. Under her guidance and leadership, the existing program of perinatal care has grown to include a Women’s Health Program. She has also been a model for collaborative care, working with a nurse practitioner, a licence Practical nurse and a social worker. They have developed an innovative way of encouraging women to reach for follow-up care for themselves and their infants.

The SOGC Regional Award Program instituted by council last year is meant to celebrate the successes of our members across Canada. If you have a physician in your community who you feel deserves to receive this award please write to the SOGC with the particulars of the individual and their name will be submitted to the regional committee for evaluation. While attending our annual meeting and during the next year, please make a point to acknowledge our heroes.

The SOGC was honoured to have professor Aldo Vacca, MD from Australia visit the national office recently. He will review our ALARM and MORE OB® programs and SOGC guideline on Vacuum Extraction.
Introducing YASMIN

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The only oral contraceptive that combines 30 µg ethinyl estradiol and 3 mg drospirenone*
† Comparative clinical significance is unknown.

New YASMIN:
- Contains drospirenone, a spironolactone analogue with antimineralocorticoid activity*
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* YASMIN contains 3 mg of the progestogen drospirenone that has antimineralocorticoid activity, including the potential for hyperkalemia in high-risk patients, comparable to a 25 mg dose of spironolactone. YASMIN should not be used in patients with conditions that predispose to hyperkalemia (i.e. renal insufficiency, hepatic dysfunction and adrenal insufficiency). Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium, should have their serum potassium level checked during the first treatment cycle. Drugs that may increase serum potassium include ACE inhibitors, angiotensin-II receptor antagonists, potassium-sparing diuretics, heparin, aldosterone antagonists, and NSAIDs.

† YASMIN is contraindicated in patients with renal insufficiency, hepatic dysfunction, or adrenal insufficiency and in patients with known or suspected pregnancy, history of or active thromboembolitis or thromboembolic disorders, cerebrovascular disorders, myocardial infarction or coronary arterial disease, liver disease or liver tumour, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal vaginal bleeding, any ocular lesion arising from ophthalmic vascular disease, such as partial or complete loss of vision or defect in visual fields.

Please refer to Product Monograph for complete contraindications.

The following adverse reactions have been reported in patients receiving oral contraceptives: nausea and vomiting, usually the most common adverse reaction, occurs in approximately 10% or fewer of patients during the first cycle.

Adverse reactions reported with the use of oral contraceptives are: less frequent and occasional abdominal cramps and bloating, breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, amenorrhea during and after treatment, breast tenderness, breast enlargement and a change in weight.

Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels. This risk increases with age and becomes significant in birth control pill users over 35 years of age. Women should not smoke.

Oral contraceptives do not protect against sexually transmitted diseases (STDs) including HIV/AIDS. For protection against STDs, it is advisable to use latex condoms in combination with oral contraceptives.

† A randomized, open-label, 13-cycle study evaluating contraceptive reliability, cycle control and tolerability of YASMIN (30 µg ethinyl estradiol/3 mg drospirenone) compared to 30 µg ethinyl estradiol/150 µg desogestrel in 2,049 women aged 18-53 years.

‡ Open-label, multicentre study over 13 treatment cycles evaluating the efficacy, safety and cycle control of YASMIN in 324 women.

** Open-label, multicentre trial over 26 treatment cycles evaluating 100 healthy women between 18-35 years of age on the efficacy, cycle control and tolerability of 30 µg ethinyl estradiol and 3 mg drospirenone with 30 µg ethinyl estradiol and 150 µg desogestrel.

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Product Monograph available upon request.
The AOGQ Supports the Integration of Midwives in Hospital Settings

The Association of Obstetricians and Gynaecologists of Quebec (AOGQ) does not support the opening of more birthing centres and encourages pregnant women to choose to give birth in a hospital for the high level of safety it offers. The Association does support the integration of registered midwives in hospital settings and respects women’s right to choose the site of their delivery.

“We don’t question the midwives’ skills, because even an obstetrician would be of little help if a complication were to arise during delivery outside a hospital”, says Dr. Philippe Laberge, President, Association of Obstetricians and Gynaecologists of Quebec.

In such a case, the intervention timeline must be very short to maximize the chances of a safe delivery for the baby and the mother. The hospital setting, with the availability of the obstetrician-gynaecologist, the anaesthetist, the many health care professionals and, if needed, the operating room, offers optimal conditions to perform an emergency procedure and, therefore, reduce the intervention timeline to a minimum.

In 2004, 954 out of 72,947 deliveries in Quebec happened in birth centres. However, 5 to 15% of women had to be transferred to hospitals, sometimes urgently in difficult conditions, unduly extending the response time and increasing the risks to the baby and mother.

In Quebec, School Nurses Providing Better Access to Contraception

By Edith Guilbert, MD

As is the case with healthcare workers and public health agencies, the Collège des médecins du Québec is alarmed by the high rates of unplanned pregnancies seen in Quebec over the last few years. Indeed, other than Nunavut and the Northwest Territories, Quebec has the highest rate of induced abortions in the country (19.6 per 1000 women aged 15-44 in 2001 for Quebec, compared with 15.6 per 1000 for Canada during the same year). These rates reach more than 35 per 1000 women aged 18-24 in Quebec.

Aware that contraception-use is a behavior that can be acquired at a young age, the Collège des médecins du Québec decided on April 20th, 2005, to grant pharmacists and nurses a prescriptive authority within their respective spheres of intervention, namely evaluating teen girls and providing them with tips and information for using a given oral contraceptive.

This increased access to contraception for young women represents a major step forward in terms of public health. This initiative, coupled with the behind-the-counter sale of emergency contraceptives, should help reduce the number of unplanned pregnancies in Quebec.

CALL FOR ABSTRACTS:

6th Annual International Women and Children’s Health Symposium

McMaster University - Saturday September 24, 2005
Theme of Symposium: Women’s and Children’s Health During Periods of Unrest and Disaster – Facing Impossible Odds
Keynote speaker: Dr Sima Simar from Afghanistan

Abstract submissions are due NO LATER THAN Friday, July 29th, 2005
Submit to laurie.elit@hrcc.on.ca. For more details please see www.internationalwomenshealth.org or contact jchamber@mcmaster.ca