FIGO Study Group on Women's Sexual and Reproductive Rights

Dr. Dorothy Shaw, SOGC Representative on FIGO Board

I was greatly honoured to co-chair a FIGO Study Group on Women’s Sexual and Reproductive Rights. This group was established by the Executive Board of the International Federation of Gynecology and Obstetrics (FIGO) at its meeting in Cape Town on 16 October 1998. The institution of this Study Group builds on a vision where individual obstetricians-gynaecologists (ob-gyn) would:

- be aware of human rights issues related to women’s sexual and reproductive health;
- practice in concert with these rights; and
- be a force at the community, national and international levels to promote the respect, protection and implementation of these rights.

The objectives of the Study Group are:
- to add technical content to the definition of sexual and reproductive rights;
- to propose standards for the respect of these rights, to which countries can be held accountable;
- to propose guidelines to the health profession for the respect of these rights;
- to recommend ways in which FIGO and its constituent societies can collaborate with the United Nations and other organizations to further advance these rights.

The Study Group emphasized the important role of the obstetrician-gynaecologist profession, alone and in collaboration with others, in the respect, protection and implementation of human rights related to women’s sexual and reproductive health. FIGO has been facilitating initiatives and responding to needs identified by member societies. Recent resolutions adopted by the FIGO General Assembly include topics such as Violence Against Women, and Female Genital Mutilation.

The report of the FIGO Study Group on Women’s Sexual and Reproductive Rights was presented to the Executive Board of FIGO on the occasion of its Annual Meeting on 9 June 1999 in Zaragoza, Spain. The Board commended the work of the Group and supported the continued involvement of FIGO in this important area. This draft resolution on Women's Sexual and Reproductive Rights was approved by the Board for submission to the FIGO General Assembly in Washington, D.C., on the occasion of the FIGO World Congress, September 2000.

Action is now to be moved to the countries, by the national obstetrician-gynaecologist Societies, with support and coordination by FIGO. This will be facilitated by a generous grant from the Packard Foundation. Workshops will be convened in a number of countries by obstetricians-gynaecologists and will have the following objectives:
- to educate and increase awareness of obstetricians-gynaecologists about women’s sexual and reproductive rights;
- to develop a plan for the formulation of a human rights based code of professional ethics;
- to identify priority areas in those countries where human rights failings impact on women’s health and where obstetricians-gynaecologists, alone or with others, can effect change; and
- to encourage the collaboration of ob-gyn professionals with other forces in the civil society, to protect, promote and advance women’s sexual and reproductive rights.

Follow-up activities will include guidelines for professionals as well as advocating for

continues on page 9
Reducing the Caesarean Section Rate

Dr. André Lalonde

The Ontario Women’s Health Council published in October 2000 a report on Attaining and Maintaining Best Practice in the Use of Caesarean Section. The working group was headed by Dr. C. Nimrod from the University of Ottawa. The study looked at four Ontario hospitals who have low Caesarean section rates and developed recommendations from that analysis. To achieve low Caesarean section rates, all four hospitals dedicated additional dollars to their maternal care program. For example, hospitals allocated funds either from within their budget or from other sources to provide one on one supportive nursing care during the active labour, support the initial orientation and ongoing training of staff. Hospitals also renovated rooms and purchased furniture and equipment creating a more welcoming and home-like environment and finally, all four hospitals supported CQI principles and processes.

On page 26 of the report, the working group reported that all four hospitals have endorsed and used the SOGC Clinical Practice Guidelines for Fetal Health Surveillance, Dysmaturity, Post Term Pregnancy, VBAC and Labour Induction. One unit has adopted the principle that all SOGC guidelines automatically become the standard in their hospital.

This excellent report should be read by all obstetricians in Canada and should be discussed at the departmental level so that physicians, midwives and nurses work together to prioritize this issue and plan for their obstetrical unit to effectively manage change.

Although the report compliments the SOGC for having developed guidelines, it is clear that the SOGC should push forward for a national initiative on implementation of obstetrical guidelines and quality assurance in maternity units. More valuable information can be obtained from the Ontario Women’s Health Council Report by calling (416) 327-8348 or logging on to their web site: www.womenshealthcouncil.com.
SOGC to Update Guideline on Fetal Health Surveillance in Labour

Dr. Ken Milne, Acting Executive Vice-President

On September 30, 2000 a working group met to revise the SOGC Policy Statement on Fetal Health Surveillance in Labour. The members of this working group included:

- Dr. Robert Liston, Co-Chair
- Dr. Line Leduc, Co-Chair
- Dr. Joan Crane
- Dr. Emily Hamilton
- Dr. Catherine MacKinnon
- Dr. Owen Hughes
- Dr. Bryan Richardson
- Dr. Helen McNamara
- Dr. Ken Milne, Associate Executive VP and CPD Division Director, SOGC
- Mrs. Denise Massey, Clinical Practice Guidelines Coordinator, SOGC

The previous document on Fetal Health Surveillance in Labour was published as a four part series starting in the late fall of 1995 and concluding with the fourth and final part of the series in early 1996. The SOGC felt it was appropriate and timely to update this document to reflect our current knowledge about Fetal Health Surveillance in Labour. The previous document had been written with recommendations. However, at that time guidelines were not written to the standards of the Canadian Task Force on Periodic Health Examinations, and therefore, the recommendations lacked the quality of evidence and the classification according to that standard. The previous guideline had made reference to future research and development in Fetal Health Surveillance. With five years having lapsed, clinical trials in new Fetal Health Surveillance technology are now being reported in the literature.

The SOGC felt that it was important to revise the current guideline and to address these newer technologies and make recommendations with respect to their implementation into clinical practice.

The content of the guideline will review intermittent auscultation and electronic fetal heart rate monitoring. Computerized fetal heart rate analysis and pO2 fetal heart monitoring will also be addressed. The guideline will conclude with a section on current clinical research trials on potential new technologies which in the future may be implemented into clinical practice. The recommendations made in the guideline will conform to a level and grade of evidence in accordance with the standards of the Canadian Task Force on Periodic Health Examinations. It is planned to have a final draft of this document prepared for circulation internally to the Society’s Clinical Practice Obstetrics Committee, Maternal Fetal Medicine Committee and the ALARM Committee. The document will also be circulated outside of the organization, for comment and input, to a number of organizations including: The Canadian College of Family Practice, The Canadian Pediatric Society, The Canadian Anesthesiologists’ Society, the Association of Women’s Health Obstetrics and Neonatal Nurses (AWHONN), and the Canadian Medical Protective Association.

NEW: Advocacy Program for Women's Health

Christiane Ménard, Director of Communications and Partnerships

The SOGC has launched an exciting pilot project as part of its new Advocacy Program for Women’s Health. The objective: to meet with provincial governments to highlight the SOGC’s achievements in terms of development of clinical practice guidelines, continuing medical education, and public education as well as to advocate better access to optimal therapy for all Canadians, for example, for the diagnosis, prevention and treatment of osteoporosis.

At present, Canadians do not have equitable access to optimal, comprehensive health care and pharmacotherapy. The SOGC believes that provincial governments should provide access to optimal therapy based on evidence, not solely on budget imperatives. Furthermore, physicians must be able to exercise their professional judgment by having the freedom to choose the most appropriate therapy for each individual patient.

Over the next few months and with the help of NBA Communications and Solugik, a firm specializing in government relations, the SOGC will be knocking on doors in four provinces - Ontario, Québec, Nova Scotia and Alberta. In each of these provinces, the SOGC has assembled a team of specially trained physician advocates who will meet with key government officials and make the case for enhanced preventive care. They are:

- Ontario: Drs. Guylaine Lefèvre, Christine Derzko, Wilfred Steinberg and Lawrence Komer
- Québec: Drs. Céline Bouchard, Michel Fortier, Diane Francoeur, Vyta Senikas, Jacques Brown and Angèle Turcotte
- Nova Scotia: Drs. Robert Lea and Gillian Graves
- Alberta: Drs. Nan Schuurmans and Donald Davis

The pilot project is part of a larger, national initiative that will include an awareness-building campaign. For the time being, efforts will highlight gaps in access to diagnosis, prevention and optimal therapy using one disease category as an example - osteoporosis. Depending on the results of the evaluation of the pilot project, the SOGC will determine what the next steps will be and whether the advocacy program will be broadened.

Stay tuned!
DO YOU KNOW YOUR COMMITTEES?

The Tariff Committee

Dr. Douglas Waterman, Chair

The SOGC Tariff Committee is a relatively new committee which was formed in response to the recognition that the services of obstetricians-gynecologists in this country are under-valued, when compared to other medical specialists and other professionals in our society. The goal of this committee is to bring the collective expertise of medical leaders from all provinces to support the common interests of Canadian obstetricians-gynecologists enabling them to achieve a rewarding and satisfying professional life.

The lack of appropriate compensation is a source of dissatisfaction, a disincentive to medical trainees to pursue our profession, and ultimately a threat to women’s health care. In addition, Canada’s obstetrician-gynecologist workforce is aging. Canada will be facing a manpower crisis of unprecedented degree in the next five to ten years. It is imperative that the specialty of obstetrics-gynecology be seen by medical trainees as an enjoyable, meaningful and rewarding career. By furthering the interests of obstetricians-gynecologists, we are ensuring that there will be appropriate levels of specialists in women’s health care.

In the coming year the Committee intends to assemble and organize an analysis of all of the provincial fee schedules for obstetrics and gynecology. Efforts will be made to identify aspects of the fee schedule in each province which serve their obstetricians-gynecologists particularly well. Interprovincial differences with regard to general obstetricians-gynecologists’ fees as well as the various sub-specialty areas will be identified. Initiatives and strategies undertaken in individual provinces that have been successful will be shared. We hope that in this way we will be able to build on each other’s success as we strive to improve the circumstances for practising obstetricians-gynecologists across the country.

The following members of the SOGC Tariff Committee are the Tariff or Economics Representatives for each of the provincial obstetrician-gynecologist groups: Dr. Bryan Mitchell, Dr. Claude Fortin, Dr. George Carson, Dr. Chui Kin Yuen, Dr. Donald Tennent, Dr. Richard Johnston, Dr. Janice Willett, Dr. Gregory Tynski, Dr. Pamela Sproule, Dr. H. Ward Murdock, Junior Member Representative, Dr. Tracey Crumbley, and SOGC Co-ordinator Ms. Cathy Croteau.

If you have any comments, suggestions, or concerns please contact your regional representatives.

MEMBER’S CORNER:

This box is reserved for news from our members. If you have anything of interest to announce; an award, a move, a marriage, etc., please submit this information to Lynn Bray-Levac at the SOGC office. (lbray-levac@sogc.com)

THE JOHN RUEDY AWARD
FOR INNOVATION IN MEDICAL EDUCATION
1999-2000

The Society of Obstetricians and Gynaecologists of Canada congratulates our members Dr. Michael Fung Kee Fung, Dr. Karen Fung Kee Fung, Dr. Mark Walker and Mr. Sergio Miguel as the inaugural recipients of the newly established John Ruedy Award.

The award was given in recognition of the development and implementation in 14 Canadian medical schools of a Computerized Obstetrics and Gynaecology Automated Learning Analysis Program (K.O.A.L.A.), the first internet based dynamic real time learning portfolio in medicine.

The John Ruedy Award was established in 1999 by Dalhousie University to honor Dr. John Ruedy on his retirement as Dean of Medicine. This award will be presented annually to an individual or group who have developed innovative written material, electronic learning aids or other teaching aids.

Dr. John Ruedy, former Dean, Dalhousie University and Dr. Michael Fung Kee Fung who, on behalf of the group, received the award.
On Site Visit to SOGC’s Projects in Uganda

Liette Perron, Program Officer, International Women’s Health

The Society’s International Women’s Health Program is presently conducting two different initiatives in Uganda. The first, SOGC’s Partnership Project 1999-2002, an initiative funded by CIDA, aims to strengthen the capacity of our partner – the Association of Obstetricians and Gynaecologists of Uganda – to work toward, and to advocate for, improved reproductive health services for women in their country. The second initiative, the FIGO Save the Mothers Uganda-Canada Project is a community initiative which seeks to reduce maternal mortality and morbidity in Kiboga (a rural district of Uganda) by promoting the availability, access and utilization of emergency obstetrical services for women. Last September, as the Program Officer to the Society’s International Program, I had the opportunity to travel to Uganda to visit both these projects.

I was accompanied by two other SOGC members, Dr. Jean Chamberlain, the Canadian Clinical Director, FIGO Save the Mothers Uganda-Canada Project and Dr. John Smith, an obstetrician-gynecologist who acted as a Canadian faculty to the ALARM International Program. In Kampala, we joined with Dr. Patrick O’Boyle-Kelly, the present Canadian Volunteer Physician assigned to the FIGO Uganda-Canada Project. The visit was unfortunately short, but packed with project related activities and extremely interesting and enriching. It permitted us to discuss with our partner AOGU – the ongoing activities of both projects, visit the project sites and more importantly, to confirm how far we had come in such a short time.

During the course of the visit, Drs. Chamberlain and Smith offered the first ALARM International Instructors’ Course to eight Ugandan obstetricians-gynecologists, all members of the AOGU. The ALARM International Course was then offered to 33 participants, mostly medical officers and midwives of the Jinja region of the country. Drs. Chamberlain and Smith were assisted by Drs. Byamugisha, Akii, Biryabarema and O’Boyle-Kelly. Both courses were well appreciated, especially the OSCE and hands on workshops.

The visit also permitted us to visit Kiboga, the site of the FIGO Save the Mothers Uganda-Canada Project. Visits were made to the Kiboga District Hospital, the referral hospital in which we are conducting many of the interventions related to the project, and three community dispensaries within the district. Overall, the visit confirmed that the project’s main interventions with regards to training, provision of much needed equipment and supplies and upgrade of services in the dispensaries and the hospital had, to a large extent, been successful in diminishing the barriers to services for women in the community. It was noted that the training and posting of competent staff at the health centers, the support and supervision offered by the Canadian or Ugandan volunteer physicians, the provision of the health centers with beds, mattresses, and needed medical equipment and supplies and finally, the acquisition of two ambulances for the two sub counties dispensaries had the desired impact of bringing both maternal health and emergency obstetrical care services closer to the communities. The activities for the upcoming months will focus on educating and sensitizing the community to issues related to maternal health so as to ensure continuing use, ownership and sustainability of the services. Overall, a great visit!

Ugandan obstetricians-gynecologists, all members of the AOGU.

ALARM International Instructors Course, Jinja, Uganda (September, 2000)

CALL FOR VOLUNTEERS...

The Society’s International Women’s Health Program is in the process of recruiting potential ob/gyn volunteers for training/capacity building activities in Kosovo in the near future.

PROFILE:

- Professional obstetrician-gynaecologist
- Experience in international development work, preferably in Central and Eastern European countries
- Availability to travel to Kosovo for training missions (2 - 3 weeks)
- Fluency in English (Fluency in local languages also an asset)

If interested, please send your curriculum vitae to Liette Perron, Program Officer, International Women’s Health Program by fax at (613) 730-4314 or by email at lperron@sogc.com

DONATION TO THE FIGO “SAVE THE MOTHERS” UGANDA-CANADA PROJECT

The SOGC is extremely pleased to announce that it has received a donation of $50,000 from the National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-Canada) - Social Justice Fund.

The funds have been awarded to the FIGO “Save the Mothers” Uganda-Canada Project for activities related to training and education at the community level. The SOGC is extremely proud of the CAW-Canada - Social Justice Fund.

Funds support for this very important initiative which aims to improve maternal health services for women in Uganda, and more importantly save mothers lives.

Note: The CAF Social Justice Fund (SJF) supports international projects that are humanitarian or help workers in other countries gain full human and labour rights. Since 1990, the SJF has supported more than 300 projects around the world. Furthermore, up to 15 percent of SJF money is used to support projects here in Canada.

Liette Perron, Program Officer, International Women’s Health Program

SOGC’S INTERNATIONAL WOMEN’S HEALTH PROGRAM
Foundation News

Robyn Harris, Executive Director, Canadian Foundation for Women’s Health

THANK YOU FOR YOUR GENEROSITY
The Canadian Foundation for Women’s Health is very fortunate to have not only the support from the Society of Obstetricians and Gynaecologists of Canada, but also the support of SOGC members including brand new graduates. The Foundation was thrilled when it received $1,000 from the graduating obstetrician-gynecologist Residents from the University of Toronto. It is through your generosity that necessary research in women’s health will be funded.

In addition to individual support, the Foundation is fortunate to have university and corporate sponsorships. Memorial University of Newfoundland, Dalhousie University, the University of Western Ontario, Queen’s University, Ottawa Hospital/University of Ottawa, Université de Montréal, Université de Sherbrooke, McGill University, the University of Manitoba, the University of Saskatchewan, and the University of Calgary have all pledged their support in 2000. The companies who have recognized the need for women’s health research are Berlex Canada Inc., Carter-Horner Inc., Duchesnay Inc., Fournier Pharma Inc., Novo Nordisk Canada Inc., Pfizer Canada Inc., Réno-Dépôt Inc., Schering Canada Inc., Superior Medical Limited, and Wyeth-Ayerst Canada Inc.

IN SUPPORT OF ANNUAL RESEARCH DAY
The Canadian Foundation for Women’s Health is proud to announce its participation in the Annual Research Day of the 16 medical schools across Canada. A $200 prize will be given to the resident with the best research project related to women’s health.

SCIENTIFIC WORKSHOPS
Many thanks to those who attended the workshops on the ongoing evolution of pharmacological approaches in reproductive health in Montréal and Toronto. Because of your participation, Berlex Canada Inc., has donated $25 for each participant. We are grateful for the support of Berlex Canada as it assists with the Foundation’s mission to provide funding for research in women’s health.

HEALTHY BEGINNINGS
The Foundation has been benefiting from the overwhelming response to the newly released SOGC publication, Healthy Beginnings. The success of this informative pregnancy and birth handbook has raised a total of $616, as a portion of the purchase price is donated to the Foundation by the Society of Obstetricians and Gynaecologists of Canada. You may wish to order a copy for your office and assist the Canadian Foundation for Women’s Health at the same time. To order your copy of Healthy Beginnings please call 1-877-519-7999 or visit the website at www.healthy-beginnings.com.
Annual Clinical Meeting - June 2001

The ACM Planning Committee met in Ottawa on September 15 & 16, 2000 to assemble the format and structure of the scientific content for the Annual Clinical Meeting to be held in Newfoundland in June 2001. In preparation for this meeting, members of the Planning Committee were provided with the results of the Global Needs Assessment carried out at the previous ICME, West/Central and ACM meetings. In addition, the members were provided with the evaluations of all of the IS Sessions, Post-Graduate and Best Practices Courses held at the ACM meeting in June 2000. A summary of the subject areas identified by our members from these two databases was made available to all members of the committee. This information provided the foundation for the selection of the educational content of the ACM meeting to be held in Newfoundland in 2001.

The six day Annual Clinical Meeting will include the following:

- A pre-conference on International Women’s Health Day;
- 11 International Symposia - bringing a global perspective to the practice of Obstetrics and Gynaecology in Canada;
- 11 Post-Graduate Courses - each course a full day program devoted to an intensive and interactive discussion on selected topics of interest in Obstetrics and/or Gynaecology;
- 18 Best Practice Sessions - these one and a half hour sessions will be informal interactive sessions using case presentations covering a variety of identified topics though the Global Needs Assessment process;
- Abstract Day - “From the Bench to the Bedside and Back” - brings basic scientists, clinician scientists and practicing obstetricians and gynaecologists together. The Abstract Day provides the opportunity for oral and poster presentations of the research activities of our colleagues in academic and clinical medicine;
- The Canadian Foundation for Women’s Health will present the Cannell Lecture and Research Grant Awards;
- The popular “Stump the Professor” program will occur in association with Abstract Day.

The dates for our 57th Annual Clinical Meeting are June 14 - 19, 2001 in historic St. John’s - Newfoundland’s capital, and one of North America’s oldest cities.

Come to the place where the New World begins.

For more than 500 years explorers, adventurers, soldiers, and pirates have made their way to St. John’s naturally sheltered harbor. Known as “the City of Legends”, St. John’s offers an enticing combination of old world charm, unique architectural and historical landmarks, fine cuisine and access to spectacular coastlines. With its people among the most friendly and hospitable in the world, St. John’s is a thriving modern day city with first class facilities and services.

NEWFOUNDLAND IS WHERE...

- ...in 1919, Alcock and Brown crossed over the Atlantic Ocean on a non-stop flight
- ...the oldest surviving lighthouse has stood for 16 decades
- ...Marconi received the first ever transatlantic wireless transmission, at the top of Signal Hill
- ...the Cathedral of St. John the Baptist, one of the oldest parishes on this side of the ocean, has stood erect for more than 300 years.
- ...you can cheer on the longest-running sporting event in North America, the Royal St. John’s Regatta
- ...you can find Gros Morne National Park, a UNESCO World Heritage site
- ...the provincial flower is insectivorous
- ...the Newfoundland dog has webbed feet
- ...Folk music was born
- ...the birds dive for fish while the whales come up for air
- ...the largest Atlantic Puffin colony in North America can be found
- ...ten-thousand-year-old icebergs drift south in May and June
- ...humpbacks migrate to the north
- ...3.5 kg (7 lbs) brookies are a common catch
- ...you have a whole year of jigs and reels and festivals
- ...you can find much, much more!

All of this makes Newfoundland a very attractive destination.

Look for our promotional material available soon!

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The members of this year’s ACM Planning Committee are:

- Dr. Bryan P. Mitchell, Royal Alexandra Hospital, Edmonton, AB
- Dr. Roger Turnell, Royal University Hospital, Saskatoon, SK
- Dr. David Young, IWK Grace Hospital, Halifax, NS
- Dr. Joan Crane, Women’s Health Centre, St. John’s, NF
- Dr. Edward Reardon, Saint John Regional Hospital, Saint John, NB
- Dr. David Walker, Alexandra & Marine Hospital, Gander, ON
- Dr. Jon Barrett, Women’s College Hospital, Toronto, ON
- Dr. Vyta Senikas, Royal Victoria Hospital, Montreal, QC
- Dr. Lisa Graves, Jewish General Hospital, Montreal, QC
- Dr. Johanne Lacelle, East End Health Centre, St. John’s, NF
- Ms. Sandra C. Haliburton, IWK Grace Hospital, Halifax, NS
- Dr. N. Lynne McLeod, IWK Grace Hospital, Halifax, NS
- Dr. Ken Milne, Associate Executive Vice President and CPD Division Director, SOGC, Ottawa, ON
- Dr. André Lalonde, Executive Vice President, SOGC, Ottawa, ON
- Ms. Sylvie Paquette, Associate Director, CPD Division, SOGC, Ottawa, ON
- Dr. Peter Bryson, GOC and SCC Representative
- Dr. Thomas Mainprize, CSURPS Representative

The SOGC wishes to thank all the members of the Planning Committee for their commitment, motivation and dedication to this very important and informative continuing professional development event.
Early External Cephalic Version (ECV) Trial

Dr. Eileen Hutton, University of Toronto, Maternal, Infant and Reproductive Health Research Unit, The Centre for Research in Women’s Health

The Term Breech Trial was stopped on April 21, 2000 because the interim analysis indicated that delivery of the term breech infant was more safely accomplished by Caesarean section. Caesarean section carries with it an increased rate of morbidity for women. There is good research evidence to show that using ECV beginning at 37 weeks’ gestation in the management of breech pregnancy results in significantly fewer Caesarean sections. However, the success rate of ECV at term is poor among nulliparous women and those with a frank breech presentation, particularly in North America and Europe. Surveys of practitioners in other jurisdictions, and informal discussions with Canadian obstetrical care providers suggest that ECV is seriously underutilised as an approach to management of breech pregnancy. This may be because of a perceived lack of benefit of a procedure with a low success rate. In order to address the poor success rate associated with ECV, various alternate approaches have been suggested, including beginning the procedure somewhat earlier, particularly for nulliparous women and women with a frank breech presentation.

The Early ECV Trial is an international multicentre randomised controlled trial (RCT) which has been funded by the Canadian Institute of Health Research (formerly known as the Medical Research Council of Canada). The study will recruit 232 women to determine if, for selected women with a fetus in breech presentation, an early ECV beginning at a gestation of 34\(\frac{0}{7}\) weeks and 36\(\frac{0}{7}\) weeks will decrease the likelihood of noncephalic presentation at birth when compared to delayed ECV that is not initiated until a gestational age of between 37\(\frac{0}{7}\) weeks and 38\(\frac{0}{7}\) weeks.

The selection criteria for entry to the study will ensure that only those women who may potentially benefit from the early ECV procedure will be included. Nulliparous women with a breech presentation or multiparous women with a frank breech presentation, who have a live singleton fetus and a gestational age between 34\(\frac{0}{7}\) weeks and 36\(\frac{0}{7}\) weeks will be included in the trial. The exclusion criteria are: parity >4, any contraindication to labour or vaginal birth or to ECV or to early ECV or plans to move to a non-trial centre prior to delivery.

Prior to undertaking an appropriately sized RCT to assess the effect of early vs. delayed ECV in selected women, in terms of need for CS or risk of fetal complications, we believe that we first need to prove that early ECV will result in a clinically important decrease in the number of noncephalic presentations at birth. The primary outcome of this trial, therefore, is the rate of noncephalic presentation at birth. Additional outcomes include the rates of Caesarean section, serious fetal complications, preterm birth (<37\(\frac{0}{7}\) weeks) and women’s views about the procedure.

RECRUITMENT CENTRES

**RECRUITMENT CENTRES**

**CANADA**

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<tr>
<td>Mississauga ON</td>
<td>Peter Scheufler</td>
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<td>Calgary AB</td>
<td>Jeffery Pollard</td>
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<td>Toronto ON</td>
<td>Paul Bernstein,Karyn Kaufman</td>
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<td>Hamilton ON</td>
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<td>Susan Aubin</td>
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<td>Scarborough ON</td>
<td>Haidar Mahmoud</td>
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<td>Barbara Parish</td>
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<td>Regina SK</td>
<td>George Carson</td>
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**UNITED KINGDOM**

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<td>Carlisle, Cumbria</td>
<td>Ruth Lawley</td>
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**UNITED STATES OF AMERICA**

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<tr>
<td>Phoenix AZ</td>
<td>Michael Koszalka</td>
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The SOGC recently collaborated with Rogers Media to produce the nationally distributed magazine, “Healthy Woman”. We, at the SOGC, believe that this magazine will provide us with the opportunity to expand our audience and strengthen our position as a leader in the promotion of women’s health.

The successful launch of this magazine is the result of the commitment and hard work of an impressive and dedicated team. In conjunction with Rogers Media, the National Office would like to acknowledge the Senior Advisory Board members: Dr. Edith Guibert, Dr. André B. Lalonde, Dr. John Lamont, and Dr. Robert Reid. We would also like to recognize the SOGC members on the General Advisory Board: Dr. Rosemary Basson, Dr. Jennifer Blake, Dr. Richard Boroditsky, Dr. Céline Bouchard, Dr. Victoria J. Davis, Dr. Christine Derzko, Dr. Sheila Dunn, Dr. Diane Francoeur, Dr. William Fraser, Dr. Carolyn Lane, Dr. Vytas Senikas, Dr. Dorothy Shaw, and Dr. A. Albert Yuzpe. The success and efforts of the SOGC members and Rogers Media partnership are reflected in the premiere issue of “Healthy Woman”.

The official launch and impact date for “Healthy Woman” was September 29, 2000. Two copies of this journal were distributed to 25,000 doctors and hospital waiting rooms throughout Canada. Positive feedback reached my desk within eight working days. A physician’s assistant called me to request another copy for the office (one had gone missing) and asked how she could become a subscriber. How’s that for reader impact!

Similar to other magazines, there will be ten features in every issue. These include doctor-written columns such as those for the Sex Files and Relationships sections. The premier issue highlights Dr. John Lamont’s article, entitled “Intimate and Interactive: Straight Talk on Sex During Pregnancy”, and SOGC President, Dr. Thirza Smith, and fellow SOGC member, Dr. Carolyn Lane who answered some common reader questions. Article topics will range from general health to specific issues such as miscarriage, osteoporosis, and masturbation. Articles will be informative and easy to read. A web site is currently under development and should be completed by the new year. You will be able to access the web site at www.healthywomanmag.ca. “Healthy Woman” has set its roots in the doctor’s office, but we believe that with the support of our national and international medical advisors, it has the potential to grow, compete, and make its own niche in the Canadian magazine market. The SOGC’s involvement in this magazine is a reflection of its commitment to the promotion of women’s health. This magazine provides SOGC the opportunity to reach a broad audience of Canadian women, who will be exposed to a magazine which is aimed at educating them about their health. Through this magazine, the SOGC, its members, and its contributing authors now have the potential to empower women everywhere. Watch out… Chatelaine, FLARE, Maclean’s, L’actualité, and Today’s Parent… there’s a new kid on the block, and her name is “Healthy Woman”.

### FIGO Study group… continued from page 1

women’s human rights in areas identified by member countries. It is anticipated that priority areas will vary from country to country. Examples include:

- women’s right to life and the neglected tragedy of maternal deaths;
- the dilemma of unsafe abortion;
- right to free choice of maternity;
- sexual violence and abuse;
- violence against women;
- female genital cutting;
- AIDS and discrimination;
- the right to fertility control, informed choice, etc;
- the right to safe sex.

A copy of the draft resolution as adopted at the FIGO General Assembly in Washington, DC in September 2000 on Women’s Sexual and Reproductive Rights can be viewed on the SOGC Web Site.

### THE EFFECT OF DENYING SEXUAL AND REPRODUCTIVE RIGHTS

The following statistical estimates show just some of the terrible effects of denying these rights:

- 585,000 women - one every minute - die each year from causes related to pregnancy
- about 200,000 maternal deaths each year result from lack or failure of contraceptive services
- 120-150 million women who want to limit or space their pregnancies are still without the means to do so effectively
- at least 75 million pregnancies each year (out of a total 175 million) are unwanted; they result in 45 million abortions and over 30 million live births
- 70,000 women die each year as a result of unsafe abortion: an unknown number suffer from infection and other health consequences
- one million people die each year from reproductive tract infections, including sexually transmitted diseases (STDs) other than HIV-AIDS; there are an estimated 333 million new cases of STDs per year
- six out of ten women in many countries have a sexually transmitted disease. All face a higher risk of infertility, cervical cancer or other serious health problems
- 3.1 million people in 1996 were infected by the human immunodeficiency virus (HIV) which leads to AIDS
- 120 million women have suffered female genital mutilation, another 2 million were at risk each year; the international community and individual governments have condemned the practice, yet it remains widespread in 28 countries
Reproductive Care of Women Living with Hepatitis C

Dr. Ken Milne, Acting Executive Vice-President

Working with TKI Medcon Inc. the SOGC is actively involved in building an educational platform for a series of Educational Continuing Professional Development Exercises on Sexually Transmitted Diseases. These interactive educational modules will appear on our website beginning in 2001.

The first educational continuing professional development exercise will feature Hepatitis C and will use the SOGC published guidelines on Reproductive Care of Women Living with Hepatitis C Infection, which appeared in the Journal SOGC in October 2000. The continuing professional development exercise web site will include a pre- and post-test with the pre-test serving as a self-assessment tool. An OSCE station clinical scenario will be presented to the participant following his/her completion of the pre-test exercise. The OSCE station has been developed in a structured oral format, and will involve the participant answering a number of questions related to the clinical presentation.

Participating in this website continuing professional development exercise will allow the participant to accumulate a number of the sections in the MAINCERT® credits. Application will be made to the College of Family Practice for appropriate credits for family practitioners participating in this program.

The SOGC News is published on a monthly basis. Comments and contributions are welcome and should be forwarded to:

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