Announcing the SOGC’s new CEO: Dr. Jennifer Blake

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Dr. Jennifer Blake appointed chief executive officer of the SOGC

By Dr. Douglas Black, SOGC president

As President of the SOGC, I am proud to announce that on January 7, 2013, Dr. Jennifer Blake will assume the leadership of the society she has been a member of since 1982. Recognized as one of Canada’s 25 ‘Women of Influence’ in 2011, the SOGC will benefit greatly from the extensive skills and experience Dr. Blake has acquired as the chief of obstetrics and gynaecology and head of women’s health at Sunnybrook Health Sciences Centre, as chief of pediatric gynaecology at the Hospital for Sick Children and as the undergraduate dean of McMaster University’s medical school.

Dr. Blake is not only an experienced leader who has led major organizational change in both the hospital and academic sectors, she brings a national perspective from her work with the SOGC, the Medical Council of Canada, the Royal College of Physicians and Surgeons of Canada, the Association of Academic Professionals in Obstetrics and Gynaecology of Canada, and the Canadian Foundation for Women’s Health.

She is also an educational leader with a multifaceted understanding of the profession, including the academic, clinical and regulatory perspectives. Dr. Blake served as professor and associate chair of obstetrics and gynaecology at the University of Toronto and has held the post of vice chair of the Genesis Research Foundation. She has an impressive research background and an active publication record. As a result, she can aptly represent the SOGC’s diverse membership, which consists of various health-care professionals who work in and continue to shape the field of obstetrics and gynaecology.

As a passionate advocate, respected leader, and trusted spokeswoman on issues relating to women’s health, Dr. Blake is an accomplished and well-respected obstetrician-gynaecologist both in Canada and around the world. I invite you to join me in extending a very warm welcome to Dr. Jennifer Blake as the new chief executive officer of our Society. While her past experience with the SOGC is extensive, we look forward to mapping out an exciting future for the Society inspired by Dr. Blake’s enthusiasm, vision and expertise.

Dr. Blake will also hold an appointment at the University of Ottawa and will do clinical work at the Riverside campus of the Ottawa Hospital.

Thank you to Dr. Vyta Senikas

Dr. Vyta Senikas, a renowned and influential leader in women’s health, has served the Society of Obstetricians and Gynaecologists of Canada faithfully for over three decades as both a member and as an important part of our leadership team.

Since joining the SOGC in 1979, Dr. Senikas has volunteered on committees too numerous to list and held several positions on our Executive Committee and Council. In 2003, she left her clinical and leadership positions at Montréal’s Royal Victoria Hospital to join the Society as associate executive vice-president and director of continuous professional learning. In these roles, she was instrumental in securing the Society’s position as a respected provider of continuing medical education and evidence-based clinical practice guidelines, and for the past year has stepped in to fill the position of acting executive vice-president.

It is difficult to quantify Dr. Senikas’s contributions to obstetrics and gynaecology and the health of women, in Canada and abroad, as well as to our Society. Though Dr. Senikas will leave the SOGC staff at the end of this year, we look forward to continued work with her in the future.
PROFILE: Dr. Jennifer Blake

In addition to the info provided in the editorial, here is some more background on our new CEO.

Dr. Blake earned her bachelor of science in biology from the University of Waterloo in 1974. She then studied at McMaster University, where she acquired her medical degree in 1977, completed a mixed internship in 1978, completed her residency in obstetrics and gynaecology in 1982, served as the MRC fellow in reproductive endocrinology from 1982 to 1984, and earned her master of science in health research methodology in 2004.

Dr. Blake is an educational leader with a multifaceted understanding of the profession, including the academic, clinical and regulatory perspectives. During her career, she returned to the academic setting assuming a number of appointments. After serving as assistant professor for the department of obstetrics and gynaecology at McMaster University from 1984 to 1988, she assumed the same position within the faculty of medicine at the University of Toronto from 1988 to 1991, where she was head of the division of pediatric gynaecology. She returned to Toronto in 1999 and became professor and associate chair from 2003 to 2012.

She is recognized as an outstanding obstetrician-gynaecologist both in Canada and abroad; McMaster University formally acknowledged Dr. Blake as the recipient of the Dr. Carr teaching award in 1996 and the President’s Award for excellence in teaching and educational leadership in 1995. The same year, she received the SOGC award for best reproductive endocrinology research paper, which followed the SOGC’s first place award for best gynaecology research paper in 1992. In 1983, she was granted the MOH Scientist Award and the R. T. Weaver Award for best resident paper presentation in 1980. Accolades for Dr. Blake are not restricted to those within the academic and women’s health sectors. In 2011, Dr. Blake was identified as one of the top 25 ‘Women of Influence’ in Canada.

In addition to her membership with the SOGC, Dr. Blake is also an active member of the Society of Obstetricians and Gynaecologists of Toronto, the Canadian Fertility and Andrology Society, the Society of Canadian Colposcopists, the American Society for Reproductive Medicine, and the international and North American menopause Societies.

As a passionate advocate, respected leader, published author, dynamic lecturer, and trusted spokeswoman on issues relating to women’s health, Dr. Blake has assumed a number of consultancy roles on projects pertaining to general obstetrics and gynaecology, continuing medical education, strategic planning, ethics, public affairs, menopause, human sexuality, oncology, and pediatric and adolescent gynaecology. She has also been an active member of advisory committees, boards of directors, and task forces as well as administrative, medical, and perinatal committees.

Dr. Blake’s philanthropic and community service initiatives have included being a member of the community advisory committee for the Junior League of Toronto (2011 to present), serving as chair of the Canadian Foundation from Women’s Health (2007 to present), as vice chair of the Genesis Research Foundation (2003 to present), and as chair of the national health advisory committee for the Look Good Feel Better/Lives Affected by Cancer Programme.

Dr. Blake enjoys an active home life. Together with her husband, Dr. Denny De petrillo, she has three children, four grandchildren and a dog. She is an avid reader and writer, enjoys gardening and the great outdoors.

Update from the Executive Committee and Council

Earlier this month, the members of the SOGC’s Executive Committee and Council met in Ottawa for three days of face-to-face discussion.

Among other timely topics for discussion, routine Society business addressed and acted upon at this annual November meeting included the following:
- Update on SOGC governance and leadership
- Review of several committee-generated guidelines which will be published in the upcoming months;
- Presentation of, and discussion about, a report from SOGC president Dr. Douglas Black on recent activities, including Canadian representation at the recent XXI FIGO World Congress in Rome;
- Delivery of, and discussion about, reports from the SOGC acting executive vice-president Dr. Vyta Senikas on operations and programs at the Society’s office;
- Presentation of, and discussion about a report from SOGC treasurer Dr. Ian R. Lange on the Society’s finances to date, as well as a report on our membership renewal statistics;
- Review of reports from the SOGC’s associate member and regional representatives.

Dr. Jennifer Blake speaks at the 2012 ‘Healthy Women, Healthy Future’ Gala and Research Awards Ceremony, hosted by the Canadian Foundation for Women’s Health in June at the SOGC annual clinical meeting.
Upcoming clinical practice guidelines

Below is a tentative schedule for upcoming guidelines to 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.

**November**
- Treatments for Overactive Bladder: Focus on Pharmacotherapy

**December**
- Colposcopic Management of Abnormal Cervical Cytology and Histology

Ontario CME Program

Update in Obstetrics and Gynaecology
December 6–8, 2012
Marriott Downtown Eaton Centre, Toronto, Ontario

This conference offers a comprehensive update on the issues faced in obstetrics and gynaecology. Please visit our website at www.sogc.org for updated information.

Conference site: Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto, ON
- Standard room: $159 per night single/double occupancy
- Tel. : 1-800-905-0667
- Group code: SOGC

This CME program is offered in English. The Ontario CME is an accredited Continuing Medical Education (CME) program by the SOGC.

SOGC meetings

Quebec CME in Obstetrics
For family physicians, nurses and midwives
November 15–16, 2012
Montréal, QC

Ontario CME
Update in Obstetrics and Gynaecology
December 6–8, 2012
Toronto, ON

West/Central CME
Update in Obstetrics and Gynaecology
March 21-23, 2013
Banff, AB

69th Annual Clinical Meeting
June 11–14, 2013
Calgary, AB

In association with the Ontario Society of Obstetricians and Gynaecologists (OSOG)
New research shows HT in early menopause has positive secondary benefits

The Kronos Early Estrogen Prevention Study (www.keepstudy.org) released its findings at the North American Menopause Society’s (NAMS) annual meeting in October. The KEEPS results show that menopause hormone therapy started soon after menopause not only relieves many menopause symptoms but also improves mood and some markers of cardiovascular risk. The results also showed no significant adverse effects or benefits of hormone therapy on the rates of breast cancer, endometrial cancer, heart attacks, stroke, and blood clots.

“The SOGC welcomes this new research that sheds further light on things we can do to improve midlife health in women, especially as it relates to heart disease which is, in fact, the number one cause of death in Canadian women,” says Dr. Douglas Black, President of the SOGC. “The SOGC has appointed an expert panel to review the KEEPS results carefully, so as clinicians, we can provide the best possible advice to Canadian women on how to be healthy at midlife, and what role, if any, hormone therapy may play in that wellness.”

The expert panel
- Dr. Robert Reid
- Dr. Jennifer Blake
- Dr Michel Fortier
- Dr. Petra Selke
- Dr. Beth Abramson

A position statement is under development by this group. The SOGC will release its position statement on KEEPS pending approval by SOGC Executive Committee and Council.

This CME program is offered in English. The West/Central CME is an accredited Continuing Medical Education (CME) program by the SOGC.
Members’ corner

Recent studies authored by SOGC members


ACM 2013: Call for abstracts

It’s not too early to start thinking about submitting an abstract to the Research and Innovation Program at our 2013 Annual Clinical Meeting. The program features oral, poster and video abstract presentations on cutting-edge topics. The best abstracts, as selected by a panel of judges, will be recognized for their achievements at the Research and Innovation Awards Ceremony on Friday, June 14. All attendees of the meeting are invited to sit in on oral and video presentations and explore the poster abstracts.

This is a friendly reminder to submit your abstracts online no later than January 21, 2013.

Visit www.sogc.org and go to our ACM section for more information on the submission process.
Did you receive your electronic membership renewal notice? Look in your inbox!

Members, with the exception of Junior and Student members, should have received their first membership renewal notice for 2013. This notice was delivered by email, so don’t forget to check your inbox. Anybody who does not have an email address will receive the notice by regular mail.

To renew your membership, you can visit www.sogc.org and log in to the member’s section; click “Pay your dues online.” Alternatively, you can print the PDF form from the email notice and return it to our office along with your payment. Please remember to update your address with the SOGC, so you can continue to receive great services such as monthly issues of the Journal of Obstetrics and Gynaecology Canada and the SOGC News.

Pay online and win
To encourage members to pay their dues in advance using our simple online renewal service, all members who do so will automatically become eligible for the following draws:

- Payments received prior to November 30 are eligible to win a free conference registration to the 2013 annual clinical meeting
- Payments received prior to December 31 are eligible to win a free conference registration to a 2013 regional continuing medical education event

The SOGC would like to remind you that some members may also qualify for reduced membership rates, such as members who are on special leaves (including maternity, health, prolonged education or prolonged sick leaves) or who are married/common law individuals that are both Ob/gyn members of the Society.

For additional information, please contact Linda Kollesh at lkollesh@sogc.com.

With your continued support, the Society can remain strong, sustain growth, and continue to effectively represent you, our members. Our strength is in our membership, and without you, our continued success would not be possible.

We look forward to seeing you at one of our regional continuing medical education programs and at next year’s annual clinical meeting, hosted in Calgary from June 11 to 14, 2013.

Your 2013 SOGC calendar
The SOGC's popular desktop and wall calendars are once again available for our members. The convenient month-by-month calendars include important deadlines and dates for SOGC events and programs, as well as notable holidays and awareness days, weeks or months for issues related to women's health.

There is also supplementary information, making the calendar a one-stop reference for all of your questions regarding SOGC events and programs. Need to register for an ALARM course? Want to know more about being involved on a committee? Forgot where to find patient education resources? All of this information and more can be found in a convenient tabbed section at the back of the desktop version.

This product is distributed annually to SOGC members via mail. Watch for your calendars with your next JOGC mailing (for members who receive a print copy) or in a special mailing (for members who receive digital versions of the JOGC).
What's new at Laval University
By Dr. Nydia Dorfeuille and Dr. Sarah Maheux-Lacroix

On October 24th, for the second consecutive year, we held an annual day of screening for cervical cancer, offered as part of the National Pap Test Campaign run by the Federation of Medical Women of Canada and the SOGC. Residents offered free Pap tests in three hospitals around Quebec City, targeted at all women aged 21 years of age and over. In its first year, this event was a great success, with 173 women receiving screening. It was with great pleasure that we again ran this campaign, with the goal of improving and surpassing the previous results. It is a great opportunity for residents and faculty to collaborate towards health promotion. This initiative again had a positive impact in raising awareness among many women of the importance and role of cytology.

In terms of research, the team from Laval University has had a prolific year, publishing over 60 articles. Residents have won three first-place prizes from the Association of Obstetricians and Gynecologists of Quebec and two major awards from the SOGC.

In March 2011, we hosted a gynaecologist from the Montréal area, Dr. Ian Brochu, for a fellowship in endoscopy. Since his arrival, his contribution to our education has been very appreciated. He offers quality presentations twice a month, giving residents the opportunity to view videos of laparoscopy and learn about different pathologies and surgical techniques.

Training in Manitoba continues to be an exhilarating experience. The large catchment area and two tertiary care hospitals keep us hopping with over 11,000 deliveries per year. There is certainly no shortage of babies in the province. Brand new to our program is a gynaecological oncology rotation in the PGY-1 year. This rotation will serve as a basis for our new residents to get some early exposure to gynaecology clinics and colposcopy.

Our final piece of news is that we are trialing a 12-hour call system. It will definitely take a few months to work out the kinks. Thanks for our chief residents Adelicia and Dobrochna for taking on this incredible scheduling feat!

What’s new at the University of Manitoba
By Dr. Georgia Lefas

Hello from Manitoba! As the leaves around us are turning beautiful shades of yellow and the air takes on a crisp chill, we are full-force into this residency year. We are looking forward to the experiences this year will bring.

We would like to take this opportunity to congratulate our recent graduates: Deb, Jason, Gunu, Eman, and Christine. We wish you all the best. As our grads move on to new adventures, we warmly welcome the new additions to our residency program: Elissa, Ola, Claudine, Becky, and Sara. We are happy to have all of you.

We held our annual resident retreat this year at Buffalo Point Resort in Southern Manitoba.

Training in Manitoba continues to be an exhilarating experience. The large catchment area and two tertiary care hospitals keep us hopping with over 11,000 deliveries per year. There is certainly no shortage of babies in the province. Brand new to our program is a gynaecological oncology rotation in the PGY-1 year. This rotation will serve as a basis for our new residents to get some early exposure to gynaecology clinics and colposcopy.

Our final piece of news is that we are trialing a 12-hour call system. It will definitely take a few months to work out the kinks. Thanks for our chief residents Adelicia and Dobrochna for taking on this incredible scheduling feat!
Call for nominations to serve on the SOGC Council

The SOGC is calling for nominations of exemplary individuals to serve on the SOGC Council for mandates starting July 2013.

There are three vacant positions to be filled by nomination-election:
- President-elect (Quebec)
- Vice-president (Western: Alberta)
- Associate member – Registered Midwife (RM)

There are five positions that will be filled by appointment:
- Alternate chair (Western: British Columbia)
- Alternate chair (Ontario)
- Alternate chair (Atlantic)
- Public representative (up for renewal)
- Junior member representative

Council structure

The SOGC is managed by the SOGC Council, a group of 24 members which includes seven executive officers; 10 regional representatives; one Associate member – Family Physician (FP); one Associate member – Registered Nurse/Nurse Practitioner (RN/NP); one Associate member – Registered Midwife (RM); one Junior member representative; one Public representative; one Executive Committee and/or Council member; and one Corresponding member.

A chairperson and an alternate chair represent each of the five SOGC administrative regions. Where there is more than one province in a region, the representatives rotate the position by province.

Administrative regions
- Western: British Columbia and Alberta
- Central: Manitoba, Saskatchewan, Northwest Territories and the Yukon
- Ontario: Ontario and Nunavut
- Quebec: Quebec
- Atlantic: New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador

Instructions to nominate a candidate

To nominate a candidate for one of the vacant positions on the SOGC Council, please download the nomination proposal and acceptance form to serve on Council from the SOGC website, www.sogc.org, or contact the director of corporate affairs to obtain a copy of the form and instructions.

Complete the form and submit a duly-filled dossier before February 1, 2013, including:
- Signatures of five ‘proposers’ (SOGC members in good standing) to support the candidate
- The acceptance section of the form, signed by the candidate
- A one-page letter of interest from the candidate
- A one-page biography of the candidate
- A head-and-shoulders photo of the candidate

The dossier should be sent to the SOGC national office at:
The Society of Obstetricians and Gynaecologists of Canada (SOGC)
c/o Director of corporate affairs780 Echo Drive, Ottawa, Ontario, K1S 5R7

Requirements for candidates seeking the president-elect position on Council:
- Have demonstrated their commitment to the success of the Society through various capacities
- Have completed a term on Council either as regional chair or alternate chair, treasurer or vice-president

Requirements for candidates seeking the treasurer position on Council:
- Have participated as a member of the Finance Committee for at least one full term
- Enjoys a reputation of integrity
- Have experience managing sizable budgets and possess detailed knowledge of the finances of the Society

Requirements for candidates seeking the vice-president positions on Council:
- Have served on Council and/or have significant experience with projects and activities of the Society

Read more about the responsibilities and duties of the SOGC Council on our website at www.sogc.org. Here, SOGC members can find additional information on the SOGC’s bylaws, as well as documents relating to the nomination process and election process for the SOGC Council.

Members may also contact the director of corporate affairs, Sylvie Cadrin, at 1-800-561-2416 (extension 222) for additional details.
Report from Rome

The FIGO World Congress of Obstetrics and Gynecology, held once every three years, is a chance for the international ob/gyn community to come together and collaborate towards improved women’s health worldwide.

This year’s event was held in Rome from October 9 to 12, and a delegation from the SOGC was present to share our own experiences, to represent our members’ interests, and to bring home new lessons and ideas.

The SOGC is a well-respected and influential participant of FIGO’s ongoing activities and administration, as well as at its triennial congresses as one of 24 member associations with a seat on the FIGO executive board. The SOGC welcomes Dr. Arulkumaran from the United Kingdom to his new role as president of FIGO for the 2012 to 2015 period.

SOGC representatives participated in several pre-congress courses and hands-on workshops centred around organizational capacity building. Ms. Liette Perron of our International Women’s Health Program presented an electronic toolkit which was developed by the SOGC for the FIGO LOGIC Initiative in Maternal and Newborn Health, to serve as a useful resource for health professional associations seeking to strengthen their organizational capacities. Visit www.figo-toolkit.org to view the results of this project.

The SOGC also hosted a cocktail reception in Rome, which was an opportunity for SOGC representatives, Canadian delegates and key international partners such as the presidents of international ob/gyn societies and FIGO and Italian executives to meet and network.

SOGC president Dr. Douglas Black gave an address at this year’s closing ceremonies, encouraging the rest of the world to come and experience our great country at the next congress, which will be held in Vancouver in 2015.

Where is the IWHP this month?

- **Haiti** – Volunteers of the SOGC’s International Women’s Health Program (IWHP) will return once again to Haiti to deliver an ALARM International Program (AIP) course as part of the Haiti Reconstruction Project. This particular course will target residents of l’Université de l’État de Haiti. Also in November, IWHP director Astrid Bucio will visit Haiti to evaluate the progress of this project and to seek new opportunities for future projects in Haiti.

- **Venezuela** – Volunteers will bring the AIP to Venezuela for the first time. In collaboration with the Venezuelan ministry of health and our past partners the Pan American Health Organization, as well as UNICEF and UNFPA, a new initiative in Venezuela will begin, with the first course to be delivered at the end of November.

- **Democratic Republic of the Congo (DRC)** – Two members of the IWHP staff will be visiting the Ituri region of DRC in November for an exploratory mission evaluating the possibility of implementing a maternal health project in collaboration with Oxfam Québec.

- **Ethiopia** – One of the IWHP managers will be visiting Ethiopia to develop an annual work plan with our partners at the Ethiopian Society of Obstetricians and Gynaecologists, as part of the Maternal, Newborn and Child Health Quality Improvement Project. A monitoring and evaluation workshop will also be held to ensure quality data throughout the project.

For more information on any of these initiatives, please visit the http://IWHP.sogc.org.

Interested in becoming an AIP instructor?

To ensure adequate staffing of AIP courses in French-speaking countries, the IWHP will be hosting the next AIP instructor training courses in French.

With plans to deliver several ALARM International Program (AIP) courses in countries such as Haiti, Mali and Senegal over the next couple of years, the IWHP is recruiting more volunteer instructors. In order to participate in the IWHP’s overseas missions, SOGC members must first become instructors by taking an AIP instructor training course.

AIP missions are made up of a multi-disciplinary team, including ob/gyns, family physicians, nurses and midwives, a beneficial diversity that is often difficult to ensure. The IWHP is therefore particularly encouraging applications from family physicians, nurses and midwives to participate in the AIP instructor training.

The next AIP instructor training course, to be offered in French, is planned for April 2013, will be held in Montréal. For more information or to register, please email intl@sogc.com.
Two new partnerships for the CFWH

Supporting cervical cancer research
The Canadian Foundation for Women’s Health, your charity, is proud to announce a new addition to its Awards, Fellowships and Grants Program: the Welch Allyn Award in Cervical Cancer Screening and Prevention, a new $7,000 research award, will support research topics related to the human papillomavirus, Pap testing, cervical cancer, colposcopy, screening, treatments and prevention. A call for submissions will begin in December 2012.

Supporting urinary incontinence research
In August, the Canadian Foundation for Women’s Health (CFWH) announced a partnership with The Canadian Continence Foundation (TCCF) to establish the Urogynaecology Award; a new research award that will be added to the existing CFWH Awards, Fellowships and Grants Program. We are happy to report that Watson Pharma Company has helped us reach our goal by committing to financially support the new $12,000 award. The objective of the Urogynaecology Award is to foster Canadian research in the field of urogynaecology and help women who are suffering from urinary incontinence. Call for submissions for the CFWH’s Awards, Fellowships and Grants Program will begin in December 2012.

Please visit www.cfwh.org for more details on these awards.

November is Incontinence Awareness Month. The Canadian Continence Foundation (TCCF) and the Canadian Foundation for Women’s Health (CFWH) have partnered together to help educate and raise awareness for women who may be suffering from urinary incontinence. Here are a few facts to keep in mind:

- The definition of urinary incontinence (stress incontinence and overactive bladder) is any involuntary or uncontrolled loss or leakage of urine - irrespective of the amount, frequency or effect of leakage.
- Up to 30 per cent of all women may suffer from urinary incontinence – it can affect women of any age, but the risk increases significantly after the age of 65.
- Urinary incontinence can seriously interfere with a woman’s quality of life. Unfortunately, many women are too embarrassed to talk about urinary incontinence and rely on their health-care providers to start the conversation.
- Urinary incontinence can be improved by conservative management such as lifestyle modification, pelvic floor muscle training (kegel exercises) or the use of vaginal pessaries or cones.
- There are also many other treatment strategies, including newer medications for overactive bladder which are often associated with fewer side effects, as well as effective surgical techniques for pelvic floor prolapse.

To support the CFWH’s initiatives and research on urinary incontinence, please visit cfwh.org and make a donation today!

For more information on Urinary Incontinence, please visit canadiancontinence.ca.

The CFWH in October

At the CFWH’s annual ‘Bumps on the road’ event in October, SOGC president Dr. Douglas Black, Ottawa mayor Jim Watson, Ottawa city councilor Mr. David Chernushenko, and the CFWH’s Chantal Sarkisian get ready to walk 9-kilometres in support of research to address pregnancy complications.
**BRINGING BACK THE DOULA**

A look at a unique program to enhance birthing support for Aboriginal women

By Ms. Lucy Barney

The BC Tripartite First Nation Aboriginal Doula Initiative was created to bring birthing support practices closer to home and into the hands of Aboriginal women as outlined in the 2005 First Nations Health Plan.

In the past 100 years, there has been a notable shift away from traditional forms of social support for pregnancy, labour and childbirth in Aboriginal communities. A profound impact has been felt by Aboriginal families in remote regions where it is necessary for women to leave their home communities to give birth.

A number of factors can contribute to the inability of Aboriginal women to access perinatal care. These barriers to health-care services include lack of or inadequate emotional and financial support; an absence of culture-based prenatal outreach and support programs; and the mandatory evacuation of birthing mothers to distant hospitals. These issues often lead to fathers, grandparents and siblings being excluded from the birthing process and delayed or abandoned traditional practices and celebrations around birth and naming.

Aboriginal doulas are specially-trained birth companions that provide emotional, physical and spiritual support during pregnancy, labour and the postpartum period. They help to maintain traditional practices, beliefs and language as well as address cultural barriers in order to support the needs of Aboriginal women and their families throughout the birthing experience, much like the role of the traditional aunty. The BC Tripartite First Nation Aboriginal Doula Initiative is building on the strength of what is in place already by training Aboriginal women to practice and provide support to Aboriginal women throughout their maternity care.

The doula initiative trained 30 Aboriginal women (13 from the BC Interior and 18 from Vancouver Island). Doula support provides several benefits during labour and birth, which is why this initiative is so beneficial. Their continuous and supportive care contributes to better birth experiences for women, by helping a woman find her strength and place of power in giving birth. Research also shows improved breastfeeding, mother/baby bonding, and increased confidence of partners and families in providing support (Hodnett et al., 2003).

The Tripartite First Nation Aboriginal Doula Initiative has already made formidable progress in its efforts. The Initiative worked with a Tripartite Aboriginal Doula Working Group to update the Aboriginal Doula Curriculum and develop an evaluation framework. The working group also developed selection criteria for community and participant trainees, a pathway tool for certification tracking and advocated for scholarships to support the doulas in obtaining certification from DONA International.

The 30 Aboriginal Doulas that were trained each received teaching tools such as knitted breasts, model cervix, Rebozos and reference textbooks. The Initiative has hired two Doula Liaisons to assist the doulas in the Interior Health Authority and on Vancouver Island to achieve certification, and to manage and track referrals. The Doula Liaisons are key in linking Aboriginal women to the doulas.

A sexual abuse curriculum is currently being developed to enable the doulas to recognize Aboriginal women who may have been sexually abused and give them tools to support those women.

The Tripartite First Nation Aboriginal Doula Initiative hopes to further expand their program through mentorship, evaluation and training in other health authorities. The evaluation findings will be presented to the Tripartite Leadership Team once this demonstration project is completed in December 2013. Program leaders hope the evaluation will show the need for this service to continue and be expanded to other health authorities in British Columbia.

Ms. Lucy Barney, the provincial lead for Aboriginal health at Perinatal Services BC, is also a member of the SOGC’s Aboriginal Health Initiative Committee and chairs this initiative which is being led by Perinatal Services BC in collaboration with the Tripartite First Nation Aboriginal Maternal Child Health Committee. Ms. Barney’s main interest lays in health promotion that incorporates cultural practice, beliefs and values. She is from the Stalilxmx Territory of the Lillooet Nation.