Big changes for Sexualityandu.ca

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ACM 2011: Call for video abstracts

This year the SOGC will include a video abstract category as part of the Research and Innovation Program at its Annual Clinical Meeting (ACM). Video presentations are an excellent way to demonstrate techniques or procedures which are often time-consuming or difficult to explain otherwise. A video abstract submission can demonstrate a new procedure or technique (ultrasound, outpatient procedure, surgical technique, etc.), present an unusual case, or showcase a new instrument.

The SOGC, along with video abstract program director Dr. Togas Tulandi, invite you to participate in this newly-created abstract category by submitting your video(s).

Who can submit abstracts?

Any member of the SOGC in good standing can submit an abstract: this includes obstetricians-gynaecologists, family practitioners, registered midwives, registered nurses and nurse practitioners, junior members, medical students and researchers. All submissions are subject to a pre-selection process. If accepted, the presenter must register for the ACM and pay the registration fees.

If you are not currently a member but would like to submit an abstract

This is the perfect opportunity for you to become a member – it does have its privileges; visit www.sogc.org/about/join_e.asp for more information on SOGC membership.

Guidelines

• Hospital protocol for video recording with patient permission must be followed
• Only videos uploaded via the online abstract submission program will be considered for acceptance and presentation
• All video presentations must be edited and narrated on the audio track in English or French
• Productions must not be longer than eight minutes, including titles and a spoken narrative
• Video file size cannot exceed 350 MB
• Productions must play in one of the following video players: Windows Media Player, Real Player, or Quick Time Player
• The video should not be promotional or commercial in nature
• In addition to the video, you are required to write a summary that is no more than 150 words

Submitting a video

• The deadline for submission is March 31, 2011
• Complete the online video abstract submission form at www.sogc.com – once the form is completed, you will receive instructions on how to upload your video to our FTP server
• Send one copy of your video on CD or DVD to the SOGC Office, as follows:
  Attn: ACM Video Abstract Program
  The SOGC
  780 Echo Drive
  Ottawa, ON K1S 5R7
  Include your name, the title of your abstract as submitted online, and a copy of your written summary

For further information, please contact Renée Dupuis-Leon, abstract program officer, at 613-730-4192 or 1-800-561-2416, extension 354, or rdupuisleon@sogc.com.

Help build a floor at the Wabano Centre for Aboriginal Health

In 2010, the SOGC committed to supporting an expansion project at the Wabano Centre for Aboriginal Health in Ottawa. This initiative, Wabano Mamawi, will see the creation of a national centre of excellence for Aboriginal mother and child care.

There are many ways in which interested members can support this Wabano Mamawi; the centre has recently launched a fundraising campaign in which donors can buy individual tiles for the floor of the new expansion, and receive online recognition for their contribution.

For more information on this and other opportunities to support Aboriginal women’s health through Wabano, please visit www.wabano.com/fundraising.
The new Maintenance of Certification Program
WHAT THE SOGC CAN DO FOR YOU
By Dr. Vyta Senikas, associate executive vice-president

The SOGC’s continuing medical education events, teaching modules, simulation workshops and guideline activities lend themselves perfectly to this new system.

Changes to MAINPORT will also make the documentation of activities and outcomes easier, and will enable the integration of handheld devices. As a member benefit and with your permission, the SOGC will be able to enter credits on your behalf for SOGC-related activities. This will also automatically validate them. As this option is brought into effect, we will post more information on our website, www.sogc.org, as well as in the SOGC News.

We are very pleased with the revised program, which will expand the various learning activities you can use to manage continuing professional development.

For more information, I encourage you to visit the Royal College’s website www.rcpsc.ca.

The Royal College of Physicians and Surgeons of Canada recently streamlined its Maintenance of Certification (MOC) program, creating a system that will more simply and effectively meet the needs of Canadian health-care professionals. The revisions were developed based on feedback from the College’s fellows, leadership and committees, as well as stakeholders such as national specialty societies. The SOGC was involved in this consultation process.

The MOC framework has been reduced from six sections into three: group learning, self learning and practice assessment. The self-learning section includes a broader range of learning activities and the role of simulation as an important learning strategy for individuals and health-care teams has been added to the practice assessment section. As well, some activities will garner more credits per hour than others.

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 are subject to change. All guidelines are published in the Journal of Obstetrics and Gynaecology Canada (JOGC) and are available on the Society’s website, www.sogc.org.

March
- Cervical Cancer Prevention in Low-resource Settings (joint policy statement: SOGC, GOC, SCC)

April
- Substance Use in Pregnancy

Executive Committee
- President: Ahmed Ezzat, MD, Saskatoon
- Past President: Michel Fortier, MD, Québec
- President Elect: Mark Heywood, MD, Vancouver
- Executive Vice-President: André Lalonde, MD, Ottawa
- Treasurer: Ian R. Lange, MD, Calgary
- Vice-Presidents: Ward Murdock, MD, Fredericton Douglas Black, MD, Ottawa

Regional chairs, alternate chairs and other representatives
- Western region: Stephen Kaye, MD, North Vancouver Radha Chari, MD, Edmonton
- Central region: Margaret Burnett, MD, Winnipeg George Carson, MD, Regina
- Ontario region: Wendy Lynn Wolfman, MD, Toronto William Mundle, MD, Windsor
- Quebec region: Robert Sabbah, MD, Montréal Corinne Leclercq, MD, Victoriaville
- Atlantic region: Joan Crane, MD, St-John’s Krista Cassell, MD, Charlottetown
- Junior member: Christie Pylypajuk, MD, Saskatoon
- Associate member (FP): William J. Ehman, MD, Nanaimo
- Associate member (RN-NP): Janet Walker, RN, Vancouver
- Associate member (RM): Kimberley Campbell, RM, Abbotsford
- APOG representative: Margaret Morris, MD, Winnipeg
- Public representative: Ms. Maureen McTeer, Ottawa
- Corresponding member: Senator Lucie Pépin, Ottawa
Ontario CME Program
Update in Gynaecology and Mature Women’s Health

April 14–15, 2011
Toronto, Ontario, Marriott Downtown Eaton Centre

Attend **two Post-luncheon symposia** on challenging contraception cases and new and emerging treatments and controversies surrounding osteoporosis.

Participate in **two concurrent sessions**, presented by the Society for Minimally Invasive Gynaecology and the Society of Canadian Colposcopists.

Learn at **10 plenary sessions** on a wide range of gynaecological issues, including providing care for breast cancer patients and issues for Aboriginal women.

Choose from **eight best-practice sessions**.

Register online @ www.sogc.org.

Reserve your hotel room before **Friday, March 11, 2011**
*Standard room*: $159 per night single/double occupancy
Tel: 1-800-905-0667; Group code: SOGC
For on-line hotel reservations, please visit the Ontario CME website at www.sogc.org.

This CME program is offered in English.
Recent studies authored by SOGC members


Upcoming meetings

SOGC meetings

West/Central CME Program:
Update in Obstetrics and Gynaecology
March 24–26, 2011
Lake Louise, AB

Ontario CME Program:
Update in Gynaecology and Mature Women’s Health
April 14–15, 2011
Toronto, ON

67th Annual Clinical Meeting
June 21–25, 2011
Vancouver, BC

Other meetings

8th Singapore International Congress of Obstetrics and Gynaecology 2011
Raffles City Convention Centre, Singapore

International Society for the Study of Vulvovaginal Disease
XXI World Congress
September 3-8, 2011, in Paris, France
Any practitioner interested in vulvar disease is welcome to attend as a guest or apply to become a fellow by presenting an abstract at the meeting; abstract submissions are due April 1, 2011.

International Postgraduate Course on Vulvar Disease
September 9-10, 2011, in Paris, France
www.issvd.org
From birth to puberty, from childbirth to menopause and beyond, women’s health issues touch us all. When something goes wrong, the effect ripples out to a woman’s family, friends, loved ones, colleagues and community.

This is a concept that The W. Garfield Weston Foundation understands, and it is committed to improving all of our lives through improving women’s health.

In partnership with this caring organization, the Canadian Foundation for Women’s Health was extremely proud to inaugurate The W. Garfield Weston Foundation Award last June. This grant focuses on projects that advance evidence-based research on pertinent female health issues; the 2010 awards were directed to the field of obesity and reproductive health, as will be the 2011 awards.

“The W. Garfield Weston Foundation Award has provided our foundation the opportunity to support great minds in solving the issues that affect women’s health,” says Nancy Baron, trustee of the W. Garfield Weston Foundation. “We are so pleased to partner with the CFWH in their support of groundbreaking research projects.”

The CFWH feels extremely privileged to count amongst its supporters The W. Garfield Weston Foundation, a private Canadian family foundation. It is thanks to support from donors such as this that the CFWH is able to facilitate research projects that will create a future where women and children everywhere can lead lives with optimal health.

On behalf of all women, their families and communities, the CFWH thanks The W. Garfield Weston Foundation.

For more information on the CFWH and its research initiatives, please visit www.cfwh.org.
**WELCOME, new members**

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

**International member:** Dr. Hind Abdulhameed Abdulame Alshami; Dr. Yuki Iwahara; Dr. Woo Young Lee; Dr. Alejandro Reyes San Pedro

**Junior member:** Dr. Edgar William Boggs; Dr. Lawrence Kobay; Dr. Elina Leyson Lu-Olaco; Dr. Deanne Paulette Malenfant; Dr. Alaa Younus Mohammed, II; Dr. Mohamed Ali Tagin; Dr. Tawfeeq Tawfeeq; Dr. Yuka Yamamoto

**Junior member (FP):** Dr. Cara D. E. Janzen; Dr. Kelsey Kozoriz; Dr. Jamine Leslie

**Associate member (Health):** Ms. Marie-Sophie Brochet; Ms. Gurjinder Gill, MHScc, RD

**Associate member (Students in health-care training):** Mr. Jacques Daniel Balayla; Ms. Jennifer Baxter; Ms. Melanie D’Arcy; Ms. Jennifer Gao; Ms. Emilie Hudon; Ms. Ann Kathryn Korkidakis; Ms. Jennifer Lesley LeMessurier; Ms. Olha Lutsiv; Ms. Marlene Ma; Ms. Lauren McGruthers; Miss Christine Osborne; Ms. Aparna Sarangapani; Miss Kailee Sutherland; Miss Sylvie Denise Tellier; Ms. Amelie Theriault; Ms. Allison Mary Woodbury

**Associate member (FP):** Dr. Ian Casson; Dr. Gert C. Du Plessis; Dr. Yehuda Habaz; Dr. Jaco Hoffman; Dr. Kelly Howse; Dr. Maileen Mabanta Lim; Dr. Michael Clarence Monture; Dr. Anna Voeuk

**Associate member (RM):** Ms. Nadia Balla; Ms. Luba Butska, RM; Ms. Sally Anne Morgan; Mrs. Marie Chantal Smith, RM; Ms. Fang Yu, RM

**Ob-gyn member:** Dr. Amelie Gervaise; Dr. Raymonde Michaud

**Associate member (PHD):** Mr. Andy Babwah; Dr. Matthieu Boucher; Dr. Blaise Alexander Clarke; Dr. Mahyar Etmman; Dr. Adrian R. Levy; Dr. Helen J. Mackay; Dr. Katherine Osenenko; Dr. Jerilynn Prior

**Associate member (RN/NP):** Miss Amanda Marie Carruthers, BScH; Mrs. Kristyn Chatwin, RN; Ms. France Gendron; Ms. Kelly McInerney, RN; Mrs. Rachel Muir, RN

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**ENTER THE 2011 IWHP PHOTO CONTEST TODAY**

The SOGC’s International Women’s Health Program is accepting submissions for its annual photo contest until April 15 ... so get out those cameras and show off your best photos!

This year, photos of both international and Aboriginal health initiatives are welcome. You don’t need to be an expert photographer to participate in the contest — anyone can join. Winning photographs will be displayed at the International Indigenous Women’s Health Symposium at the SOGC’s 2011 Annual Clinical Meeting.


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The winning entries from last year’s IWHP photo contest, taken by Ilona Hale and Caroline LeJour.
67th annual
CLINICAL
meeting
June 21–25, 2011
Vancouver, British Columbia
The Westin Bayshore

Week-at-a-Glance (SUBJECT TO CHANGE)

Tuesday, June 21

International Indigenous Women’s Health Symposium

07:00 – 08:00 Continental Breakfast
08:00 – 08:30 Welcome and Opening Remarks
08:30 – 09:00 An Indigenous View of Health
09:00 – 10:15 Confronting Inequity – The Response of Health Systems to the Burden of Disease among Indigenous Communities
10:15 – 10:45 Health Break
10:45 – 12:00 Adapting Clinical Practice to Improve Delivery of Culturally Safe Sexual and Reproductive Health Services
12:00 – 12:30 Volunteer Awards
12:30 – 13:30 Lunch
13:30 – 15:00 Returning Birth to the Community: Opportunities and Challenges
15:00 – 15:30 Health Break
15:30 – 16:45 Supporting Community Initiatives: Advocating for Culturally Safe Care
16:45 – 17:00 Closing Remarks

Social Event
17:00 – 19:00 International Indigenous Women’s Health Reception

Other Meetings
07:00 – 08:00 Resident Professional Development Program (RPDP) Welcome Breakfast (This session is for RPDP participants)

Wednesday, June 22

Post Graduate sessions, Exhibits, Video Presentation

07:00 – 07:30 Breakfast (exhibit area)
07:30 – 08:30 Breakfast Symposium 1: Reproductive Aging and Delayed Child Bearing Risk
08:30 – 15:30 Post Graduate (PG) Full Day Sessions
PG 1: Society of Canadian Colposcopists – SCC
PG 2: Canadian Society of Pelvic Medicine – CSPM
PG 3: Society of Minimally Invasive Gynaecology – SMIG
PG 4: Risk Management in Operative Gynaecology
08:30 – 12:00 Post Graduate (PG) Morning Sessions
PG 5: CANPAGO - Adolescent Reproductive Health Care
PG 6: Breech Delivery: Theory to Simulation (limited space)
PG 7: Mental Health Issues in Pregnancy
PG 8: 2nd Stage Management: How Far Should We Push the Second Stage?
PG 9: Prevention of Preterm Birth
PG 10: Hypertension in Pregnancy
PG 11: Obstetrical Emergencies
10:00 – 10:30 Health Break (exhibit area)
12:15 – 13:15 Luncheon Symposium 1: Common Errors and Remedies in Managing Postpartum Hemorrhage
13:30 – 17:00 Post Graduate (PG) Afternoon Sessions
PG 12: CANPAGO - Droans of Moais and Giranos: Acute Pelvic Pain in the Adolescent
PG 13: Breech Delivery: Theory to Simulation (limited space)
PG 14: Ultrasound in the Delivery Suite
PG 15: REI: Update for the Generalist
PG 16: Management of the 1st Trimester Issues
PG 17: Nursing Course
PG 18: Midwifery Course
PG 19: Update: Common Problems in Gynaecology
PG 20: Procedures: Out of the OR into the Office
13:30 – 13:45 Video Presentation
15:00 – 15:30 Health Break (exhibit area)

Social Events
18:00 – 19:30 Opening Reception
19:30 Council Dinner (by invitation only)
Enjoy our full scientific program, starting with the International Indigenous Women’s Health Symposium on National Aboriginal Day.

Don’t miss our pre- and post-conference courses: Advances in Labour and Risk Management (ALARM) and SMIG Laparoscopic Course.

Check out our new Video Abstract Presentations, displaying new techniques and procedures.

Let your voice be heard – each year we bring together nearly 1,000 health-care professionals to share knowledge, network and unwind at our receptions, meetings and social events. This year’s Opening Reception is at the Vancouver Aquarium!

Explore Vancouver, a bustling metropolitan core nestled between sea and sky: Run, bike or kayak through the city’s green spaces and neighbourhoods.

### Thursday, June 23

**International Symposia, Exhibits, Research & Innovation Oral Abstracts, BPS A**

- 07:00 – 07:30 Breakfast (exhibit area)
- 07:30 – 09:00 International Symposium 1
- 09:00 – 10:30 International Symposium 2: Diversity across Cultures - Counseling for Contraceptive Success
- 10:30 – 11:00 Health Break (exhibit area)
- 11:00 – 12:15 Best Practice Sessions A (BPS)
- BPS 1: Predicting Pre-eclampsia
- BPS 2: Practical Aspects of Tocolysis
- BPS 3: Repair of Obstetrical Trauma
- BPS 4: Transfer & Transport in Obstetrics
- BPS 5: Medico-Legal Cases: Obstetrics
- BPS 6: Surviving the Student in Your Office
- BPS 7: Gestational Diabetes
- BPS 8: Management of Labor
- BPS 9: STI - 2011 Update
- BPS 10: Virtual Patient Case Based Learning System
- BPS 11: Upcoming MOC Program Changes
- BPS 12: Breaking Down Barriers

- 12:30 – 13:30 Luncheon Symposium 2: Benefits and Risks of Oral Contraception: Responsible Prescribing and Counseling
- 13:30 – 15:00 International Symposium 3: Sexual Behaviour and HPV Infection: What’s SEX Got to do with it?
- 15:00 – 15:30 Health Break (exhibit area)
- 15:00 – 18:00 Research & Innovation - Oral Abstract Presentations

**Social Event**
- 18:30 CFWH Social Evening

**Other Meetings**
- 06:30 – 12:00 Canadian Society of Maternal Fetal Medicine - CSMFM
- 09:00 – 10:30 Resident Professional Development Program (RPDP)
- 13:30 – 15:00 Resident Professional Development Program (RPDP)
  - Session K2 (session open to RPDP participants & residents)

### Friday, June 24

**International Symposia, BPS B, Research & Innovation Poster Presentations, Awards Ceremony and Installation of the New President**

- 07:00 – 08:00 Breakfast
- 07:00 – 09:00 SOGC Annual Business Meeting
- 08:00 – 09:00 International Symposium 4: Long-Acting Hormonal Contraception: Perspectives on the Past, Present and Future
- 09:00 – 10:30 International Symposium 5: Hormones Throughout a Woman’s Lifetime: Making the Right Choices
- 10:30 – 11:00 Health Break - Poster Presentations
- 11:00 – 12:15 Best Practice Sessions B (BPS)
- BPS 13: First Trimester Pregnancy Termination: Medical versus Surgical
- BPS 14: Drugs in Pregnancy & Breast Feeding
- BPS 15: Genetic Disease - Screening & Management
- BPS 16: Obesity & Pregnancy
- BPS 17: Doppler in Pregnancy
- BPS 18: Thromboembolism in Obs & Gyn
- BPS 19: Intrapartum Fever
- BPS 20: Use of Cytoscopy for the Generalist
- BPS 21: Screening for Common Endocrine Problems
- BPS 22: Alcohol Use in Pregnancy/Workshop
- BPS 23: Pharmacotherapy for Lower Urinary Tract Issues
- BPS 24: Test your Contraception IQ

- 12:30 – 13:30 Luncheon Symposium 3
- 13:30 – 15:00 International Symposium 6
- 15:00 – 16:00 International Symposium 7: Is Your Postmenopausal Woman’s Lifespan: Making the Right Choices
- 16:00 – 16:30 Health Break - Poster Presentations
- 16:30 – 17:30 Awards and Installation of New President
- 17:30 Awards Reception

**Social Event**
- 20:00 Resident Fun Night

**Other Meetings**
- 09:00 – 10:30 Resident Professional Development Program (RPDP)
  - Session #3 (session open to RPDP participants & residents)
- 13:00 – 16:30 Junior Member Committee

### Saturday, June 25

**International Symposia**

- 07:30 – 09:00 Breakfast Symposium 2:
  - SOGC / CIHR – Maternal Health Issues
- 09:00 – 10:30 International Symposium 8:
  - SOGC / AHRC – The Quest for Pregnancy: Educating Patients on Lifestyle Factors Affecting Fertility
- 10:30 – 11:30 International Symposium 9:
  - SOGC / GOC – Preventing Ovarian Cancer: The Role of the Obstetrician-Gynecologist

- 11:30 – 12:30 Stump the Professor
  - The Junior Members Committee of the SOGC are hosting this session. It provides two residents the opportunity to present case studies in the hopes of stump the expert panel of professors. The case presentations will test the clinical knowledge and expertise of the professors “singles-out” for this unique session. This session is always entertaining and draws a large crowd.

- 12:30 End of ACM

**Other Meetings**
- 06:15 SOGC 9th Annual Run for Her Life
- 07:30 – 16:30 SOGC Scientific Program - Day 1. This program will also continue on Sunday, June 26 from 08:00 to 10:15.
- 12:30 – 13:00 Resident Professional Development Program (RPDP)
  - Debriefing session (This session is for RPDP participants)

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**SMIG Laparoscopic Course**

Saturday, June 25 and Sunday, June 26

Check website for more information

www.sogc.org

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Society of Obstetricians and Gynaecologists of Canada (SOGC) 780 prom. Echo Dr., Ottawa, ON K1S 5R7 Tel/Él.: 1 800 561-2416 or/ou 613-730-4192 Fax/Téléc.: 613-730-4314 events@sogc.com

March • 2011
ACM 2011: Can you “Stump the Professor”?  

Since its inception, this event has become one of the most popular events at the SOGC’s Annual Clinical Meeting (ACM). All residents are invited to submit a detailed summary of an interesting case and a committee will select winning entries. The individuals whose entries are selected will be invited to present their case at the ACM, in the hopes of stumping our panel of ob-gyn experts. A $1,000 prize is awarded to the best obstetrical case and best gynaecological case.  

Cases should include:  
- Patient profile  
- Reason for admission  
- Symptoms/problem list  
- Past medical history  
- Family and social history  
- History of present illness/progress  
- Lab work  
- Medications  
- Follow up  

The deadline for submissions is April 1, 2011. Send your draft PowerPoint presentation to Janie Poirier at jpoirier@sogc.com

REMEMBER: 
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 details, visit the “Awards, Bursaries and Grants” section of the SOGC website, www.sogc.org. The deadline for applications is May 1, 2011.

CALL FOR NOMINATIONS 
Medical student on the SOGC Junior Member Committee  

The SOGC Junior Member Committee is looking for a medical student representative for the term from July 1, 2011 to June 30, 2012. The Junior Member Committee consists of residents from across the country who are involved with various SOGC events and activities, including the Annual Clinical Meeting and the Resident Professional Development Program. The committee also works in collaboration with various organizations and other committees, including the SOGC council, the APOG and the SOGC Promotion of the Specialty Committee. The medical student representative 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 for submission is May 1, 2011.

CALL FOR NOMINATIONS 
Chair-elect of the SOGC Junior Member Committee  

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

If you are interested in this position, please visit the Junior Members’ section of the SOGC website, www.sogc.org, to find out what this position entails. The deadline for submissions is May 1, 2011.
Celebrating 100 years of progress on International Women’s Day

International Women’s Day was recognized for the first time on March 8, 1911, with millions of women and men rallying for women’s rights to work, vote, be trained, hold public office and be free from discrimination. Celebrated throughout the world — across developed and developing countries alike — this day enables women from all walks of life to connect and act in solidarity, strengthening efforts to increase women’s rights and opportunities for full participation in social, political and economic processes.

As we celebrated the 100th anniversary of International Women’s Day this month, we were reminded of countless efforts and achievements that have contributed to improving the lives of women around the world. It seems impossible to imagine where we would be today if it wasn’t for the determination and courage of those individuals who raised their voices in the face of injustice and demanded greater equality between men and women.

Medicine’s impact on women’s health

Numerous achievements in the field of medicine in particular have contributed to improving women’s lives over the past century. For example, by gaining greater autonomy and control over their sexual and reproductive health and equal access to quality health services, many women are now able to choose the number and spacing of births, maintain healthy lifestyles, and remain in the workforce while at the same time upholding their role as mothers.

Advances in the field of obstetrics combined with increased political interest to respond to women’s health needs in the early 20th century brought a remarkable decrease in maternal mortality rates. While the early 1900s were marked by an average maternal mortality rate of over 500 deaths per 100,000 births in Canada, a hundred years later this burden has successfully been reduced to as little as 6 maternal deaths per 100,000 births. Medical research on contraception, along with the ongoing efforts of reproductive health advocates, also greatly contributed to the reduction of maternal deaths and promotion of women’s rights.

The way forward

While many landmark initiatives stand out as important achievements in the history of medicine, International Women’s Day is also an opportune moment to recognize current efforts to improve women’s health and quality of life. It is a day to celebrate the work of SOGC members and to recognize our own contributions in advancing medicine for the benefit of women.

Although developed countries like Canada have benefitted from medical advances over many decades, the stagnating toll of maternal deaths in developing countries is indicative of the ongoing need to assist women living in low-resource countries by promoting equal access to medical technologies across the globe. By learning from Canada’s own history and continuing advocacy efforts for women’s health and equality, we can foresee a positive future for women worldwide.

Looking back over the past century, there is much to celebrate. Countries around the world have made incredible progress to ensure women’s rights to health and to equal opportunities. Although progress varies from country to country, we have learned that every achievement builds on the next. By acting in solidarity we give a voice to those who go unheard and work towards a collective movement that ensures respect for women’s rights and builds momentum for another 100 years of progress.

Celebrating Women, Health & Equality Luncheon

On March 8, the SOGC joined the Canadian Foundation for Women’s Health and the White Ribbon Alliance for Safe Motherhood, along with parliamentarians, lawyers, business executives, NGO representatives, activists and fellow health-care professionals, in a celebration of women, health and equality. Please look in our next issue, or visit www.cfwh.org for a report on the Celebrating Women, Health & Equality Luncheon.

ACM 2011: International Indigenous Women’s Health Symposium

The SOGC invites you to join us on June 21, 2011, National Aboriginal Day, for our International Indigenous Women’s Health Symposium at the Westin Bayshore in Vancouver, British Columbia. This event is being held in conjunction with the Society’s Annual Clinical Meeting.

The SOGC is a proud advocate for the right to quality health care for all women and has implemented numerous initiatives to see this vision come to life. Through the resulting experience came the realisation that approaching health care with cultural sensitivity is extremely important. Culturally-competent care practices can be applied every day in any number of contexts. Taking into account the beliefs and values of every woman, regardless of her ethnicity, origin, or status, creates a more personalized level of care for all women.

The International Women’s Health Symposium has been an integral part of the SOGC’s Annual Clinical Meeting for many years. In June of 2011, the symposium, in collaboration with the SOGC’s Aboriginal Health Initiative, will bring indigenous health issues to the forefront of discussion and shed light on the plight of Indigenous women in Canada and abroad. Through a comparative analysis, we will examine the challenges and successes of providing culturally-safe services to populations that continuously face discrimination, poor health outcomes and cultural disregard. The symposium will touch on a variety of topics, from integrating culturally-safe practices into daily health services to the importance of community engagement in the development and implementation of culturally-relevant health services.

We hope to see you on National Aboriginal Day to take part in this important discussion.

Join the SOGC’s Aboriginal Health Initiative at the West-Central CME: Update in Obstetrics and Gynaecology

- Plenary Session: Aboriginal issues in health care
  March 26, 8:00-8:30am

- Best Practice Session: Changing clinical practice through culturally competent care; Aboriginal Maternal Care
  March 24, 3:45 – 4:45pm
SOGC Vice-President Dr. Ward Murdock recently spent a week volunteering in the town of Anse-à-Galets, on the island of La Gonave in Haiti. Back at home in Canada, Dr. Murdock is an obstetrician-gynaecologist at Dr. Everett Chalmers Hospital in Fredericton.

This was your first time in Haiti. What motivated you to make the trip?

I felt it was a good time in my life to reach out and help the residents of a developing country. I’ve practiced abroad before, in Saudi Arabia for four years, but I’ve never done international volunteer work. I was particularly interested when the chance came up to work with a group of fellow New Brunswickers. The trip was organized by operating room nurse Aileen Anderson and Dr. Colm McGrath, who had both been to the island of La Gonave before; our team had been preparing for three months. For myself, this included training with my surgical colleagues to learn how to repair large hernias, which are a major problem in Haiti. The trip was mostly self-funded, with participants raising about $10,000 in donations from the Fredericton-area community.

What is life like in Anse-à-Galets?

Haiti is pretty poverty stricken, particularly in Port-au-Prince. Very destitute. The conditions on La Gonave, a small island northwest of the capital, are better, although the people are still very poor. But they are very friendly and appreciative.

There’s not much in the way of funding on the island. In the town of Anse-à-Galets there’s a generator, brought in from New Brunswick and run by a global partners foundation. It was NB Power that came down and hooked the generator up to the hospital.

The island’s roads are barely functional. The family physicians in our group led a team that travelled from the town where we were working to a small mountain village. It took three hours to go only a short distance. But the doctors were much-needed there; in one and a half days, the three of them saw 300 people.

What are the challenges of providing health care on La Gonave?

The Wesleyan Church runs the only hospital on the island, in Anse-à-Galets. It has 20 beds, but had 50 to 60 people. A patient’s family is responsible for looking after them in the hospital, providing food and daily care. There are two nurses for all of those patients.

I was the first ob-gyn who had been there in two years. The local family physician, Dr. Ferdinand, had already set up cases for me to see. Word also got out to the community and people came to line up. We were busy the whole time.

The hospital had some drugs, but very little equipment. We could not perform any tests, not even a CBC. Now that we’re back home, we are planning to create a general fund that can be used to buy equipment for the hospital.

How did you adjust to this setting?

You can’t apply the same standard of care as you can in Canada. For example, we often just had to do the surgery — there was no way we could do a biopsy...
or diagnose beforehand. This was the biggest challenge. We didn’t know what we were going to find, and had to accept that this was the best we could do.

All of the surgeries were done under spinal anaesthesia, because the hospital’s anaesthesia machine wasn’t working. So, there was a time limit. Luckily, we had a great anaesthesiologist who had been there before and was familiar with this procedure.

**What is the end result for the residents of Anse-à-Galets?**

We were able to do surgeries and save patients. As well, we helped Dr. Ferdinand to learn new surgerical skills, such as complicated C-sections.

We left a page and half of surgeries for the next team, which arrives in March. The hospital usually has about four visiting surgical teams per year. We all dealt with things we’ve never had to do before – hernia repairs, for example. I even helped our urologist, Dr. Ferro, do four open prostectomies, which he had not done for years.

**What is the end result for you?**

Certainly this experience has made me very appreciative of what we have in Canada. It’s so much more than they have there. My job at home is relatively easy.

We plan to go back again in the fall of 2011. We hope to establish a regular rotation of teams coming from Canada to this island, as a long-term project. And, next time we’ll bring more equipment; we brought a lot of drugs, but there was no equipment for simple hemoglobin or ultrasounds.

Overall, it was very rewarding but very busy.

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The SOGC improves access to information on healthy sexuality

The Society is proud to announce that its award-winning www.SexualityandU.ca website is celebrating its 10th anniversary with a brand new look and content structure. The site has been redesigned to provide easier access for all Canadians to relevant, accurate, timely, unbiased, and evidence-based information on sexual health. SexualityandU.ca has served as a top national and international resource on contraception, sexually transmitted infections, relationships, and safer sex since 2001.

Although much progress has been made in terms of providing Canadians with credible information about sexuality, enabling them to make informed decisions, there is still much to be done to reduce the number of unplanned pregnancies in Canada as well as the spread of sexually transmitted infections. As more and more people turn to the internet for information, the SOGC believes that it is important to continue providing a trustworthy venue for learning.

**Real facts by real doctors**

With content that has been written and reviewed by medical experts, this one-stop source of sexual health information was originally designed to meet the unique questions, concerns and needs of teens, adults, parents, educators or health-care professionals.

This original intent remains relevant today. However, with the new design the SOGC is increasing the ease of searching for information by topic. As a result, the content structure has been reorganized to make key subject matter areas – contraception, STIs-STDs, and sexual health — more direct to navigate.

Because sexuality is important for youth and adults alike, we’ve tried to demystify it as much as possible, with a huge section devoted to frequently asked questions (FAQs), quizzes, games, and videos. Sexuality can be an awkward topic to discuss, but a visit to the SexualityandU.ca website is as discreet, confidential, and credible as a trip to the doctor’s office.

Having said that, we continue to recognize the important role parents, teachers and health-care professionals play as key advisors and counselors when it comes to sexual health. This is why the website still offers unique resources and tools to help initiate conversations with children, students and patients.
LadySystem® Pelvic Floor Therapy
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Most women would use the LadySystem® therapy upon recommendation of a healthcare professional.

![Graph showing 84% yes and 16% no for women using LadySystem® therapy. Source: MedilInsight, Nov. 2010]

It is recommended to perform the LadySystem® pelvic floor therapy 15 minutes, twice a day, for 3 months.

LadySystem® is covered by most private insurance plans.

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Address: ____________________________

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**Rx**

- LadySystem

15 minutes twice a day

Source: MedilInsight, Nov. 2010
How to Support Endometriosis Awareness Week?
Follow Endometriosis on Twitter!

Twitter, Facebook and other online social networking media are no longer a novelty, appealing only to those who are the most technologically advanced. If anything, these forums are now perceived to be mainstream and commonplace for the majority of users under the age of 35.

A perfect example of how far these networking opportunities have come is a recent episode of the TV show *Gray's Anatomy*, when chief resident Dr. Bailey routinely ‘tweeted’ her surgeries to medical students, residents and physicians around the country. Of course, there are disgruntled rumblings about the appropriateness of a smartphone in the operating theatre — but, in the end, ‘tweeting’ saves the day! (How many times has this scene played out in Canadian hospitals over the past few years?)

For all of its associations with celebrity, youth and bad grammar, Twitter is a great way to bring together a diverse community around a topic that might not make headlines – medical or otherwise. Using Twitter enables a busy practitioner to stay updated, 140 characters at a time.

And, Endometriosis.org has a very lively Twitter feed. Here are a few examples:

- #Endometriosis Awareness Week is 7-13 March 2011. What are YOU going to do to make a difference? Let us know http://bit.ly/gRY0Ys
- This video on surgical (pelvic) anatomy is a valuable tool for residents and other gynaecologists: http://bit.ly/fIgdLE #endometriosis #AAGL 5:08 AM Feb 5th via web

Recently, from March 7 to 13, health-care professionals around the world recognized Endometriosis Awareness Week; this is a time to come together to improve care for women with this condition. If you are already all over Twitter, then you need little encouragement to add another feed to your daily fix. But if this is all new to you, consider checking out how this modern information source can help you keep up to date, one easy tweet at a time.

Increasing awareness around endometriosis was the focus on an online ad campaign launched by the SOGC in November 2010. The goal was to get more people thinking about what might be causing their pelvic pain — and if endometriosis might be the cause. Traffic to the SOGC’s public education website on endometriosis was up during the campaign. Encourage your patients to visit endometriosisinfo.ca to get facts and advice they can trust.

Are You Using Social Media?

Follow the SOGC
All four of the Society's public education websites have Twitter feeds and Facebook pages — consider checking out these resources yourself, or recommending them to patients. You can get updates on the latest research and events, and stay in tune with what the public and health-care professionals are talking about.

<table>
<thead>
<tr>
<th>Twitter account</th>
<th>Facebook page</th>
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<tbody>
<tr>
<td>@endometriosis</td>
<td>Endometriosisinfo.ca</td>
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<td>@menopauseandu</td>
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<td>@sexualityandu</td>
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Let others know
Are you using social media to convey information to patients or the public, or using social media to improve your knowledge or approach? We’re interested in hearing about it. Contact newsletter editor Heather Bell at hbell@sogc.com or 613-730-4192, extension 325. 
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