Farewell and thank you to Dr. Vyta Senikas

HT and heart health: The SOGC on KEEPS

The SOGC goes digital
What lies ahead, for you and me  

By Dr. Jennifer Blake, chief executive officer

Never before has ‘a new year and a fresh start’ rung quite so true for me. It’s 2013 and I awake in a house that doesn’t yet feel like home, travel still-unfamiliar roads through an alien city, and flex untired muscles in an exciting new professional role.

After a busy fall, the loose ends of a 25-year practice in Toronto are now tied off, my family’s personal lives and effects have been bubble-wrapped, boxed and moved, and I find myself in Ottawa – ready to take on what I believe is the best job in Canadian obstetrics and gynaecology.

The Society has been a pillar of support and guidance throughout my career. On a clinical level, my patients have benefitted from the evidence-based guidelines and professional learning opportunities which shaped the care I gave. In terms of personal development, the Society has allowed me to connect with other health-care providers, leaders and advocates who share my passions; these relationships, and the opportunities I’ve had to help others through my own involvement with the Society, have given me both satisfaction and encouragement. As a Canadian woman, the SOGC has made me proud through the work it has done to improve women’s sexual and reproductive health, in Canada and abroad.

I am now thrilled, and very honoured, to take on a leadership role with such a well-respected and influential organization. There’s no crystal ball to show me what the years ahead will bring, but what is certain is that I am here to facilitate the work of our Council and committees in meeting the needs of our members. This is your Society, and I plan to advocate for you, support you and help further your good work.

As I now approach the Society from a new perspective, I encourage you to do the same and ensure that you are making full use of all that the SOGC has to offer: from excellent continuing medical education programs to evidence-based resources for clinicians and patients, chances to share your expertise through speaking and international volunteer opportunities, and programs which recognize and support your activities, the Society truly can make a difference in your practice.

I look forward to working for, and with, you.

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.

**January**
- Toxoplasmosis in pregnancy: prevention, screening, and treatment
- Surgical safety checklist in obstetrics and gynaecology

**February**
- Current status in non-invasive prenatal detection of Down Syndrome, trisomy 18, and trisomy 13 using cell-free DNA in maternal plasma
- Chemotherapy in pregnancy
For nearly a decade, Dr. Vyta Senikas has played an indispensable role in the leadership and operations of our Society. The SOGC and its members have benefitted greatly from her valuable contributions over this time.

In 2003, Dr. Senikas left her academic and clinical roles at McGill University and the Royal Victoria Hospital in Montréal to join the SOGC full-time as associate executive vice-president. Her subsequent impact on the Society — and the sexual and reproductive health of Canadian women — has been profound and is difficult to quantify.

One of the first processes which Dr. Senikas implemented, and which continues today, was the expansion of the Society's continuous professional learning programs and activities. Early projects included the addition of a new regional meeting for obstetricians, e-learning programs designed for ob/gyns and family physicians, and increased ALARM course offerings, including the introduction of special-request courses.

An important step that Dr. Senikas took to support the ALARM program and the MORE program was the development of a single, dedicated Obstetrical Content Review Committee, which now undertakes an annual review and update of the curriculum for these successful programs.

Dr. Senikas has also led and overseen the work of many other SOGC committees, including the standardization of the guideline development process. A significant advancement which Dr. Senikas brought about in this area was strategic planning for consensus guidelines; the SOGC now regularly works with other organizations and regulating bodies, creating guidelines which are strengthened through multiple endorsements.

Dr. Senikas oversaw the purchase of the Journal of Obstetrics and Gynaecology Canada from the publishing company which previously owned it, hired dedicated journal staff and entered into a business model for advertising revenue. The journal has become an indexed and respected publication, and carries all of the SOGC's clinical practice guidelines — almost 200 of which have been produced under Dr. Senikas's leadership.

In addition to seeing the SOGC through two successful accreditation reviews by the Royal College of Physicians and Surgeons of Canada, Dr. Senikas's leadership has been crucial in many other important projects. During the H1N1 crisis in the fall of 2009, the SOGC coordinated with the Public Health Agency of Canada to develop a guideline and communications strategy endorsed by 14 organizations, all within three months.

Throughout all of this, Dr. Senikas has built up the internal resources of the SOGC, moving parts of our operations such as translation from a service that we contracted out to an improved in-house system. She has contributed to revenue diversification for the Society, through successful grant applications with governmental organizations, as well as implementing and overseeing projects such as the publication of conference highlights, the delivery of public forums on targeted health issues, and encouraging public education initiatives to support guideline development.

Over the past year and a half, Dr. Senikas has taken on the role of acting executive vice-president; during this time the SOGC saw change on several fronts, including a review and remodeling of our governance structure, the updating of our strategic directions, and major office renovations, as well as our regular operations. “I came to the SOGC because I wanted a new challenge,” says Dr. Senikas, who had worked in a clinical environment for 25 years before coming to the Society. “I will miss my interactions with the employees — they are a dedicated and innovative group of people, and a large part of the SOGC’s successes.”

Dr. Senikas will continue to be involved with the SOGC through committees and representation, but is looking forward to a well-deserved vacation.

Thank you to Dr. Senikas for her commitment and dedication to the Society. She has set an excellent example for all of us concerned with women’s health to follow. The Society looks forward to continued work with her.
In association with the
Alberta Society of Obstetricians and Gynaecologists (ASOG)

West/Central CME Program
Update in Obstetrics and Gynaecology
March 21–23, 2013
Fairmont Banff Springs, Banff, Alberta

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

SOGC meetings

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

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

Quebec CME
Update in Obstetrics and Gynaecology
September 19–21, 2013
Mont Tremblant, QC

Quebec CME in Obstetrics
For family physicians, nurses and midwives
November 14–15, 2013
Montréal, QC

Ontario CME
Update in Obstetrics and Gynaecology
November 28–30, 2013
Toronto, ON

Other meetings

ALARM International Program
Instructor Course
April 26 – 28, Montréal, QC
(This course will be offered in French)
Email intl@sogc.com

Program schedule

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<th>Location</th>
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<td>Ottawa, ON</td>
<td>Jan. 25–26, 2013</td>
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<td>Saskatoon, SK</td>
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<td>Victoria, BC</td>
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<tr>
<td>Banff, AB</td>
<td>Mar. 24–25, 2013</td>
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<td>(in conjunction with the West/Central CME)</td>
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<td>Toronto area, ON</td>
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Dr. Jean Chamberlain receives Diamond Jubilee Medal

SOGC member Dr. Jean Chamberlain, founder and executive director of Save the Mothers, was recently awarded the Queen Elizabeth II Diamond Jubilee Medal.

The medal, created to mark the 60th anniversary of Her Majesty Queen Elizabeth II’s accession to the throne, was presented in honour of Dr. Chamberlain’s outstanding contribution to the cause of maternal health world-wide.

Dr. Jean Chamberlain, an assistant professor in obstetrics and gynaecology at McMaster University where she co-directs an international women and children’s health program, spends nearly eight months a year abroad. She and her family are currently in Uganda, where the Save the Mothers (STM) program is developing local leaders (including members of parliament, journalists and teachers etc.) who will champion maternal health within their own professions and spheres of influence.

Congratulations, Dr. Chamberlain.

Recent studies authored by SOGC members

Salutations à tous! Greetings to all!

We have had an eventful year in the obstetrics and gynaecology department at McGill.

We started off the academic year with our annual BBQ to welcome the new residents to our program. We enjoyed the sunshine, yummy food and great company by Beaver Lake on Mount Royal. So, a warm welcome to Na’ama Al Ma’mari, Ghazi Al-Sarraj, Nathalie Bleau, Marianne Chevrette, Rawan Gari, Milena Garofalo, Noura Hassan, Jacob Ruiter-Ligeti, and Hussein Sabban.

With the arrival of new residents comes the departure of our beloved PGY-5s. We will miss Anne-Maude Morency, who is enjoying the culinary pleasures of Toronto while pursuing an MFM fellowship, and Ghislain Hardy, who is demystifying menopause in Ottawa. Thankfully, we will still be seeing Atanas Nedelchev and Nouf Al-Ajaji in the hospital hallways as they complete an MFM fellowship at McGill.

We are looking forward to the upcoming year as there are many exciting changes in progress. A brand new laparoscopic training centre has been set up at the Royal Victoria Hospital. The department is in the process of putting together a laparoscopic training curriculum to help us improve our skills. A big thanks to Dr. Marcoux, Dr. Merovitz, Dr. Querleu, and Dr. Ponette.

We are also anticipating moving into our new “homes.” The construction of the state-of-the-art Glenn Memorial hospital as well as that of the brand new Pavilion K at the Jewish General Hospital are well underway.

This year, McGill hosted the annual Quebec ob/gyn resident interuniversity debate. Over two days, we enjoyed a sporting event, an elegant dinner and a dance as well as some friendly competition. Congrats to the Université de Sherbrooke for their winning presentation on intrauterine growth restriction.

Another fun event was our annual retreat held at Morin-Heights in April. We bonded over our best homemade dishes from the Middle East, followed by a traditional “cabane à sucre”. Then, we sang our hearts out with some good old karaoke.

At McGill, we like to put theory into practice and so we have had a little baby boom in our program! We would like to welcome our ten most junior members: Eman’s baby Mayar, Sadikha’s baby Mohsen, Majed’s baby Molham, Khalid’s baby Mohammed, Audrey’s baby Gabriel, Atanas’ baby Daniel, Marie-Hélène’s baby Liam, Cheng-Wei’s baby Amelia, Tania’s baby boy due in November, and Anne-Julie’s Lea…still in utero! Our program alone has caused a rise in the Quebec census for next year!

Looking forward to another busy and exciting year, and to seeing all of you in Calgary at the SOGC’s Annual Clinical Meeting.

À bientôt.
Happy New Year from McMaster! As we approached the Holiday season, things were busy as always for McMaster’s obstetrics and gynecology (ob/gyn) residents. Our last academic year came to a close with many residents from our program coming together to enjoy the ACM in Ottawa. Congratulations go out to all those with successful presentations and posters. The celebrations continued when we returned to Hamilton and said farewell to our graduating PGY-5s at a fantastic BBQ hosted by our extraordinary labour and delivery nurses.

In July, we had our annual kick-off BBQ to welcome our seven new PGY-1s. This year, we are also very excited to welcome many new family additions, as several of our residents and fellows are expecting babies in the near future and our very own program director happily announced the arrival of an addition to her family. Congratulations to all!

As we settle into the new year we are getting into the swing of things academically. Our annual RT Weaver Research Day showcased many resident and graduate student research projects. The program has also been fortunate to add a number of new core community rotations over the last few years and these continue to provide us with valuable experience in operative deliveries and vaginal surgery. We appreciate all of the teaching and commitment we are receiving from our experienced new supervisors in Kitchener-Waterloo, Burlington and Milton.

Ongoing developments also continue in our surgical curriculum. These include increased exposure to minimally invasive surgery in our simulation and pig lab. In addition, we all benefited from the experience of the OSATS examination, one of our newest tools for evaluating surgical skills outside of the operation room.

Finally, we are adapting to a new 12-hour weekend call system, a definite change from the previous 24-hour schedule. This is just the first step in our ongoing evaluation of options for improving the work-life balance of residents and the safety of patients.

During the Holiday season, we enjoyed time with family, friends and our fellow residents and as always, we are very thankful for the support and encouragement of our staff and colleagues.

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

**International members:** Dr. Edgar Danilo Cancino; Dr. Mamdoh A. Eskandar; Dr. Mamadou Traore; Dr. Fred Ronald Donatien Ulysse

**Junior members:** Dr. Damjan Gaco; Dr. Kmers Eliecer Barrios Perez; Dr. Anca Matei; Dr. Kirsten M. Niles; Dr. Cameron Michael Sklar

**Junior members (family practice):** Dr. Sabrina Ares; Dr. Tiffany Bursey; Dr. Carla M. Geurtjens; Dr. Bradley Kyle; Dr. Kim Lambert Gauthier; Dr. Julie LeBouthillier; Dr. Joseph Lee; Dr. Amanda Loewy; Dr. Ashley MacDonald; Dr. Hedieh Molla Ghanbari; Dr. Claudia Robu Tofan; Dr. Melanie Toupin

**Associate members (family practice):** Dr. Pamela Anand; Dr. Judith Anne Armstrong; Dr. Muqadas Batool; Dr. Bhooma Bhayana; Dr. Caroline Cantin; Dr. Vincent Demers; Dr. John Dosman; Dr. Steven L. Hirsch; Dr. Narminder Ibrahim; Dr. Idalberto Jimenez; Dr. Lynda Keaveney; Dr. June Kingston; Dr. Sylvie LeBlanc; Dr. Sarah Lesperance; Dr. Allegra Lywood; Dr. Keith Martin; Dr. Ulrike Meyer; Dr. Lynda Miklova; Dr. Wade R. Mitchell; Dr. Susan Munro; Dr. Jana Patenaude; Dr. Laura Sellers; Dr. Natalie Sheehan; Dr. Frank E. Slipp; Dr. Mileva Stojanovic; Dr. Peter John Sullivan; Dr. Suzanne Taylor-Wall; Dr. Shanthi Thamilvaanan; Dr. Sasha Thiem; Dr. Estie van der Merwe; Dr. Derek J. Vaughan; Dr. Catherine Yanchula; Dr. Fozia Zakaria; Dr. Jessica Zimbler

**Associate members (registered midwife):** Ms. L. Ruth Comfort, RM; Ms. Elaine Ho, RM; Ms. Cecile Masson, RM; Ms. Carole Thomson, RM; Ms. Rebecca J. Wood, RM

**Associate members (students in health-care training):** Miss Tamara Delorme; Ms. Jaclyn DesRoches; Ms. Kristin Harris; Ms. Teela Johnson; Ms. Joni Kooy; Ms. Valerie Lantcot; Ms. Allison McFadden-Berean; Ms. Kelly Monaghan; Ms. Katarina Nikel; Ms. Jaclyn Oldham; Ms. Sarah Naden Parkinson; Ms. Radhmila K. Parmar; Miss Kaitlin Rebecca Robertson; Ms. Anna Sedlakova; Mr. Harbinder Singh Benning; Ms. Hannah Maria Staniszki; Ms. Angela Joan Stewart; Ms. Angele Mariette Trudeau; Ms. Vivian Wang; Ms. Janet Zhao

**Associate members (registered nurse/practical nurse):** Mr. Roger Prasad; Ms. Roxanne Ziefflie, RN

**Associate member (PhD):** Dr. Karen Patricia Phillips, PhD
SOGC POSITION STATEMENT: KEEPS Trial: Kronos Early Estrogen Prevention Study

Preliminary data from the Kronos Early Estrogen Prevention Study (KEEPS) trial were presented at the North American Menopause Society’s annual meeting in Orlando in October, 2012. This clinical trial examined the effects of oral and transdermal estrogen delivery on surrogate markers for cardiovascular disease (CVD). This is linked to the hypothesis that initiation of menopausal hormone therapy early in the menopausal transition could avoid the cardiovascular risks seen in older women, as suggested by a subgroup analysis of the Women’s Health Initiative.

In this randomized, placebo-controlled, double-blind, prospective clinical trial, generally healthy women aged 48 to 52 within three years of menopause and with an intact uterus, were randomly assigned to receive either:
1) oral conjugated equine estrogen (CEE 0.45 mg daily) and monthly progesterone (200 mg micronized progesterone for 12 days each month), or
2) transdermal estrogen patch (Estradiol 50 ug/day) and monthly progesterone (200 mg micronized progesterone for 12 days each month), or
3) placebo.

Data were presented from the first four years of follow-up at which time there was no significant difference in the rate of progression of atherosclerosis in treatment arms compared to placebo, as determined by surrogate markers (carotid intima-media thickness and coronary artery calcification [CAC]). [Among women with a CAC score of 0 at study entry, there was a non-significant decrease in CAC deposition in women assigned to oral CEE]. Neither treatment raised blood pressure. Slight differences were noted in other biomarkers for coronary artery disease according to the route of estrogen delivery (oral CEE showing more favourable changes in cholesterol but increased C-reactive protein [CRP], and transdermal E2 showing more favourable changes in triglycerides and insulin resistance and no change in CRP).

In addition, the KEEPS trial evaluated the effects of these same hormonal regimens on cognition and memory. Neither treatment was associated with an adverse effect on cognition. Women at low CVD risk had improved verbal learning and memory factor scores after oral CEE compared to placebo. As well, women on oral CEE showed improved symptoms on the Profile of Mood States (POMS). Women assigned to transdermal E2 were more likely to report subjective memory impairment, but this was not apparent on objective testing.

Secondary benefits of hormone therapy for women participating in this trial were favourable effects on vasomotor symptoms, sexual function, quality of life, and bone mineral density with both routes of estrogen administration.

In summary, neither low dose oral CEE or transdermal E2 had any adverse effects on surrogate markers of cardiovascular risk when given to recently menopausal women during four years of follow-up. This population would not be expected to have a significant CV event rate during the course of the study, given their age and low-risk profile. No adverse effects on cognition were observed, although different routes of delivery resulted in some differences in recall.

These findings, while reassuring, do not resolve the issue of whether hormone therapy started at the time of menopause will have long-term benefits or harm for CVD. This study is limited by small numbers, short durations of follow-up, the use of only two low-dose formulations, and a population at very low-risk for cardiovascular disease. The number of subjects was too few to address rare risks and those that may take years to develop, such as stroke and breast cancer. Overall, women starting menopausal hormone therapy can be reassured by these data, which show no short-term adverse effects on markers for future CVD, in addition to a variety of ancillary benefits (bone protection, improved sexual health, improved quality of life) when taken for relief of vasomotor symptoms.

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Become a Member of the Society of Canadian Colposcopists (SCC)!

- Do you practice colposcopy?
- Are you a physician who has a particular interest in lower genital tract disease?
- Do you have a scientific interest and want to make a contribution to the field of colposcopy?
- Would you benefit from joining other Canadian colposcopists in sharing information, advances, and innovations in the practice of colposcopy?

If so, we invite you to join our membership. Some of the benefits are . . . . . .

- Access to continuing medical education courses
- Reduced cost for accredited colposcopy training modules
- Free subscription to the Journal of Lower Genital Tract Disease
- Spring and Fall issue of the SCC Newsletter

For more information and a membership application form, go to the “Become a Member” page at www.colposcopycanada.org, or contact Judy Scrivener, the SCC national coordinator, via email at jscrivener@sogc.com.
Funding for PRE-EMPT increased to $24.4M by the Bill & Melinda Gates Foundation

By the time you finish reading this article, at least one young woman, fetus or newborn infant will have died due to the complications of pre-eclampsia and eclampsia. An additional five to ten women, fetuses and newborns will have been harmed, but not killed by, pre-eclampsia. Over 99 per cent of these deaths and non-lethal complications occur in low and middle income countries, primarily affecting families and communities in the Indian subcontinent and sub-Saharan Africa.

“To quote the World Health Organization, this excessive and avoidable burden of injury and death represents a considerable social injustice,” says SOGC member Dr. Peter von Dadelszen, professor of obstetrics and gynaecology at the University of British Columbia.

Dr. von Dadelszen, who leads the international PRE-eclampsia-Eclampsia Monitoring, Prevention and Treatment (PRE-EMPT) initiative, received $7.4M in funding for the initiative from the Bill & Melinda Gates Foundation two years ago. The Gates Foundation has recently increased the funding for PRE-EMPT by an additional $17 million.

“This supplemental funding from the Gates Foundation is an investment in our ability to scale up research studies to improve outcomes for young women and their families globally, and represents a transformative investment in, and recognition of, the PRE-EMPT team, especially our friends and partners in low and middle income countries,” says Dr. von Dadelszen.

“As a practicing obstetrician working in the privileged environment of Canadian medicine, I am always impressed by the standards of care and passion for excellence in care that I observe in our partner institutions — however, no matter how well these diligent and effective colleagues perform, a substantial number of women enter into health facilities too ill to save, having already suffered life-threatening complications (such as a stroke) or having already lost their baby to a stillbirth.”

The main focus of the additional funding, and the PRE-EMPT project overall, is the Community Level Interventions for Pre-eclampsia (CLIP) Trial which is occurring in Nigeria, Mozambique, Pakistan and India. Each country is undertaking a full scale trial, so that the trial results will inform ongoing health policy decisions. The trials are being preceded by feasibility studies in each country to identify social and cultural factors that could either aid or obstruct the CLIP Trial interventions. The CLIP Feasibility studies are being led by SOGC member Dr. Diane Sawchuck and her colleague Dr. Rahat Qureshi.

Each national CLIP Trial will mobilize community groups to create a supportive and enabling environment for pregnant women. Community health workers will provide pre-eclampsia antenatal screening, and supported by mobile health technology, will administer the first doses of life-saving interventions (antihypertensive agent and magnesium sulphate) to women who are identified with severe pre-eclampsia. These women will be transferred urgently to health-care facilities.

The identification and triage of women for pre-eclampsia will be based on two important innovations. The first innovation is the miniPIERS (Pre-eclampsia Integrated Estimate of RiSk) tool that identifies women who are most (and least) ill with pre-eclampsia. Development of the miniPIERS tool from cohorts in Brazil, Fiji, Pakistan, South Africa and Uganda has been another element of PRE-EMPT. The second innovation is the development of a mobile phone platform to guide care-giving by minimally-trained health workers in low and middle income countries. The development of this innovation through work occurring in South Africa has been funded by a Saving Lives at Birth grant to Drs. Mark Ansermino, Guy Dumont and Peter von Dadelszen, and will be accelerated by the new award.

To have an impact on policy after the trial results are known, each national PRE-EMPT team includes health policy decision makers and national professional bodies, as well as participation in the overall CLIP team by the WHO.

A third element of the new funding is strengthening the Calcium And Pregnancy (CAP) trial that is testing whether or not pre-pregnancy calcium intake can reduce the number of women who develop pre-eclampsia when they have low dietary calcium intake and have previously suffered from pre-eclampsia. In addition, the new funding is supporting a trial which will identify the relative merits of three drugs that can be taken orally and which are used to treat very high blood pressure. The new funding will strengthen the Global Pregnancy Colaboratory, a burgeoning international collaboration of pre-eclampsia scientists who are working together to accelerate the pace of new discoveries in the field, as well as strengthening the activities of the WHO in the area of pre-eclampsia-related standard setting and the Preeclampsia Foundation, a patient advocacy group based in the US and Canada.

“It remains for me to thank and acknowledge the tremendous effort and enthusiasm of the international PRE-EMPT team,” says Dr. von Dadelszen. “We have asked a large number of people to support us in this broad endeavour, many of them as voluntary collaborators and advisers, and have yet to be declined. As we travel, we have been welcomed and embraced by women, their families, their communities, care providers, and health administrators as we have entered homes, clinics, hospitals, as well as government and NGO offices — the degree of shared vision around improving pregnancy and newborn outcomes seems to vastly outweigh any shades of difference between groups and cultures. We remain deeply indebted to the Bill & Melinda Gates Foundation for their confidence in us, and for the ongoing practical, sage, and inspiring support provided at all stages of this journey.”
MENOPAUSE PUBLIC FORUMS:
Face-to-face with over 1000 women

From Saskatoon to Moncton, from the GTA to rural Quebec, the SOGC's most recent series of seven public forums on menopause once again brought strong messages about midlife health to women who were looking for information they could trust about how to navigate the menopause transition and beyond, to ensure good health and good quality of life.

Held each year in various locations across Canada, these events allow women to meet an expert from the SOGC who will set the record straight with facts about hot flashes, bladder problems, breast cancer and more. This is a great opportunity for women (and often their partners) to listen, learn and ask questions.

This year, in an effort to reach underserved audiences or audiences that might not already be accessing our resources, the SOGC partnered with the Islamic Society of Canada, which hosted a forum at the Islamic Centre in Mississauga. This event was marketed both inside and outside the Islamic community and there was great support and attendance for the presentation delivered by Dr. Aliya Khan. Likewise, the turnout for the other six forums was also great, with Winnipeg once again breaking attendance records.

Thank you to the SOGC expert presenters who spoke to audiences: Dr. Annette Epp (Saskatoon), Dr. Margaret Burnett (Winnipeg), Dr. Aliya Khan (Mississauga), Dr. Carol McConnery (Gatineau and Maniwaki) and Dr. Ward Murdock (Moncton). Thank you also to the members of the panel which developed the presentation: Dr. Céline Bouchard, Dr. Jennifer Blake, Dr. Vyta Senikas and Dr. Vivien Brown.

Find what you’re looking for, faster, at sogc.org

In the time since the existing structure of our corporate website was developed five years ago, the programs and resources offered by the SOGC have evolved and expanded. As this happened, new pages and sections were added to sogc.org and, over time, this resulted in sometimes complex and less-than-ideal website navigation.

For this reason, the SOGC has recently reorganized our website structure. The improved site will be launched this month — the site will look much the same, maintaining the same colours, layout and images, but you will notice that the menu is organized differently.

We hope this makes it is easier for members, the public, the media and our partners to find the information they are looking for.

Some of the changes you’ll notice at sogc.org

- Reorganized left-hand navigation menu:
  Seldom-used links moved from the main menu to sub-menus, while some popular links were added to the main menu.

- A shorter route to the page you’re looking for:
  By reorganizing the categories which pages are organized under, it will now take fewer clicks to get to the information you want.

- More pages available without logging in:
  Some pages which were previously available only to members through login, but which did not contain any secure information, are now available to all. You will only need to log in to deal with business directly related to your personal account and limited other member-only content.
Throughout 2013, the AHI will publish articles in this newsletter highlighting the work of the SOGC’s Aboriginal Health Initiative Committee (AHIC) and related projects and partners. As always, we welcome and encourage the feedback and interest of all our members and look forward to an exciting and productive year ahead!

In this issue, we are pleased to share an article introducing SOGC members to the National Aboriginal Council of Midwives (NACM), a valued collaborator in a number of our initiatives. We also feature the work of two of the AHIC’s members, Ms. Gisela Becker, RM, and Dr. Bing Guthrie.

A Spotlight on the National Aboriginal Council of Midwives

The Society of Obstetricians and Gynaecologists of Canada’s Aboriginal Health Initiative works with a variety of Aboriginal and non-Aboriginal organizations, including the National Aboriginal Council of Midwives (NACM).

The NACM’s goal is to promote excellence in reproductive health care for Inuit, First Nations, and Métis women. They focus on advocating for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Aboriginal communities, as is consistent with the U.N. Declaration on the Rights of Indigenous Peoples. The NACM is also an active member of the Canadian Association of Midwives, allowing them to represent the professional development and practice needs of Aboriginal midwives to the responsible health authorities both in Canada and in the global community.

An Aboriginal midwife is a primary health-care provider who has the skills to care for pregnant women, babies, and their families throughout pregnancy and during the postpartum period. She is also a person who is knowledgeable in many aspects of women’s medicine and she provides education that helps keep the family and the community healthy. NACM midwives promote breastfeeding, nutrition, and parenting skills. They are also the keeper of ceremonies for young people like puberty rights as well as leaders and mentors who pass on important values about health to the next generation.

Ultimately, the NACM’s vision is for there to be Aboriginal midwives working in every Aboriginal community. Unfortunately, over the past 100 years, the practice of having Aboriginal midwives present in all Canadian Aboriginal communities has been compromised due to various factors such as colonialism and changes in the Canadian health-care system. Consequently, many Aboriginal women in rural and remote communities have been forced to access care and deliver their babies outside of their communities.

The NACM feels that Aboriginal midwives are essential to all Aboriginal communities as they recognize that the health and well-being of Aboriginal mothers and their babies is crucial to the empowerment of Aboriginal families and communities. It is for this reason that the NACM was created in 2002. The NACM’s role is to provide a collective voice for Aboriginal women working in Aboriginal communities as a means of supporting the development of midwifery and Aboriginal midwifery in Aboriginal communities across Canada.

The council has recently launched a new website and resource materials, including video, web and print documents available through their site: www.aboriginalmidwives.ca.

The AHI encourages SOGC members to go to the site to familiarize themselves with the objectives, values and roles of Aboriginal midwives.

Throughout the coming months, the SOGC News will feature further articles on the ways both the AHI and NACM are working to advance culturally-safe health and healing for First Nations, Inuit and Métis women, their families and communities.

Looking for guidance on how to make your practice more culturally safe?

The SOGC Guideline for Health Professionals Working with First Nations, Inuit and Métis will be published in the JOGC in early 2013. This comprehensive document includes:

- Socio-demographic, cultural and historical context
- Evidence-based recommendations
- Clinical tips
- Infographic
Practice relations: A model of obstetrician-midwife collaboration for improved Aboriginal maternal health

Ms. Gisela Becker and Dr. Bing Guthrie have been members of the SOGC’s Aboriginal Health Initiative Committee for several years, each contributing a wealth of insights into the challenges and rewards of providing high quality, culturally-safe care for Aboriginal women in the Northwest Territories. Here is a look at their individual practices and how they work together to support the delivery of maternity care — and the return of birth - in rural and remote settings.

Ms. Becker practices for the Midwifery Program of the Fort Smith Health and Social Services Authority (FSHSSA). In April 2005, following years of concerted effort on the part of community members and leaders, midwives, other health professionals, and public servants within the Government of the Northwest Territories, the Midwifery Program of the FSHSSA opened its doors. With the integration of midwifery into the primary health-care services of the authority, it became possible once again for birthing to be part of the normal continuum of community life.

Seven years later, the Midwifery Program is a well-established service within the authority, with documented positive outcomes in maternal and child health. Fort Smith is now one of several midwifery-led maternity programs in a rural or remote area with a large Aboriginal population.

A full range of midwifery services continues to be offered to childbearing women in the community, including preconception care, prenatal care, birthing services, and postpartum care up to 12 months. Each pregnant woman is assigned to one midwife as her lead caregiver who follows her and her family through the childbearing year and the first twelve months postpartum. This extended model of care provides an opportunity to build trusting relationships over a longer period of time and facilitates the delivery of client-centred care. As a result, women feel safe to speak freely about their lives, including its challenges.

Dr. Bing Guthrie is an ob/gyn with a unique practice in the Northwest Territories (NWT). With the region being geographically vast, remote, and sparsely populated, provision of care is difficult. Approximately fifty percent of the population defines itself as First Nations, Inuit or Métis. Within the NWT health system, there is provision for Language Services, an Elder’s Council, and an Aboriginal Wellness Programme.

Practicing in the NWT, Dr. Guthrie notes that there are challenges as well as many rewards. Applying the principles of cultural safety is key to the success of his service. For example, being aware of the differing cultures of First Nations, Inuit and Métis, and beyond, seeking to listen, learn and understand, and accepting differences all help to promote an atmosphere where all cultures are welcomed, acknowledged and respected. These practices help to relieve tensions, promote tolerance and support the delivery of high-quality, patient-centered care.

In order to facilitate access to care on a geographical level, Dr. Guthrie provides travel clinics to outlying communities. Using telehealth technologies, he also collaborates with caregivers, midwives, nurses and general practitioners outside of Yellowknife. His clinic is supportive of creating safe effective systems to promote birthing in rural and remote areas.

Collaboration

Telehealth is widely used in the NWT. It is used for specialist consultation, training purposes and other uses. For client care review in the Midwifery Program in Fort Smith we mostly use conference calling. A Maternity Care Committee, which includes Dr. Guthrie, Ms. Becker, as well as other SOGC members, such as Dr. Kotaska, meets every two weeks via teleconference. The Committee reviews every client at around 34 weeks to discuss their suitability of birthplace. They also discuss clients with medical concerns or high risk clients at any stage of the pregnancy and then review all the births. The Committee also discusses program policies and guidelines and other issues pertaining to the program in Fort Smith. Nurse practitioners, nurses and family physicians (when available) participate as well.

Ms. Becker notes that, over the years, the team has gotten to know each other well. “We understand each other’s practices and ways of thinking. Southern midwives who have come to Fort Smith for locums and others have been surprised at the easiness of our professional relationships. It is a supportive environment and Dr. Guthrie’s and Dr. Kotaska’s support has made a lot of difference in the success of our program and the ability to return birthing to our community”.

Both Dr. Guthrie and Ms. Becker agree that women who birth in the community have conveyed how important it was for them to stay in the community to birth. They felt well supported during the birth process and expressed satisfaction with the care they received. Ms. Becker also notes that the women also speak positively about other aspects of their care during pregnancy and postpartum; they expressed that they enjoyed the regular contacts with the midwife, and continuity of care throughout the childbearing cycle.

The AHI is keen to learn about other successful examples of collaborative care with a focus on supporting Aboriginal women’s health. Contact us to share your stories, promising practices and lessons learned!
The SOGC congratulates Dr. Yirgu Gebrehiwot from the Ethiopian Society of Obstetricians and Gynaecologists for his latest achievement of being elected as president of the recently-launched African Federation of Obstetrics and Gynaecology. The SOGC’s International Women’s Health Program has been working closely with Dr. Gebrehiwot on the Maternal, Newborn and Child Health Quality Improvement Project in Ethiopia and has been continuously impressed by his dedication to improve health outcomes for the women in his country.

The SOGC is equally proud to welcome the Ethiopian Society of Obstetricians and Gynaecologists as a fellow member association on the FIGO Executive Board.

**Where is the IWHP this winter?**

**Bangladesh** – IWHP project manager Moya Crangle will be visiting Bangladesh to develop an annual work plan with our partners at the Obstetrical and Gynaecological Society of Bangladesh, as part of the Maternal, Newborn and Child Health Quality Improvement Project.

**Tanzania** - IWHP volunteers visited Tanzania in mid-December to deliver the 4th ALARM International Program course being offered as part of the Safer Obstetrics in Rural Tanzania Project.

**Haiti** - IWHP volunteers will return once again to Haiti to continue delivering AIP courses as part of the Haiti Reconstruction Project. One course will be offered at the beginning of December to residents of the four medical universities and another course will be offered in January which will target the universities’ ob/gyn professors.

**Mali** - IWHP project manager Liette Perron will be travelling to Mali in January to discuss and plan for the future of the QUARITE project.
CFWH’s Bumps on the Road - A second successful year!

On October 21, more than 65 people came out on a crisp fall morning to support pregnant women and what can sometimes be a challenging journey through pregnancy.

The walk was supported by Ottawa Mayor Jim Watson and local city councillor David Chemushenko. Support was also offered by local business owners like Jules Hilliker from Fitness by Jules, who took a few minutes to get everyone warmed up before the walk. Alyssa Delle Palme, morning radio host of Ottawa’s 101.9 DAWG FM, was also an ambassador for the walk; she had her baby on December 12.

The CFWH is extremely happy to have collected close to $6,100 through effective fundraising, generous sponsorships, a Facebook auction and registration fees. We would like to thank all of our 2012 supporters and volunteers who made this event possible.

Pregnancy is a wonderful experience, but sadly many women suffer complications during this precious time. The annual “Bumps on the Road-9K Walk for Pregnancy” is one way for the CFWH to raise money for medical research to ensure a safe pregnancy for every mother and her baby.

If you want to be involved in hosting a “Bumps on the Road” walk in your city, gather up some volunteers and contact csarkisian@cfwh.org for more information. We hope to see you all again next year!

Supporting research: Send in your applications!

The CFWH is now accepting applications for our Awards, Fellowships and Grants Program. The deadline is February 15, 2013. Please visit cfwh.org for application details.

- The W. Garfield Weston Foundation Awards in Obesity and Reproductive Health
- CFWH General Research Grants
- The Duchesnay International Elective Fellowships for Obstetrics and Gynaecology Resident
- The CCF and CFWH Urogynaecology Award, sponsored by Watson Pharma Company
- Welch Allyn Award in Cervical Cancer Screening and Prevention
- The Dawn Walker Grant in support of health policy training and development for healthcare professionals

We need your artistic talent on stage

We asked and you responded. A few months back, the CFWH sent out a survey to all the attendees of this year’s Healthy Women, Healthy Future Gala and Research Awards Ceremony that was held in June in Ottawa. We received great feedback — thank you to those who shared their ideas!

Based on some comments that were submitted, the CFWH is proposing to host “Calgary’s Got Talent”, a unique theme and form of entertainment for this year’s gala in Calgary, a part of the SOGC’s 69th annual clinical meeting social program.

We are calling on YOU, our members, to share your artistic skills for this talent show and competition. We know you are out there, singing, juggling or dancing — anything goes!

We are looking for a minimum of four acts that we will showcase as the entertainment segment of the evening. Between our pay-to-vote model and other unique ways to raise money for the night, this fundraiser is sure to be a great success!

If you would like to sign up for the show, be on the organizing committee or have any questions, please contact Chantal Sarkisian at csarkisian@cfwh.org.
In 2013, the SOGC will be transitioning several products which we have traditionally produced in print format to electronic formats instead. This is being done for reasons of cost savings, concern for the environment, and the increased preference of many SOGC members and other target audiences for digital publications.

SOGC research indicates that those who routinely use our materials in their practices, research efforts or for personal use are migrating to electronic versions for ease of access and transfer.

This is not a new process, as several of the SOGC’s products have already undergone this transition. One example is our event syllabi: the SOGC used to print, ship and distribute a thick event syllabus to each person who attended one of our continuing medical education events. For the past few years, we have instead shared this document by USB stick. In 2012, we took this one step further by offering the syllabi online for download ahead of the event. This initiative has been met favourably by members.

Many of our members already choose to receive the JOGC and SOGC News by email. The percentage of subscribers choosing this method grows each year, and now, electronic orders outnumber print orders.

The SOGC is excited about the possibilities presented by migrating to an electronic-only universe. We anticipate it may increase our ability to reach target audiences, and possibly to undertake initiatives out of our reach due to the burgeoning costs of print production and distribution. We recognize that the transition may be difficult for some, and we thank you in advance for your patience and understanding.

Public education and physician reference tools: Available only electronically

The SOGC maintains a comprehensive suite of print materials for the public, patients and physicians:

- Public education brochures
- Flipcharts to aid in patient consultations
- Physician reference tools and algorithms

While popular, these products are expensive to print, store and mail. Though we receive revenue from selling the print version of some of them, this has been steadily decreasing — in part because an increasing number of members prefer to have an electronic product rather than a print one.

Once our current inventory is gone, the SOGC will no longer provide these documents in print form. Instead, we will continue to produce and update this suite of products, and make them available online.

All existing print content is currently being transferred to one or more electronic formats. Indeed, many materials are already online and we encourage you to visit the SOGC websites to see what is currently posted. Within 2013, the SOGC library of public and physician education materials will be available in:

- HTML format: All content will appear on one or more of the SOGC’s existing websites as Web page content.
- PDF format: All content will be adapted so that materials can be downloaded and printed to standard size paper: 8.5” X 11”, 8.5” X 14” or 11” X 17”.
- Mobile friendly format: Conversions will be performed to PDF documents so they can be viewed on various mobile technology platforms.
- Applications: Some products will eventually be converted into interactive online applications.

The SOGC does have some limited paper-version inventories still available. Once existing inventories have been depleted, the SOGC will not be reprinting documents.

The SOGC News: All members to receive the electronic version

The majority of SOGC members already choose to receive our monthly membership newsletter by email in PDF format. As of April 2013, we will produce only an electronic version of this product — all members will receive the SOGC News by email. Members who choose a print subscription to the JOGC will continue to receive that publication in the mail.

As part of this process, we will be adapting the format of the electronic version to better suit the content that is found in the newsletter. Leading up to this transition, we will keep you updated with our plans.

If you would like to update your email address on file with the Society, please contact Linda Kollesh at lkollesh@sogc.com or 1-800-561-2416 ext. 233.