Outgoing president Dr. Ahmed Ezzat welcomes his successor, Dr. Mark Heywood, during the presidential installation.

News and photos from our Annual Clinical Meeting in Vancouver

Why are you waiting? How you can help prevent cases of cervical cancer NOW

Have you visited jogc.com?
It is with great sadness that the Society of Obstetricians and Gynaecologists of Canada mourns the passing of a true women’s health pioneer, Dr. Robert Kinch. Serving for six decades as a teacher, role model and mentor to countless Canadian obstetricians and gynaecologists, his tremendous contributions to maternity care and women’s reproductive health in Canada will live on through the practices and research of those who benefited from his exemplary guidance.

Born in 1920 in Kut-el-Amara, Iraq, Dr. Kinch completed his medical training and began his work as an obstetrician-gynaecologist in England before immigrating to Canada in the late 1940s. Throughout his brilliant career at the University of Toronto, University of Western Ontario and McGill University, he influenced countless careers in research, clinical medicine, and women’s health advocacy. Dr. Kinch played a pivotal role in broadening of the definition of women’s health, championing consideration of the cultural and sociological aspects of reproductive health as being fundamental to the development and wellness of human beings. It is thanks to his foresight that sexual health is an important component of gynaecological care today.

Dr. Kinch was always a strong supporter of the SOGC, serving as executive vice-president from 1995 to 1997 and receiving the President’s Award in 1997. He contributed to many committees throughout his career and was instrumental in founding the Archives and History Committee, as well as donating a number of significant items to the Society’s collection of historical books, documents and artefacts. Included among the many deserved honours that Dr. Kinch has received throughout his life are the Cannell lectureship, Mentor of the Year from the Royal College, honorary memberships to several professional obstetric and gynaecological societies, and a Queen Elizabeth II Jubilee Medal.

Dr. Kinch will remain a model for residents, medical students and health-care providers across Canada and in many parts of the world. Dr. Kinch was always available to offer advice and inspiration to those who were discouraged or facing challenges; his door was always open and he welcomed one and all to sit down and chat. A man with great humility; a man who was committed to the idea that the practice of medicine is not only a technical skill, but requires great humanitarianism and sensitivity.

Thank you, Dr. Kinch, for your tremendous contributions to the Society and to women’s health in Canada. Donations in Dr. Kinch’s memory can be made to the Robert Kinch Chair in Women’s Health, McGill University.

Last year, friends and colleagues of Dr. Kinch (front row, centre) celebrated his 90th birthday at a fundraising dinner for the Robert Kinch Chair in Women’s Health, which was inaugurated in 2005 to promote women’s wellness and primary care by supporting visiting professors and recruiting leaders to share their expertise and skills.
An exciting week in Vancouver to launch the Society’s 68th year

By Dr. Vyta Senikas,
SOGC associate executive vice-president

I’m sure that any of you who were present at our Annual Clinical Meeting in June will forgive me for taking a paragraph or two to boast about the success of this event. As far as continuing medical education events go, I really believe that the SOGC puts on a great show — that we provide participants with excellent value for their time and money, and that, at the end of the day, the knowledge sharing we facilitate results in actual advancements for women’s health in Canada.

This year’s meeting was many things: the location and weather were beautiful, the social events were fun, and the scientific program was excellent. Thank you to each of our members who presented, moderated and attended — you were a large part of making it the wonderful week that it was. And thank you also to the SOGC staff who worked long days, both in Vancouver and back home in Ottawa, to make it all possible.

The Annual Clinical Meeting is also a time for the Society to focus on administrative tasks and recognize the contributions of its leaders. We are pleased to welcome the new Council for the 2011-2012 year. As well, Dr. Mark Heywood was officially inaugurated as president on June 24. This marks the beginning of his year-long term at the head of the SOGC, following an outstanding year under the leadership of past president Dr. Ahmed Ezzat. Hailing from Vancouver, Dr. Heywood currently serves as head of gynaecology at the Vancouver General Hospital and is president of the medical staff.

He has been a member of the SOGC since 1993 and has assumed many leadership roles within the Society, as an active member of several committees and as treasurer.

The upcoming year is sure to be an exciting one. In 2006, the Society developed a set of seven strategic directions to guide us through to 2011; you may recall that the areas we chose to focus on were Aboriginal health, advocacy, continuous professional learning, human resources in ob/gyn, international women’s health, patient safety and women’s health issues. Looking back over the past five years, we have had many successes in these important areas — and it’s now time for the Society to sit down and update our goals for the next five years. This will be a major undertaking, and we will be consulting Council, past presidents, committee chairs and partners as we go through this process, beginning with a survey which you will receive this fall. We look forward to hearing what’s important to you, and what we can do help.

The staff and members of the SOGC extend a heartfelt thank-you to Dr. Ahmed Ezzat for his outstanding contribution to the Society and its board and members, as well as to the advancement of women’s health, during his tenure as president for the 2010-2011 year. Dr. Ezzat joins a long line of illustrious past presidents who have contributed to our activities and whose positive influences will be felt for many years to come.

Dr. Ezzat devoted numerous hours in support of the SOGC and its activities in Canada, and also travelled to encourage safe practices in obstetrics and gynaecology in Kurdistan and promote the MORE™ program in Saudi Arabia.

Thank you, Dr. Ezzat, for all that you have given to the organization; we look forward to our continued work together. A truly generous and grounded person who executes every task with the utmost positivity and finesse, Dr. Ezzat was available every step of the way, always ready to provide advice and expertise.
Federation of Medical Women of Canada
Fédération des femmes médecins du Canada

AGM, LEADERSHIP & ADVOCACY WORKSHOPS

September 16-18, 2011
Vancouver Marriott Pinnacle Downtown Hotel

Trailblazers: Catching Our Dreams
- Dr. Dorothy Shaw ~ Career Advancement
- Monica Olsen ~ Engaging Others in Leadership
- Pre-con workshops: HealthCare Team Effectiveness & PMI: Managing People Effectively
- Topics include: Made in BC Solutions, Physician Health & Balance, Media & Women’s Perspective, Preventative Health, Immunization, Cervical Cancer, Contraception & Osteoporosis
- Plus two networking receptions and a sunset cruise!

Don’t miss out on this opportunity to be inspired by women physician leaders!
Learn more & register online @ www.fmwc.ca

THANK YOU to ACM sponsors!

The SOGC gratefully acknowledges our Annual Clinical Meeting sponsors for their financial support, provided in the form of unrestricted educational grants.

Diamond

Platinum

Gold

Bronze
Quebec CME Program
Update in Obstetrics and Gynaecology
In association with the Association of Obstetricians and Gynecologists of Quebec (AOGQ), International College of Out-patient Gynaecology (ICOG) and the Université de Sherbrooke
September 15–17, 2011
Montréal, Quebec, Fairmont The Queen Elizabeth

Book now! Register online at www.sogc.org

Reserve your hotel room before Friday, August 19, 2011
Standard room: $179 per night single/double occupancy
Tel: 1-800-441-1414 or 514-861-3511
Group code: SOGC0911

This CME program is offered in French.

Quebec CME Program in Obstetrics
For family physicians, nurses and midwives
In association with l’Association des omnipraticiens en péritonatité du Québec (AOPQ)
November 10–11, 2011
Montréal, Quebec, Fairmont The Queen Elizabeth

Hotel Reservations
Standard room: $139 per night single/double occupancy
Reserve before Friday, October 14, 2011
Tel: 1-800-441-1414 or 514-861-3511
Group code: SOGC1011

This CME program is offered in French.
Upcoming meetings

SOGC meetings

Quebec CME Program:
Update in Obstetrics and Gynaecology
September 15–17, 2011
Montréal, QC

Quebec CME Program in Obstetrics:
For family physicians, nurses and midwives
November 10–11, 2011
Montréal, QC

Ontario CME Program:
Update in Obstetrics and Gynaecology
December 1–3, 2011
Toronto, ON

New resources

The SOGC offers a series of public education brochures for your patients; these are excellent resources to prepare patients for a medical appointment or to refer to after one. These bilingual brochures are reviewed by the SOGC's subject-matter experts and are based on our clinical practice guidelines.

There are two new brochures in this series, addressing medication and drug use before and during pregnancy and while breastfeeding. Brochures on other topics are also available, and new ones are produced as clinical practice guidelines requiring public education are created or updated.

All brochures can be ordered at www.sogc.org (SOGC members receive a discount), and the brochure content can also be read at this site.

Medications and drugs: before and during pregnancy

This brochure discusses what medications may or may not be safe to take before or during pregnancy, and how certain medications could affect a baby, and also includes information on over the counter products, caffeine, alcohol, cigarette smoking and street drug use.

Medications and drugs while breastfeeding

This brochure addresses what types of medications are safe and which are not for a breastfeeding mother and her baby, including information on how medications can enter the milk supply and affect infants, the optimal time to take medication in relation to a baby's feeding schedule, and how medications can affect milk supply. Also addressed are birth control options, over the counter products, caffeine, alcohol, cigarette smoking and street drug use.

Residents and students: have you paid your SOGC membership dues for 2011-2012?

This is a friendly reminder that as of August 31, 2011, any resident and student members who have not renewed their SOGC memberships for 2011-2012 will have lapsed; membership privileges will be revoked, and you will have to pay non-member prices for SOGC continuous professional learning events such as CME events and ALARM course, will no longer receive the Journal of Obstetrics and Gynaecology Canada (JOGC) or the SOGC News, and will no longer have access to the members-only features offered on www.sogc.org.

For your convenience, you may pay your 2011-2012 membership dues online on or before August 31, 2011. Just log in at www.sogc.org and select “pay your dues online” under Member Services.

Should you have any questions, you may contact Linda Kollesh, Membership & Subscription Services Officer by email at lkollesh@sogc.com or call the national office at (613) 730-4192 ext 233.
involve learning to operate with both hands into more advanced procedures would make my OR more ergonomic. I have learned to recognize that there are some conditions that I don’t wish to attempt to treat in a community facility, and I am now aware of physicians with the tertiary or quaternary skills that can be offered to more challenging patients.

In summary, the experience of the mini-fellowship was a valuable opportunity to work with two excellent surgeons in the laparoscopic community, that allowed me to observe, train and practice the skills in a safe environment. It has helped me to identify new equipment to improve the safety of the procedures that I perform, and has shown me how to use them appropriately. It has also shown me how to make my OR more ergonomic. I have learned the utility of having an appropriately trained laparoscopic assistant in order to make the procedures more ergonomic and more efficient. I deeply appreciate the opportunity to work with Dr. Leyland and Dr. Melchior, as well as the support of the Society of Obstetricians and Gynaecologists of Canada.

Dr. Constance Nasello reports on her experience as a Structured Learning Project bursary recipient

By Dr. Constance Nasello

My Structured Learning Project objective was to expand my advanced laparoscopic surgery skills with Dr. Nicholas Leyland and his colleagues at St. Joseph’s Health Centre in Toronto. This mini-fellowship period took place over the six weeks from April 1 to May 13 in 2010.

I worked with Dr. Leyland and his colleague, Dr. Mary Melchior, for a total of 19 OR days, assisting at 41 advanced laparoscopic procedures. The majority of these involved treatment of advanced endometriosis. There were three laparoscopic total or subtotal hysterectomies and two laparoscopic assisted vaginal hysterectomies. All but one of these procedures were complicated with severe endometriosis or bulky fibroids. We discussed the indications for the procedures and reviewed the diagnostic imaging obtained prior to the procedures. I observed and learned some new dissection techniques and was able to utilize techniques and instruments designed to make laparoscopic surgery safer and more ergonomic.

When I trained as a laparoscopic and laser surgeon during my residency 15 years ago, we were moving into doing more operative procedures laparoscopically. Since most of our laparoscopic procedures prior to that had involved a solo surgeon, often with laser, with an assistant moving the uterus, occasionally operating the telescope, or manipulating probes in a non-ergonomic fashion, by design we were encouraged to be dominantly left-handed laparoscopic surgeons. The right hand would hold and operate the laser telescope. Techniques were often adapted from open procedures, and not all translated easily to conventional laparoscopic port placement. Over the years, I have read about new innovations, watched videos made by excellent laparoscopic surgeons, and participated in laparoscopic workshops. It was apparent to me, however, that moving into more advanced procedures would involve learning to operate with both hands laparoscopically. This proved to be surprisingly challenging, as using my right hand, or operating from the opposite side of the table, I found was spacially disoriented.

One of my goals for this fellowship was to force myself to operate from the opposite side of the table and become more comfortable with using both hands. I learned more ergonomic techniques, from optimal patient placement to optimal laparoscopic port placement, to how to appropriately set up a laparoscopic OR. By the end of the rotation, I was much more comfortable operating with both hands. I also learned how to operate with another laparoscopic surgeon, which I had never actually done before.

During the fellowship, I also had an opportunity to utilize and train in the UWO CSTAR facility, updating my laparoscopic suturing techniques. I plan on trying to book refresher time on the simulator at least annually. I also re-acquainted myself with extra-corporeal knot-tying techniques, and the use of a laparoscopic knot-pusher in order to use them. These techniques have already become useful in my practice, and have decreased my reliance on expensive disposable equipment. As part of my fellowship time, I also reviewed the SOGC guidelines on safe laparoscopic entry techniques, laparoscopic complications and the treatment of endometriosis. Dr. Leyland and I also discussed some of the updates of the SOGC guidelines for the treatment of endometriosis.

The experience with Dr. Leyland also helped me to recognize that there are some conditions that I don’t wish to attempt to treat in a community facility, and I am now aware of physicians with the tertiary or quaternary skills that can be offered to more challenging patients.

Bursaries for Structured Learning Projects – Send in your submission today!

- You could receive up to $5,000
- Up to five bursaries may be granted per year
- There is no specific deadline for you to apply
- Ob/gyn, community-based physicians and university-based physicians who are SOGC members in good standing are eligible to apply

The Royal College states that: “Structured learning projects are learning activities planned and developed individually or in collaboration with other members of a group or community to address a question, issue or need relevant to professional practice. Each individual is responsible for identifying and recording the outcome or impact on practice for each project.”

Visit the “About SOGC” section of www.sogc.org to submit your application and to learn more about SOGC awards, bursaries and grants.

Send in your submission today!
Recent studies authored by SOGC members


WELCOME, new members

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

Junior member: Dr. Jessica Atrio; Dr. Robyn Comeau; Dr. Emilie Gorak Savard; Dr. Diane Horvath-Cosper; Dr. Nada Alayed; Dr. Ahmad Bakr Alwazzan; Dr. Josee Duguay; Dr. Evelyn Dunn; Dr. Aaron Paul Kennedy; Dr. Vanessa Mongrain; Dr. John Stamp

Associate member (PHD): Mr. James Richard Elliott

Associate member (RN/NP): Ms. Jacqueline Belair; Ms. Nancy Bikunieks, NP; Ms. Nancy Dalziel; Mrs. Lubomira Kadnarova; Mrs. Kati Oliver, RN; Ms. Joycelyn Callender, RN; Ms. Gail Ouida Hazlitt; Miss Stephanie Knapp; Mrs. Heather Chantal Strasser

Associate member (Students in health-care training): Ms. Gwenaelle Bidet; Miss Rebecca Margaret Phyllis Coish; Mrs. Angela Deane; Ms. Mary England; Mr. Maxime Jalbert; Mr. Samuel Jean; Ms. Brienne Lowey-Bodkin; Ms. Caroline Shenouda; Ms. Amanda Marie Waldner; Ms. Crystal Williams; Mr. Steven Peter Bisch; Ms. Claudine Lantier; Ms. Hannah Mercader; Dr. Satomi Tanaka; Ms. Pamela Verma; Ms. Tiffany C. Zigras

Associate member (FP): Dr. Monday Martins Agwaze; Dr. Danielle Derrington-Fraser; Dr. Vivien Brown; Dr. Mariève T.-Deslandes

Associate member (Allied health-care professionals): Mr. Michael Vezina

Ob-byn member: Dr. Jarrett Arthur Nongauza; Dr. Sophia Ouhilal

International member: Dr. Mohamed Fawaz Elmuazaini; Dr. Carl Lam; Dr. Lourdes Blanco Capito; Dr. Benjamin Tanui Chemwolo; Dr. Christopher Duval

Associate member (Allied health-care professionals): Mr. Michael Vezina
Members’ corner


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.

August

• Maternity Leave in Normal Pregnancy (policy statement)
• Sexual and Reproductive Health Counselling by Health Care Professionals (policy statement)

September

• Use of a DNA Method, QF-PCR, in the Prenatal Diagnosis of Fetal Aneuploidies (joint SOGC-CCMG clinical practice guideline)
• The Presence of a Third Party During Breast and Pelvic Examinations (policy statement)

October

• Genetic Considerations for a Woman’s Annual Gynaecological Examination (committee opinion)
• Fetal and Perinatal Autopsy in Prenatally Diagnosed Fetal Abnormalities With Normal Karyotype (technical update)
• Prenatal Genetic Screening (committee opinion)
LadySystem® Vaginal Cones: a Fast-Acting, Easy and Discreet Solution to Treat or Prevent Urinary Stress Incontinence

• Indicated for women with a weakened pelvic floor, which may cause for example:
  - Urinary stress incontinence (USI)
  - Moderate prolapse

• Effective reeducation combining active and passive (biofeedback) pelvic floor muscle contractions

- LadySystem® therapy performed discreetly at home
- Noticeable improvement in pelvic muscle tone after 6 weeks
- Increased motivation to comply with pelvic floor exercise
- Progressive and sustainable resolving of USI symptoms

How Women Using LadySystem® Vaginal Cones Describe their Benefits

- Fast-acting
- Easy to use at home and require hardly no effort
- Discreet, light and gentle

It is recommended to perform the LadySystem® therapy 15 minutes, twice a day, for 3 months. LadySystem® is available at the pharmacy counter with or without prescription.

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medicalinfo@duchesnay.com

Clinical guidelines and studies available on: www.ladysystem.ca
JUNE IN VANCOUVER: a beautiful, busy, vibrant setting for the SOGC’s 67th Annual Clinical Meeting. Over 800 health-care professionals from across Canada and around the world came to enjoy the scientific, social and cultural offerings from June 21 to 25.

The SOGC offers its sincerest thanks to all of our volunteers, speakers, special guests, sponsors and staff for helping to make this year’s Annual Clinical Meeting an outstanding experience for all.

JUNE 21:
Focus on Indigenous women’s health

The start of this year’s ACM coincided with National Aboriginal Day — a fitting occasion to hold a full-day International Indigenous Women’s Health Symposium. Speakers and attendees explored women’s health experiences at home and around the world under the theme ‘Providing culturally-safe health services: An individual responsibility and a community experience.’

Panel sessions addressed such topics as the response of health systems to the burden of disease among Indigenous communities, how clinical practice can be adapted to improve the delivery of culturally-safe health services, the opportunities and challenges involved in returning birth to communities, and advocating for culturally-safe care.

Guest speakers delivered passionate presentations, blending clinical content, community experiences and personal tales. Delegates who attended the symposium said that they were inspired to take steps towards integrating cultural competency into their daily practice. Although the symposium was only the beginning of a much longer learning process, there were some clear messages which were reiterated throughout the day, such as the importance of allowing real participation of Indigenous people in decision making processes and the need to deepen our understanding about the complex issues related to Indigenous women’s health, in order to effectively deliver culturally-safe care.

At the end of the day, speakers and delegates attended the International Indigenous Women’s Health Reception, an opportunity to discuss what was learned, network and celebrate women’s health. The reception also featured the launch of the SOGC’s newest website, www.AboriginalSexualHealth.ca, a website dedicated to advancing women’s health through education, partnerships, community initiatives, leadership and advocacy.

“"It’s very complex. There’s not one solution to everything, but the word of the community, the voices of the community, have to be listened to. We need to find the solution with them, not for them.” — Sonia Martinelli-Heckadon, UNFPA Regional Desk Adviser for Latin America and the Caribbean

“Across the world there are very similar problems, and also solutions. The exchange of information is really, really helpful and there is a lot we can learn from each other; dialogue is very important. The concept of bringing birth back to communities in Canada was new to me — a very different context than Latin America.” — Dr. Marieke Van Dijk, a regional associate of the Population Council Mexico Office

“I’m so happy to hear people discussing cultural ceremonies today. I think it would be really good for health-care professionals caring for Aboriginal people to know it’s okay to give them permission to have their traditional beliefs and values — because it does help them be strong, to advocate on their own behalf. I know as a First Nations person that I needed that permission.” — Ms. Geri Bailey, manager of health policy and programs at Pauktuutit Inuit Women of Canada

Participants also enjoyed learning about local Aboriginal culture through the traditional welcome and cultural performance at the Symposium and the display of local artwork during the reception.

Within the first month of being launched, AboriginalSexualHealth.ca has received several thousand hits! The launch of the new website was also covered extensively by national media, appearing in over 20 publications and news sites.
International partners celebrated

Partner associations from Uganda, Burkina Faso, Haiti and Guatemala received recognition during the International Indigenous Women’s Health Symposium, for their hard work and dedication during the 2007 to 2011 phase of the SOGC’s Partnership Program.

This successful initiative will come to an end this year. To highlight the achievements of each association towards improving women’s health in their countries, the SOGC News will feature an article about each of these four partners in upcoming editions.

JUNE 22: Our first-ever video abstract presentations

The second day’s scientific program included two symposia and 19 post-graduate sessions, covering topics from reproductive aging and delayed child bearing risk to acute pelvic pain in adolescents — and everything else in between.

The SOGC hosted its first-ever video abstract presentations — a great way to demonstrate new or unusual techniques, procedures or instruments which would otherwise be difficult to present.

In the evening, an Opening Reception was held at the fabulous Vancouver Aquarium — a great social opportunity for delegates to meet old and new colleagues from across the country, set in a living art gallery.

Delegates visited over 40 exhibitors displaying the latest in innovation and technology for the field of obstetrics and gynaecology.

Guests enjoy the company of dolphins at the Opening Reception.
Recognizing women’s health crusaders

**President’s Award**
Our President’s Award winner for this year, Dr. George Angelos Vilos, is a professor of obstetrics and gynaecology at the University of Western Ontario and chair of infertility research at King Saud University in Saudi Arabia. He has been actively involved with medical education and with national and international organizations such as the SOGC and the American College of Obstetricians and Gynecologists, among others, throughout his career.

**Distinguished Service Award**
This year’s Distinguished Service Award winner, Dr. R. Douglas Wilson, is a professor at the University of Calgary and head of its obstetrics and gynaecology department. He currently serves on the editorial boards of several medical journals, including the JOGC. Dr. Wilson has been an active member of the SOGC since 1993, contributing as a speaker at numerous conferences and serving on a number of committees. He is chair of the SOGC’s Genetics Committee.

**Honorary members**
The Society awarded honorary memberships to four deserving individuals in 2010-2011.

**National Chief Shawn A-in-chut Atleo**
Chief Atleo is a hereditary chief from the Ahousaht First Nation and is currently the elected National Chief to the Assembly of First Nations.

**Professor Blandine Thiéba**
As a physician and as the executive director of the Société de gynécologues et obstétriciens du Burkina, Professor Thiéba has worked tirelessly throughout her career to promote women’s health in Burkina Faso, with a particular focus on sexual and reproductive rights, as well as maternal health.

**Ms. Maureen McTeer**
A respected lawyer and author, Ms. McTeer is a leading advocate for women’s health and equality in Canada, working closely with the SOGC Council and serving as the Canadian representative of the international White Ribbon Alliance for Safe Motherhood.

**Professor Hamid Rushwan**
As chief executive of the International Federation of Gynecology and Obstetrics, Professor Rushwan has made significant contributions towards women’s health globally.

He is a strong advocate for health and education for First Nations peoples.

The third day of the meeting offered a full day of best-practice sessions, as well as oral abstract presentations and four symposia. Topics ranged from predicting pre-eclampsia to ‘surviving the student in your office.’ Also taking place was the Resident Professional Development Program.

The Society’s Annual Business Meeting was the first event of Friday, which all voting members were encouraged to attend and participate in. The scientific program which followed included 12 best practice sessions, five symposia and poster abstract presentations.

Following the afternoon sessions was the Annual Awards Ceremony and Presidential Installation. Friday ended with the ever-popular Resident Fun Night—a great social and networking opportunity which attendees enjoyed.

The outgoing 2010-2011 Council met for a final time in Vancouver. Thank you to all Council members for their dedication over the year!

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As part of the ACM, the SOGC offered a Research and Innovation Program to highlight and share the latest research in women’s health. The program featured oral, poster and (for the first time) video abstract presentations on cutting-edge topics. The best abstracts, as selected by a panel of judges, were recognized for their achievements.

The SOGC is pleased to congratulate the presenters of winning abstracts at the 2011 Annual Clinical Meeting:

- **Oral Presentation – Obstetrics**
  - Dr. Radha Chari: Intentional delivery versus expectant management in women with preterm and prelabor rupture of the membranes (PPROM) between 32 and 35 weeks: a multicenter randomized controlled trial

- **Oral Presentation – Junior Member, Obstetrics 1st place**
  - Dr. Innie Chen: Retrospective cohort study of the association between interpregnancy interval and congenital anomalies in Alberta
  - Dr. Darine El-Chaar: The impact of maternal body mass index on obstetrical outcome

- **Oral Presentation – Gynaecology**
  - Dr. Sheila Dunn: Socioeconomic and regional variation in abortion use in Ontario

- **Oral Presentation – Junior Member, Gynaecology 1st place**
  - Dr. Jamie Kroft: How does the obstetrics and gynaecology resident training in hysterectomy compare between Canada and the United States? 2nd place:
  - Dr. Sheona Mitchell: Women’s attitudes towards human papillomavirus (HPV) in sub-saharan africa: planning for the future of cervical cancer prevention

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  - Dr. Sheona Mitchell: Women’s attitudes towards human papillomavirus (HPV) in sub-saharan africa: planning for the future of cervical cancer prevention

- **Poster Presentation – Obstetrics**
  - Dr. Lisa Avery: Availability of comprehensive emergency obstetric care (CEMOC) services in northern Karnataka, India

- **Poster Presentation – Obstetrics 1st place**
  - Dr. Alese Wagner: The ability of ultrasound to correctly diagnose fetal macrosomia at delivery
  - Dr. Darrien Rattray: Acute disseminated intravascular coagulation (DIC) in obstetrics: a tertiary centre population review (1980-2009)

- **Poster Presentation – Obstetrics 2nd place**
  - Dr. Kelsey Mills: Satisfaction with different hormone therapies in primary ovarian insufficiency

- **Poster Presentation – Gynaecology**
  - Dr. Matthieu Boucher: Desvenlafaxine efficacy vs placebo for the treatment of menopausal vasomotor symptoms

- **Poster Presentation – Junior Member, Gynaecology 1st place**
  - Dr. Elinor Lu-Olaco: Outcomes in an early pregnancy complications clinic: a five year audit, 2005-2009 2nd place:
  - Dr. Kelsey Mills: Satisfaction with different hormone therapies in primary ovarian insufficiency

- **Best Video Presentation**
  - Dr. Neeraj Mehra: Approach to the difficult laparoscopic hysterectomy: Bladder injury

- **CANPAGO Best Oral Presentation**
  - Dr. Amanda Black: Contraceptive use and adherence in unmarried Canadian adolescent females: a national survey

- **SOGC/APOG Health-Care Student Winners**
  - **Best Oral Presentation**
    - Dr. Liliane Brassard: Valeur de la cytologie gynécologique et du CA 125 pour prédire la maladie extra-utérine dans le cancer de l’endomètre
  - **Runner up, Oral Presentation**
    - Dr. Melica Nourmoussavi: Survival analysis of pregnancy rates following superovulation with FSH ± intrauterine insemination (IUI) for unexplained infertility

- **Best Poster Presentation**
  - Dr. Sarah Partridge: Inadequate prenatal care increases the risk of fetal and infant mortality: review of 32 million births in the United States

- **Runner up, Poster Presentation**
  - Dr. Jillian MacDonald: Positive maternal serum testing: women’s perceptions and understanding

The SOGC thanks the sponsors of the Research and Innovation Program awards: Paladin Labs Inc, Hologic Canada Ltd, Duchesnay, the Association of Academic Professionals in Obstetrics and Gynaecology of Canada, and the Society of Minimally Invasive Gynaecology.
Music and dinner for an important cause

The social agenda at this year’s meeting was punctuated by the Canadian Foundation for Women’s Health (CFWH) ‘Healthy Women, Healthy Future’ Gala and Research Awards Ceremony — a great success for both attendees and the Foundation.

While guests enjoyed each other’s company, locally-procured salmon and the music of renowned pianist Stephan Moccio throughout the evening, over $30,000 was raised in support of women’s health research. Much of this was a result of guests responding to a compelling speech by Dr. Jennifer Blake, chair of the CFWH, who made convincing arguments about the importance of supporting the Foundation’s programs. In addition to the funds donated by guests on pledge forms at the tables, money was also raised through a silent auction and the sale of centre pieces and CFWH paraphernalia.

Dr. Vyta Senikas, associate executive vice-president of the SOGC and a member of the CFWH’s Research Review Committee, presented several awards following dinner, giving guests the opportunity to see some of the faces behind the research they support.

Ms. Denyse Campeau, executive director of the CFWH, welcomed musician Stephan Moccio, who impressed the audience with his talent and approachable personality. Mr. Moccio told anecdotes of how he gained recognition, the other artists he has been fortunate to work with and the general inspirations behind his songs.

Two new grants were also announced at the gala, to be awarded in 2012. The Dawn Walker Endowment Fund was set up in memory of Ms. Dawn Carol Walker, RN, an Honorary member of the SOGC who was able to influence public health policy thanks to her training as a health-care professional. Thanks to the Walker-Peters family, the Canadian Foundation for Women’s Health will award the Dawn Walker Endowment Fund grant each year to a health-care professional who wishes to contribute to the development of better health policy. Ms. Walker passed away on May 27, 2011; her sister, Ms. Jo Ann Henn, and her brother, Mr. Dave Walker, and his wife Sandra were present for the Gala.

The second new grant is the GlaxoSmithKline Resident Award in Obstetrics and Gynaecology, which will support young researchers in the field of women’s health, promoting scholarly research, encouraging young professionals and furthering the profession.

The Foundation funds much-needed research that supports women who are affected one way or another by their sexual and reproductive health, supporting leading physicians, researchers and residents in their research, from obesity in pregnancy to controlling symptoms in menopausal women. These individuals are not only dedicated to women’s health in Canada, but also to women’s health around the world. On behalf of the CFWH, thank you to everyone who took part in this year’s research competition, and a special thank you to our dedicated reviewers.

The Duchesnay International Elective Fellowship for Obstetrics and Gynaecology Residents

Awards to Dr. Naana Afua Jumah, a third-year resident at the University of Toronto, to pursue an elective at the Moi Teaching and Referral Hospital in Eldoret, Kenya.

The W. Garfield Weston Foundation Award

Awarded to Dr. Darine El-Chaâr of the University of Ottawa and the Ottawa Hospital, for work on the impact of maternal body mass index on postpartum obstetrical outcomes.

The Collaboration and Advocacy in Residency (CARE) Project

Awarded to Ms. Julie My Van Nguyen for her ‘Baby and Me’ workshops to empower pregnant adolescents and adolescent mothers.
Wrapping up another successful meeting

It was a busy, informative and exciting week for everyone at the Annual Clinical Meeting. From our first day, which focused on international Indigenous women’s health, through to the delivery of 24 best practice sessions, 19 post-graduate sessions, and 14 symposia, as well as our Research and Innovation Program, many conjoint meetings, and pre- and post-conference courses, it was a success.

In addition to the scientific program, the Society has welcomed a new president and Council for the upcoming year and celebrated the achievements of our new Honorary members and award winners.

The last day offered three symposia covering topics such as pre-eclampsia and hypertension in pregnancy, educating patients on lifestyle factors affecting fertility, and the role of the ob-gyn in preventing ovarian cancer. And, of course, the ever-popular Stump the Professor challenge.

Dr. Ralph Hale lauded at ACM

The SOGC was pleased to honour Dr. Ralph Hale for his outstanding contribution to women’s health in the US and internationally. Dr. Hale has been a very close friend and colleague for many SOGC members, working closely with the Society on a number of initiatives throughout his career. He will be embarking on a well-deserved retirement after 18 years of service as the executive vice-president of the American College of Obstetricians and Gynecologists (ACOG).

Dr. Hale has had a brilliant career in academic medicine in the United States. During his tenure at ACOG, he was extremely active in the promotion of international women’s health. The SOGC extends its wishes to Dr. Hale for a happy and healthy retirement.

2010 Journalism Awards of Excellence in Women’s Health Reporting

In Canada, the media is often the public’s first source for emerging news and information related to women’s health. This is why the Society of Obstetricians and Gynaecologists of Canada and the Canadian Foundation for Women’s Health are pleased to honour Canadian journalists for their important contributions to improving women’s health. The Journalism Awards, presented each year at the SOGC’s Annual Clinical Meeting, recognize outstanding reporting on women’s health issues.

This year, 26 submissions were received and evaluated by members of the SOGC’s Public Affairs Committee. Congratulations to the winners and thank you to all who were involved in the selection process.

Broadcast category

Caroline Gauthier, Télé-Québec, Une pilule une petite granule: Cancer et grossesse

In decades past, the discovery of cancer in a pregnant woman almost always involved sacrificing the baby in order to provide treatment. Cancer et grossesse examined the medical advances that now allow us to provide cancer treatment to pregnant women where we can often save both the mother and child. The stakes are high; as the trend for women to have children later in life increases, more are likely to be diagnosed with cancer during pregnancy. Even though there has been significant progress in treatments, it is still an extremely difficult psychological ordeal to go through for expectant mothers.

Honourable mentions

Lisa Ayuson, The Current, CBC Radio One

Egg Freezing/Older Parents

Véronique Morin, Le Code Chastenay, Télé-Québec

Topo ovules

Print category

Elizabeth Payne, Ottawa Citizen

Bringing Birth Home

This series of stories looked at the movement to return birth to remote northern communities in Canada, where women have long been flown thousands of miles away from home even for routine births, and also examines how Australia is looking at the birthing revolution in Canada’s north as a model.

Honourable mentions

Wendy Haaf, Today’s Parent Pregnancy

Induction Overload

Alison Motluk, The Walrus

The Human Egg Trade

Valérie Borde, L’Actualité

Guérir par les microbes
Laparoscopic Hysterectomy course a hit in Vancouver

The Society of Minimally Invasive Gynecology of Canada (SMIG) held its first national Laparoscopic Hysterectomy course in Vancouver on June 25 and 26 — and it was a resounding success.

The first day had didactic sessions reviewing practice principles as well as a three-hour supervised hands-on dry lab for suturing practice in box trainers and demonstrations of vessel sealing devices and other ancillary devices. The second day offered a unique cadaver program that allowed small groups of three to practice live surgical principles and perform a laparoscopic hysterectomy under direct supervision by our dedicated faculty.

The program was held at the beautiful False Creek Healthcare Centre, with faculty from across Canada and the United States: Dr. Catherine Allaire of Vancouver and Dr. Sukhbir Sony Singh of Ottawa, who were also the course directors; Dr. Malcolm Munro of California; Dr. Madeleine Lemyre of Québec; and Dr. Hassan Shenassa of Ottawa.

The first day was attended by 28 participants and the second day was sold-out at 18 participants. This made for a very good faculty-to-participant ratio and allowed all attendees to get close supervision as they worked on their skills in the dry and cadaver labs. The main sponsors supporting the program were Olympus, Covidien and Johnson & Johnson. Running such a course is extremely expensive and labor intensive and could not have happened without their help.

The SMIG plans to hold a similar course in Ottawa in 2012, immediately before or after the SOGC’s Annual Clinical Meeting. If you missed it this year, make sure to register early for the program next year! We hope to see you there.

The course received rave reviews from the participants, including some of these written comments:

““This was a great use of my CME time and will help me in my clinical practice.”


“So nice to have one instructor per cadaver. I got a tremendous amount of good information and help from this course.”

“I really appreciated the one-on-one session in suturing workshop and the tips given by the faculty on a one-to-one basis; video demonstrations were very, very useful.”
In May, we announced the date and theme for the 2011 National Pap Test Campaign, to be held during Cervical Cancer Awareness Week – 23 to 29 October 2011.

To date, only 40 health-care professionals have registered to offer Pap test clinics in their community. This is nowhere near the 150 clinics we had in 2011. For those of you who have registered ... thank you. For those of you who have not ... why not?

Are you procrastinating? You agree with the campaign ... you want to take part ... you just can’t seem to find the time to get it done or ... you keep getting side-tracked. Consider this your friendly reminder to go to www.fmwc.ca and register now!

Think you don’t have enough time to offer a Pap test clinic? Every little bit helps. Just because the Pap test campaign is being promoted during National Cervical Cancer Awareness Week, this does not mean that you are committed to offering Pap test clinics all day, every day of this week. Just a few hours would help women in your community access a Pap test that they could not get otherwise.

Think it will be too complicated to implement a Pap test clinic? This need not be a labour-intensive project. The intent is for you to maximize existing resources or those in your community. We have developed a participant kit to make the initiative as effortless as possible for you to implement and promote. Read on so you know what we mean.

What’s new this year’s?

While a number of campaign supporters have returned – the Society of Canadian Colposcopists, the Society of Gynecologic Oncology of Canada, and the Society of Rural Physicians of Canada – we are delighted to also have the opportunity to count on the following organizations to help promote the campaign:

- College of Family Physicians of Canada
- Cancer Care Ontario
- Canadian Cancer Society

Not only will the reach and impact of the campaign be increased, but Canadians will now be able to contact the Canadian Cancer Society’s Cancer Information Services toll-free number [1-888-939-3333] to inquire about the Pap test clinic nearest them. Whether or not Canadians find a clinic in their community now depends on you.

To help make this initiative as easy as possible for you, we are also improving the participant kit each health-care professional will receive to promote their clinic and help further inform residents in their community. In response to the feedback received from a number of participants last year, you will be receiving your participant kit mid-September, a month and a half ahead of Cervical Cancer Awareness Week.

A participant kit makes holding a Pap test clinic easy

While your commitment to hold a Pap test clinic is key to the success of this national campaign, we also acknowledge that public awareness and participation are also important to the overall outcome. We also know that you are busy health-care professionals with little or no time to devote to promoting this event in your community.

For this reason, the FMWC and the SOGC want to provide all those who register to participate in the 2011 National Pap Test Campaign with a listing on the FMWC website as well as a participant kit. On 12 September 2011, we will begin to send out kits that include the following:

1. Pap Test Campaign Participant Tip Sheet which provides you with a checklist of proposed activities or considerations in preparation for your Pap Test clinic.
2. Five posters (11X17, colour, two-sided, bilingual) to help promote the campaign, the location(s), the date(s) and time(s) of the “Pap Test clinic” you are offering in your community. Additional copies are available upon request.
3. A news release template that you can personalize to promote your participation in this year’s campaign to be shared with the local media in your community.
4. An ad template should you wish to invest in advertising of your Pap Test Clinic or are able to obtain free promotional opportunities from local media, community associations or companies.
5. A package of 50 public education pamphlets about Pap testing to be distributed to your patients and women in your community.
6. A PapTestInfo.ca tear pad produced by the Society of Canadian Colposcopists for distribution to patients to promote a new website created in 2010 as a credible online Canadian resource about Pap testing and what it means to have an abnormal result.
7. A physician desk reference tool with proposed approaches for health-care professionals to initiate brief, but impactful, discussions about HPV vaccination during a Pap test visit – because knowledge, screening and vaccination combined are the most effective way to prevent cervical cancer.
8. Public education material about the human papillomavirus (HPV) responsible for 70% of all cases of cervical cancer. Included in the package will be an HPV Toolkit for you and a brochure for your patients.
9. A Pap Test Clinic questionnaire that we ask you to complete and return to the FMWC in a pre-paid self-addressed envelope after Cervical Cancer Awareness Week. The purpose is to obtain your valuable feedback about the strengths and areas of improvement with respect to the Pap test clinic you offered (including feedback from the women you served), the promotional campaign, and the support material provided. While the paper version will be available, we are also looking into creating an online version that you can complete at www.fmwc.ca.

During this year’s campaign, we are asking everyone to consider the odds

This campaign is meant to be a call-to-action for all Canadian women to get their Pap test. This article is meant to be a call-to-action for you to register a Pap test clinic in your community so that women near you can have a place to go to answer that call. Please register today!
A ‘Thank-you’ from Japan

We would like to ask you to accept our sincere gratitude for solidarity with Japan expressed by SOGC under these serious circumstances triggered by the Great Eastern Japan Earthquake on March 11th. The valuable funds CAD10,000 contributed by the SOGC for the disaster relief have been received. We deeply appreciate the decision made by the SOGC executive committee. Immediately after the massive earthquake and tsunami, we set up a system to dispatch obstetricians and gynaecologists from universities all over the country to hospitals in the most devastated Tohoku district to provide medical support for survivors. The precious funds from the SOGC will help us to continue this relief operation directly offered to the people having difficulties to receive medical treatment. Being encouraged by warm sympathies extended from the SOGC, we keep our utmost effort in our role as a medical specialist for the recovery from this massive disaster.

Sincerely yours,

Yasunori Yoshimura, chairperson of the JSOG executive Board
Kazunori Ochiai, vice-chairperson of the executive board and director of international relations for the JSOG

The JOGC gets its own website!

The Journal of Obstetrics and Gynaecology Canada recently launched its very own website, www.jogc.com. While some of this information was previously available from the SOGC’s website, this new and independent site was built to make information easier to find and more accessible for authors, members and the public.

What can be found at jogc.com?

- Information about the journal
- Abstracts from the current issues of the journal
- Past issues of the journal
- Information for authors, including how to make a submission
- Information for reviewers, including tips and FAQs
- Information for subscribers and advertisers
- Useful links
- Contact information

The Journal of Obstetrics and Gynaecology Canada (JOGC) is Canada’s peer-reviewed journal of obstetrics, gynaecology, and women’s health. Each monthly issue contains original research articles, reviews, case reports, commentaries, and editorials on all aspects of reproductive health. The JOGC is the original publication source of evidence-based clinical practice guidelines, committee opinions, and policy statements that derive from standing or ad hoc committees of the Society of Obstetricians and Gynaecologists of Canada. The JOGC is included in the National Library of Medicine’s MEDLINE database, and abstracts from the JOGC are accessible on PubMed.

SOGC participates in 2011 Women’s Worlds Congress

This year’s Women’s Worlds Congress, a world-wide interdisciplinary gathering that focuses on research and activism pertaining to women’s issues, was held in Ottawa-Gatineau from July 3 to 7. The SOGC joined the near 2000 participants from 92 countries who attended the multitude of plenary sessions, workshops, and cultural events.

The SOGC’s International Women’s Health Program hosted a collaborative panel with CARE Canada and Action Canada for Population and Development, entitled “Breaking barriers for sexual and reproductive health and rights by prioritizing a multidisciplinary approach”. The SOGC was represented by International Women’s Health Ambassador Dr. Bev Chalmers who provided a medical perspective, while members of the two partner organizations shared a social and political perspective to improving women’s health.

The SOGC’s Aboriginal Health Initiative hosted a joint session with the Wabano Centre for Aboriginal Health. During the session participants were led by Elder Janice Longboat Ronde who spoke about the Aboriginal Health Initiative, the recently launched website www.aboriginalsexualhealth.ca and the importance of culturally competent care that bridges traditional knowledge and culture with contemporary health care.

Both the International and Aboriginal programs of the SOGC displayed their work and promotional materials by tending a kiosk at the congress bazaar. The congress allowed the SOGC to showcase its national and international work, to network with like-minded organizations and to be inspired by the success stories of women making progress across the globe.