

**New SOGC study
to examine
human resources
in obstetrics ...**

page 8

**A Preventable
Tragedy:
President-Elect reflects on
her visit to Uganda**

page 10

**SOGC joins Finance Minister
in highlighting new federal
HPV immunization
funding**

page 13

**Remembering
our 34th President,
Dr. John L.M. Bean**

page 8

NEW ADDRESS for JOGC

In early March, the Journal of Obstetrics and Gynaecology Canada relocated to a new office.

The Journal's new mailing address and telephone contact:
JOGC Editorial Office
Room D 405A
Women's Health Centre Building
4500 Oak Street
Vancouver BC V6H 3N1
Tel.: 604-875-2445, ext. 5668
Fax.: 604 875-2584

THANK YOU, 2007 ACM Sponsors

The 2007 Annual Clinical Meeting is fast approaching, and we would like to take the time to gratefully acknowledge the financial support of our sponsors. The SOGC recognizes the sponsors below for their generous support, which has been provided in the form of unrestricted educational grants:

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Note: List includes sponsors as confirmed at time of printing.

CIHI releases 2007 CMG+ DIRECTORY

The Canadian Institute for Health Information has nationally implemented its 2007 Case Mix Group Plus (CMG+) directory. In August 2006, a pilot testing of CMG+ was conducted involving 91 facilities, and strong support for the directory's new grouping methodology. The directory builds upon the existing CMG/Plx system.

The redevelopment of the methodology included a confirmation of the overall grouping logic, adjustments to the Major Clinical Categories (MCC), analysis and modification of the pre-existing comorbidity list, and the creation of a Five Factors methodology, which replaces the previous Complexity/Age overlay.

OBSTETRICS Resources

LactMed Database

The U.S.-based Drugs and Lactation Database (LactMed) is a peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider. The database is part of the National Library of Medicine's (NLM) Toxicology Data Network (TOXNET®), and is available online at <http://toxnet.nlm.nih.gov/>. More information on drugs and breastfeeding is available from the Canadian-based Motherisk program at www.motherisk.org.

With Child – Substance Use During Pregnancy: A Woman-Centred Approach

By Susan C. Boyd (Victoria) and Lenora Marcellus, (Alberta), eds

The contributors of the new book "With Child – Substance Use During Pregnancy: A Woman-Centred Approach" propose that those who provide services for pregnant drug using women must recognize that women with social problems that affect pregnancy outcomes should be approached in the same way as care for women with medical problems that have obstetric consequences. Drugs are one factor amongst many that shape pregnancy and although drug use is a risk, it is a manageable one. The book discusses social issues that produce drug abuse during pregnancy, and provides practitioners and researchers with information about maternal drug use, harm reduction, best practices and policy.

Susan Boyd is an Associate Professor in Studies in Policy and Practice and Senior Research Fellow at the Centre for Addictions Research of British Columbia, University of Victoria. Lenora Marcellus has practiced nursing for over 20 years in acute care and community maternal-infant settings.

Summer HOURS

From July 3rd until August 31st, the SOGC national office will be open:

- Monday to Thursday – 7:30 am until 5:00 pm
- Friday – 7:30 am until 12:00 pm
- July 2nd – Closed (Canada Day)





Council 2006–2007



A MESSAGE FROM OUR Executive Vice-President

By Dr. André B. Lalonde
Executive Vice-President, SOGC

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Dr. Donald B. Davis; Medicine Hat, AB
- **Past-President:**
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Dr. Scott Alexander Farrell; Halifax, NS
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- **APOG Representative:**
Dr. Patrick Mohide; Hamilton, ON
- **Corresponding Member:**
The Hon. Lucie Pépin, Senator; Ottawa, ON

The 63rd Annual Clinical Meeting

This year we are pleased to host our Annual Clinical Meeting in Ottawa. The city is an ideal venue for the event. Not only is Ottawa a beautiful and fascinating host city for our participants to enjoy, but hosting in the capital has allowed us to welcome some exciting new collaborators from the federal government and the many non-profit associations based here.

Explore the Capital

This year's opening ceremonies for the annual meeting will be hosted in the city's magnificent new Canadian War Museum on Friday, June 22nd. I urge each of you attending this year's conference to plan some time to visit the city's wide selection of world-class museums.

Plan to visit at least two or three of these museums and ensure that you have plenty of time to enjoy their outstanding collections.

Opening Ceremony Celebration of the Canadian Foundation for Women's Health Renewal

The opening ceremony this year will be devoted to celebrating the renewal and the new launch of the Canadian Foundation for Women's Health. The Foundation has broadened its mandate to include International Women's Health, and has expanded to include three of our sister organizations, CFAS, GOC and APOG.

We have also taken on a skilled fundraising professional, John Bouza. If you have any

particular contacts you wish to provide for fundraising, Mr. Bouza can be reached at our national office at 613-730-4192 ext. 255.

Clinical Program

I am very pleased to say that this year's Annual Clinical Meeting program is the most diversified program we have put together in the last twenty years. I will mention but a few of the exciting highlights.

The meeting will launch with a fascinating daylong exploration of International Women's Health issues on Thursday, June 21st, followed in the evening by a co-sponsored gala celebration commemorating National Aboriginal Day.

Friday offers tremendous choice from a large and diverse suite of post-graduate courses, and the weekend will include exceptional women's health symposiums and best-practice sessions.

We begin Monday with our traditional paper and poster presentations, and then turn our focus to celebrating remarkable achievements in health at our annual Awards Ceremonies. We will also inaugurate our 64th President, Dr. Guylaine Lefebvre, and celebrate the achievements and dedication of our outgoing President Dr. Don Davis. We will conclude on Tuesday with our traditional Cannell Lecture, the always entertaining Stump the Professor challenge and sub-specialty meetings.

We expect to welcome a record registration in 2007, and I personally look forward to meeting each and every one of you.

Join us in Ottawa for the IGNITING THE SPIRIT GALA!

Thursday, June 21st, is National Aboriginal Day. It also marks the day that the SOGC will kick off its 63rd Annual Clinical Meeting. The SOGC is pleased to invite all those who will be in Ottawa to attend the meeting to join us on this day for the **Igniting the Spirit Gala**. Hosted by the Wabano Centre for Aboriginal Health and sponsored by the SOGC, the evening gala will raise funds for Aboriginal children and youth programs. The event includes a gourmet cocktail party and promises an elegant evening of Aboriginal foods, culture and entertainment. The SOGC will also participate in the event to help draw awareness to important issues in Aboriginal Reproductive and Sexual Health.

Date: Thursday, June 21st, 2007 (National Aboriginal Day)
Time: 6:00pm to 9:00pm
Place: Government Conference Centre - Main Hall (2 Rideau Street, Ottawa)
Auctioneer: Dave Smith
Price: \$ 95 each



The gourmet cocktail party will include:

- Aboriginal foods
- Refreshments
- Silent Auction
- First Nation, Inuit and Métis performers (including drumming, throat-singing and jigging)
- Aboriginal cultural displays

All proceeds of the Igniting the Spirit fundraiser will support programs for urban Aboriginal children and youth. These programs will be conducted throughout the year with an emphasis on fitness, cultural reclamation, artistic expression and will encourage youth to pursue their dreams.

If you would like further information, or know someone who would be interested in donating to the gala, please feel free to contact Judy Cardo at 613.748.0657, ext. 242 or jcardo@wabano.com at your earliest convenience.

More information on the event and the work of the Wabano Centre is available at www.wabano.com.

New partnership to classify HISTORICAL SOGC ARTIFACTS

A new partnership with the Museum of Health Care in Kingston, Ontario, will allow the SOGC to properly classify and make publicly available its collection of medical artifacts. Under the new agreement, the SOGC will provide very modest financial support to the museum, which maintains a collection of over 27,000 medical tools and artifacts. In exchange, the museum will properly classify the SOGC's own small collection of artifacts, which consists mostly of obstetrical tools donated over the years by SOGC members and hospitals. These items will also be available for display and will be included in the museum's online gallery.

In addition, the SOGC has agreed to partner with the museum to host a small obstetrical display on loan from the museum at the SOGC national office. The items on display will be rotated annually or biennially.



6th Annual Run for Her Life™ REGISTER NOW!



What is Run for Her Life™? It is a 5km run/3 km walk organized by the Society of Gynecologic Oncologists of Canada. It is held during the Annual Clinical Meeting of the Society of Obstetricians and Gynaecologists of Canada. Proceeds from registration fees will be donated to Ovarian Cancer Canada and will benefit ovarian cancer patients.

Goals of the Run for Her Life™

- to increase awareness of ovarian cancer
- to demonstrate commitment to wellness and fitness
- to enjoy the local environment with our GOC & SOGC colleagues

When and where is the Run for Her Life™?

On Sunday, June 24, 2007 at 7:00 am across from the Westin Hotel. We will walk/run along the Rideau Canal, be refreshed to start a day of professional development and take away a useful and attractive souvenir.

How do I register?

(Pre-registration is requested)

- download the registration and waiver forms from www.g-o-c.org
- request the forms by phone at 1-800-561-2416 ext. 250 or by email at hsoubliere@sogc.com
- register on-site at the Westin Hotel June 21st to 23rd and at the GOC Registration Desk at the Château

Laurier on Saturday June 23rd, and on Sunday June 24th at 6:30 am across the street from the Westin Hotel.

Registration fee

There is a \$25 registration fee.

'Collector' souvenir to the first 100 registrants!

Pre-registration is strongly advised as there is a limited supply of "collector" gifts for registrants!

This is a GOC initiative and is supported by GlaxoSmithKline - but the most important support will come from you our members and friends. Families and friends welcome.

63rd Annual Clinical Meeting

June 21–26, 2007
Ottawa, Ontario

Register Now!

How to Register

Register online at www.sogc.org

or

Fax: (613) 730-4314

Please fill out the previously sent Registration Form or please call (613) 730-4192 to obtain a copy.

Have you booked your hotel room yet?

Deadline Date: Friday, May 18, 2007

If not, hurry up!

The Westin Ottawa (Host Hotel) — Almost sold out

11 Colonel By Drive, Ottawa, Ontario, K1N 9H4
Reservations #: 1-800-Westin1 or (613) 560-7390
(Group Code: SOGC)

Standard room: \$196 single / double occupancy
Deluxe room: \$226 single / double occupancy

Fairmont Château Laurier

1 Rideau Street, Ottawa, Ontario, K1N 8S7 (across the street from the Westin Ottawa)
Reservations #: (613) 241-1414 or 1-800-441-1414
(Group Code: SOGC)

Fairmont room: \$204 single / double occupancy
Fairmont with view: \$224 single / double occupancy
Fairmont Deluxe: \$244 single / double occupancy

NOTE: The SOGC cannot guarantee availability and room rates after the deadline has passed and the reserved room block has been sold out.

Any Questions?

Please email us at events@sogc.com or visit our website at www.sogc.org

www.sogc.org



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

780 Echo Drive, Ottawa, Ontario K1S 5R7
Tel: 1-800-561-2416 or (613) 730-4192 Fax: (613) 730-4314 events@sogc.com www.sogc.org

Upcoming Meetings



SOGC Meetings

63rd Annual Clinical Meeting

June 21–26, 2007, Ottawa, Ontario

19^e FMC du Québec

September 20–22, 2007, Quebec, Quebec

3rd Quebec CME in Obstetrics

November 15–16, 2007, Montreal, Quebec



Program Schedule

Location Date

Ottawa, ON. June 19–20, 2007

(in conjunction with the 63rd ACM)

Kelowna, BC. September 21–22, 2007

Saint-John, NB. November 2–3, 2007

Toronto, ON December 2–3, 2007

(in conjunction with the 26th ON CME)

Other Meetings

New Developments in Fetal Cardiology -

The Hospital for Sick Children (Main Auditorium).

Saturday, June 9th, 2007. Toronto, ON. This

one day series of seminars will explore fetal

imaging and interventional techniques that

are being applied today and those that are on

the horizon. CME accreditation in process. For

more information and complete program, visit

www.sickkids.ca/fetalcardiacprogram, or email

fetalcardiac.program@sickkids.ca.

Reconstructive Vaginal Surgery: A Hands-

On Cadaver Course Using Grafts, Slings

and Kits for Pelvic Floor Repairs - July

13-14, 2007, BioGift Surgical Education Center,

Portland, Oregon, USA. Contact Information:

Jennifer Tucker - IMET: Innovations in Medical

Education & Training. Tel. (856) 427-6200;

Email: jennifer@imetcme.com. To view the full

program, please visit www.imetcme.com.

15th Annual Symposium – New

Developments In Prenatal Diagnosis And

Medical Genetics Wednesday May 16, 2007.

J.J.R. MacLeod Auditorium, Medical Sciences

Bldg. University of Toronto. Contact Information:

Elizabeth Gan, CME - Department of Obstetrics

and Gynaecology Tel: (416) 586-4800 ext. 2489

Email egan@mtsinai.on.ca, To view the full

program go to www.mtsinai.on.ca/seminars/ce



Sault Ste. Marie ob/gyn named OMA PRESIDENT

On April 28th, Dr. Janice Willett was named president of the Ontario Medical Association. Dr. Willett, an ob/gyn from Sault Ste. Marie, has also been an active member of the Ontario Society of Obstetrics and Gynaecology and the SOGC. As an SOGC member, Dr. Willett has participated on several committees and has held the position of Alternate Chair for Ontario on SOGC Council.

Sure to be a major issue for the OMA this year will be upcoming negotiations between Ontario's 10,000 physicians and the province's Ministry of Health and Long-Term Care. Contract negotiations are set to begin in January 2008.

"As your new President, I have great hope and confidence as to what we can accomplish over the next twelve months," said Dr. Willett in her inaugural address as OMA president. "But we can't think only one year out. We've become very forward thinking in terms of our government negotiations and we have to be that far ahead of the curve on all the issues."

In her address, Dr. Willett also outlined some of the major issues for health care professionals in Ontario, including human resources shortages and compensation inequities in family and specialty medicine.

"Within family medicine, inequities also exist in the areas of compensation benefits and access to other allied health care professionals," she said. "Here again, some family doctors receive compensation benefits, others don't. Some have access to other health care professionals to help patients, others don't. Sadly, this isn't based on any evidence of better care, rather only on ideology. Clearly this is unfair and needs to be changed."

Continuing on Specialty medicine, Dr. Willett added: "When it comes to specialty care, we urgently need to build more capacity into the system to ensure that specialists have the ability to complete a timely, full course of treatment for their patients," she said. "I've heard your frustration is access to resources and the tools you need."

Dr. Willett succeeds outgoing OMA President Dr. David Bach.

The SOGC would like to offer our most sincere congratulations to Dr. Willett on her new role as OMA President. We wish her every success in the coming year.

FOUNDING MEMBER OF SOGC international health programs presented Humanitarian Award

Dr. Ferdinand Pauls, an SOGC member and of the SOGC's International Women's Health Program, has been presented an award from the Manitoba Medical Association for his work improving care overseas.

Presented May 9, the Dr. Jack Armstrong Humanitarian Award will honour Dr. Pauls' for his distinguished lifelong commitment to advancing the health of women around the world.

From the beginning, Dr. Pauls has been a driving force behind the SOGC's international projects. He helped found the International work of the Society in the late 1990s. It was under his leadership that the Canadian Advances in Labor and Risk Management (ALARM) program was restructured for use in low-resource countries. He also played an integral role in piloting these programs in Haiti, Uganda, Guatemala and Kosovo. Since then, the ALARM International program has bestowed valuable emergency obstetrical skills to countless health care professionals around the world.

Dr. Pauls has also been actively involved in the Society's Partnership Program to help build capacity of foreign professional associations. In Kosovo, in particular, Dr. Pauls' leadership and vision helped make this partnership a reality.

In 2004, the SOGC also honoured Dr. Pauls for his immeasurable contributions to the SOGC and women's health, presenting him with the SOGC's International Development Award for Volunteers.

The SOGC would like to congratulate Dr. Pauls on receiving this distinguished award, and thank him for his unfaltering devotion to the cause of safe motherhood and newborn health around the world.



In Memory

The SOGC would like to honour a few of our members, colleagues and friends who have recently passed away:

- Ms. Faye Brooks, Ontario
- Dr. John Carmichael, Ontario
- Dr. Jacques Champagne, Quebec
- Dr. Ralph Loebenberg, Nova Scotia
- Dr. Kieran O'Driscoll, United Kingdom
- Dr. Robert Lyman Walker, Pennsylvania
- Dr. Samuel Yen, California
- Dr. Jerzy Cupryn, Ontario
- Dr. William Paul, Ontario
- Dr. John L.M. Bean, Ontario



RESIDENT LIFE Beyond the Ivory Towers

By Carolyn Donnelly

Residency training for a career in obstetrics and gynecology necessitates not only exposure to an adequate volume of patients, but also access to and interaction with the many subspecialties in our field. As such, tertiary care centers have long been the centers of education for residents. But how prepared are we for careers beyond these ivory towers, where subspecialists aren't around the corner and backup may not be in the next OR?

Over the last ten years, rotations in community hospitals and rural areas have become an increasingly prevalent addition to residency programs in an attempt to expose residents to community practice. In a field becoming increasingly fragmented into subspecialties, these rotations may provide the opportunity to amalgamate skill sets acquired throughout residency and strengthen surgical skills, without the hierarchy often present in tertiary centers. Do community rotations, however, really achieve this, and how do they impact resident life? In order to address the aforementioned questions, we surveyed residents across the country, through their local SOGC Junior member reps.

With the exception of one residency program (of those whom responded), all Canadian universities include a mandatory community/rural rotation. These typically occur in third or

fourth year, although some programs also have a short community rotation in first year. Rotations range from two to four months in duration, and can be located anywhere from 100 to 700 kilometers from home sites. In the vast majority of cases, residents do not have a choice of where they complete these rotations, but some programs offer a choice of a few locations, or are open to suggestions by the residents.

Accommodation at community sites is uniformly provided for residents, however, in many programs the burden of travel expenses is left to residents. For those with families, few programs provide funding for home visits, and it is not always possible for families to accompany residents. When asked the weaknesses of their community rotations and what changes they would make, resident responses echoed two themes: 1) the time away from home was challenging, and 2) that alternate choices closer to home for those with families should be considered.

Despite the monetary and family stressors, community rotations are *very* well received in all programs. Residents particularly appreciate the surgical experience and hands-on training provided at these sites. The opportunity to work with new people and see alternate approaches to clinical problems is invaluable. To all those in the community, thanks for having us!

Memorial University UPDATE

By Erika Fowler, PGY-1

Greetings from the tropical island of Newfoundland and Memorial University! We have enjoyed another great year here at Memorial. In July, we welcomed two new PGY-1s, including myself, to the program, making the total number of residents climb to 12.

The year has been filled with many educational and social activities, starting with our annual residents' research day, which takes place every June. Our residents are required to complete at least one major research project during our five-year program. This year, Dr. Colleen Cook, PGY-4 received our top resident's research award for her research in IM vs. IV oxytocin for third stage management. Memorial University offers both a Diploma and a Masters' Degree in Clinical Epidemiology, which many of our residents choose to complete during their training. We also enjoy monthly journal club sessions at a local restaurant, where we are able to expand our clinical knowledge and our bellies!

Our weekly teaching schedule includes high risk and grand rounds on Tuesdays and Thursdays, as well as our academic half-day on Friday afternoons. New changes for our program include mandatory 9:00 am post-call for our residents, which has been well received by both residents and staff.

This past summer we celebrated the weddings of two of our residents – Dr. Jillian Carpenter, PGY-3, and Dr. Joanne White, PGY-4. Most recently, one of our senior residents, Dr. Robert Kennedy, PGY-4, became a new father to a bouncing baby boy! Congratulations to you all!

Finally, we recently enjoyed meeting all the CaRMS candidates during the latest round. Our program is happy to say that we had the highest number of applicants this year, and enjoyed meeting all the amazing candidates from across the country! We especially enjoyed our social, where we held a traditional Newfoundland "Screech in!" We are very excited to welcome our four new PGY-1s who will be joining us in July!

Thanks for a great year!

NOTICE TO All Voting Members

SOGC Annual Business Meeting

June 25, 2007, from 7:00 am to 8:00 am at the Westin Ottawa, Ottawa, ON.

All voting members (ob/gyns and life members) are invited to attend the meeting. A hot breakfast will be served.

Thank you for your continued support and hope to see you in Ottawa.

André B. Lalonde, MD, FRCSC, FSOGC, FACS, MSc
Executive Vice-President, SOGC



SOGC TO UNDERTAKE unique study on human resources in obstetrics

Canada is currently facing a shortage in healthcare professionals providing obstetrical care. To better understand the extent of this problem, and thereby provide insight into the most effective solutions, the SOGC will undertake a study of human resources issues in obstetrics in Canada.

The study, funded by Health Canada, will examine the supply and demand for emergency obstetrical care providers, and the factors that affect them. The study will also identify information regarding the needs and expectations of Canadians in obstetrical care, and data on the number of obstetrical beds available for primary, secondary and tertiary/quaternary care.

Though other studies and surveys have collected data regarding human resources in ob/gyn, this new SOGC study will provide a unique look at obstetrical care. In the fall of 2005, an analysis produced by the SOGC identified significant gaps in data relating to emergency obstetrical care in Canada.

In particular, current data collected by the National Physicians Survey or by the Canadian Institute for Health Information (CIHI) either does not provide demand-side information in obstetrics, or collects joint data for obstetrics and gynaecology. The latter creates a gap in data, as many ob/gyns practice solely gynaecology and the shortages experienced in the field of gynaecology are by far less critical than the shortages experienced in obstetrics. The upcoming SOGC study will focus solely on obstetrical care.

The purpose of the study is to collect data regarding the current shortage in obstetrical care. The effects of this shortage are present today, and is negatively affecting the quality of care and safety of childbirth in Canada. The study proposal, submitted by SOGC to Health Canada's Health Human Resource Strategies Division in February, outlines the need for action on this issue. In particular, the study highlights: the shortage of maternity care providers; Canada's falling status in terms of maternal and newborn mortality and morbidity rates; inconsistencies in approaches to care by provinces and territories; the lack of access to care by women in remote, rural and aboriginal communities; and a lack of awareness among Canadians of the alternative models of maternity care available.

A steering committee of experts, including SOGC Executive Vice President Dr. André Lalonde, will oversee the development and implementation of the study.

The data collected from this initiative will prove useful in addressing this shortage in various ways. It will help identify the factors and trends that impact the supply and demand of obstetrical care providers and contribute to the growing shortages. The information will also be available to help direct policies of provincial and territorial governments in addressing this shortage, and identifying the extend of the problem in various regions of Canada. In addition, the study will help identify the exact shortages as they relate to various aspects of obstetrical care, and the gaps that exist at the level of specific obstetrical departments.

For many years, the SOGC has committed to helping address human resources issues in obstetrics. In its currently proposed *National Birthing Strategy for Canada*, the SOGC outlines the scope of these shortages, and the consequences in terms of the sustainability of Canada's maternity care system. The data revealed by this study will help shape the SOGC's efforts in this area.

OBITUARY

John L.M. Bean MD, FRCS, FRCOG 34th President of the SOGC

The Society of Obstetricians and Gynaecologists of Canada (SOGC) sadly announces the loss of Dr. John L.M. Bean, the 34th President of the SOGC. Dr. Bean passed away in Florida on April 12th. He was 84. On behalf of the entire SOGC, we wish to offer our condolences to the Bean family, and to Dr. Bean's many friends and colleagues.



In addition to his work with the SOGC, Dr. Bean is remembered as a distinguished and dedicated physician. Throughout his career, Dr. Bean served as an associate professor at the University of Toronto, and for over 45 years held positions at the Princess Margaret and Toronto General Hospitals. A talented surgeon, Dr. Bean also specialized at the Chelsea Hospital for Women in the United Kingdom.

At the SOGC, Dr. Bean held the office of SOGC President from 1977-1978, and served as SOGC Council Secretary from 1970 until 1975. Through his tenure as President, Dr. Bean and the SOGC addressed issues such as the safety of home births, and the Quebec government's interest in creating schools of midwifery in order to remove ob/gyns from primary care. The late 1970s also saw a dramatic rise in the emigration rate of Canadian physicians relocating into the United States, and the increasing recognition of the importance of good nutrition and abstinence from alcohol during pregnancy.

Dr. Bean's legacy is an inspiration for all who practice the specialty. The SOGC would like to honour the late Dr. Bean for his inspirational contributions to our Society, to his many patients, and to the practice of obstetrics and gynaecology as a whole.



On April 14th, SOGC Executive Vice-President Dr. André Lalonde was presented an honorary membership in the Japan Society of Obstetrics and Gynecology (JSOG). The membership is in recognition of the ongoing partnership between the SOGC and JSOG. The award was presented at the awards ceremony taking place at JSOG's General Assembly Meeting in Kyoto.

SOGC TO PRODUCE RESOURCES to help healthcare professionals educate about HPV

In a new initiative funded by the Public Health Agency of Canada (PHAC), the SOGC will produce a new resource "kit" to help healthcare professionals educate the public about the Human Papillomavirus.

Approved by PHAC earlier this year, the \$250,000 project will involve the SOGC partnering with other organizations to develop and disseminate educational resources targeted to improve gaps in public knowledge about HPV, and also the associated diseases and the new vaccine.

Recent developments - such as the approval of an HPV vaccine and, more recently, the federal budget announcement of funding for HPV immunization - have created a large public demand for information about HPV and the new vaccine. While some public education resources about HPV are already available directly to the public, this new project aims to ensure that healthcare professionals are equipped with the proper tools to educate their patients about the disease.

"The SOGC is proud to be involved in this wonderful new project," said Dr. Vyta Senikas, Associate Executive Vice-President of the SOGC. "Unfortunately, many Canadians have never even heard of the Human Papillomavirus, and are unaware of its association to cancer. That's why public education is so important when it comes to HPV."

The SOGC will engage potential partner organizations to contribute to the development and review process of this new resource. Possible partners in this initiative include the HPV Education Working Group of the Cervical Cancer Prevention and Control Network and the Joint Consortium for School Health's Sexual Health Working Group. The joint consortium brings the expertise of its associated member groups, including the Canadian Federation for Sexual Health, The Council of Ministers of Education Canada, and The Sexuality Information and Education Council of Canada, and many other organizations and experts. Other groups, such as the Canadian Association for School Health and the Federation of Medical Women of

Canada may also be approached as potential collaborators.

Once gaps in knowledge have been identified, the SOGC will help produce and disseminate a comprehensive education kit for Canadian healthcare professionals. This kit will be designed to help these healthcare professionals provide effective public education about HPV. The primary audience for these materials will be Canadian girls aged 9-13, and their parents.

Once developed, the resource will undergo a small focus testing to ensure effectiveness and to collect feedback and suggestions for improvement.

Under this agreement with PHAC, the SOGC will also undertake a moderate distribution of the new resource for healthcare professionals. Once completed, further partnerships will be sought to enable wide-scale distribution to Canadian healthcare professionals.

The completion of the project is expected for early 2008, at which time these resources will be made available to healthcare professionals, public health units and stakeholders. Further details about this project will be made available through SOGC publications such as the SOGC News and the SOGC website, www.sogc.org.

This project builds on the SOGC's past successes in producing public education resources, which include resources such as "Sex Sense" and "Healthy Beginnings" publications as well as the award-winning sexual health education website www.sexualityandu.ca. More recently, the SOGC has produced HPV awareness and education tools for the public and for healthcare professional audiences. Among these is the new www.hpvinfos.ca website as well as accredited e-learning modules for healthcare professionals.

In June, the SOGC will be releasing its clinical guideline on HPV, which will provide comprehensive recommendations for Canadian healthcare professionals on the management of HPV and on HPV immunization.

NEW MEMBERS

The Society is pleased to welcome our newest members:

Junior Members: Dr. Nadine Johnson, Dr. Guido Alejandro Katz, Ms. Cara Dawn Elizabeth Kowalsky, Dr. Angelina Tracy Lukwinski, Dr. Meena Mathivanan

Junior Member - Family Practice Residents: Dr. Elaine M, Csupak, Dr. Pierrette Daigle, Dr. Renee Fernandez

Associate MDs: Dr. Yoel Abells, Dr. Valerie Coulombe, Dr. Anne Darragh, Dr. Eileen de Villa, Dr. Christiane Deschenes, Dr. Francine Duhaime, Dr. Margaret Jean Flanagan, Dr. Pascale Hudon, Dr. Siobhan Key, Dr. Sylvie F Langlois, Dr. Michael Joseph Murphy, Dr. Makela Nkemdirim, Dr. Janet Northcott, Dr. Jodi Preto, Dr. Eman Yousif

Associate Midwives: Ms. Shanine Valentina Mohebat, Ms. Rose Anne Perconti, Ms. Carolyn Scott, Ms. Mahnaz Torei, Leanne J. Yeates

Associate PhD: Dr. Michael Sand

Associate RNs: Ms. Vanessa A. Bailey, Francine Brissette, Ms. Cheryl Burton, Miss Kari Johnson, Dr. Audrey Steenbeek

Associate Health Care: Ms. Tammy Quinn

Medical Students: Ms. Marium Fatima Ahmad, Christine Alexander, Cathy Andrus, Ms. Sarah Aronson, Mr. Judson J. Barkhurst, Mrs. Amy Kathleen Bazzarelli, Cristina Castaneda Bucci, Miss Marta Cenkowski, Miss Lydia Chen, Ms. Sarah Conrad, Mrs. Kimberly Catherine Dary, Mr. Anthony James Duerksen, Medical Student, Catherine Faucher, Mr. Bryan Flynn, Mrs. Alana Geist, Mrs. Gaylene Genge, Janie Gilbert, Ms. Alice Han, Mrs. Colleen Marie Hofmann, Ms. Melissa Holowaty, Ms. Sarah Huang, Miss Nicole Hubner, Ms. Christina Kerr, Ms. Jennifer Koteles, Miss Kathy Labeledz, Miss Janice Sze-wei Lam, Mrs. Rebecca Margaret McGinn, Ms. Angela Miller, Jennifer Mitton, Maureen Oramasionwu, Miss Melissa Persaud, Ms. Emma Plaskacz, Ms. Maegan Rutherford, Ms. Jillian Schwartz, Ms. Stephanie Anne Scott, Ms. Lindsay Shirreff, Ms. Mila Smithies, Miss Genevieve Tam, Miss Nicole Jensine Todd, Miss Chelsey Rose Topping, Ms. Breit Vair, Ms. Jaimie Rae Vande Vyvere, Miss Rachel Vogler, Ms. Alese Wagner, Ms. Adelia Chee Wing Yu

REFLECTIONS ON UGANDA AND THE FIRST Leadership Workshop for Young Professionals

By Dr. Guylaine Lefebvre, SOGC President-Elect

I have just spent ten days in Uganda where I participated in the first Leadership Workshop for Young Health Professionals. The meeting was organized by SOGC and the Uganda Society of Obstetrics and Gynecology, made possible by a grant from CIDA. If you don't think every day of how lucky you are to be in Canada, then I would urge you to participate in SOGC's international programs. I come back to Canada changed, more aware, more conscious of the reality for women out there. I also return with a strong wish to participate in the solution. I am incredibly proud of the great work SOGC does abroad and much of it relies on the vision of a few key individuals such as SOGC Executive Vice-President Dr. André Lalonde and a group of physicians and staff who have donated their time and energy to assist our colleagues in environments where women are often second-class citizens.

Four developing countries were invited to this meeting. SOGC has an existing partnership with three of these countries – Guatemala, Uganda and Haiti – and we are finalizing a partnership agreement with the fourth, Burkina Fasso. The obstetrics and gynecology societies of each country sent five delegates: two members of their executive committee and three junior members.

It was stipulated in the funding appeal for the project by SOGC International Women's Health Director Liette Perron and Dr. Lalonde that at least two of the junior members delegates should be women. However, in Haiti they had trouble finding two young women obstetricians. As shocking as this is for ob/gyns in Canada, the reality on the ground gets worse.

In Uganda, the reported Maternal mortality ratio is 505 women per 100,000 – in Canada it is six. The average fertility rate is 6.9 babies per woman and 32 percent of teenage girls have had at least one baby. The highest cause of mortality in Uganda is HIV and Malaria but in childbirth it is hemorrhage. Great progress was made when the government decided no woman should have to walk more than five kilometers to seek prenatal care or to give birth, but these local health units are unequipped and often have no running water, no communication systems and often no drugs.

Women are stigmatized based on their socio-economic status and which tribe they come from. Most would rather deliver at home with traditional attendants. In fact, only 38 percent of births in this country are attended by a skilled attendant (i.e., recognized midwife or MD). When a woman needs to be transferred from the local unit to a district clinic, for a cesarean section for example, they have one or two "ambulances" they can use – pickup trucks that require the woman is still able to sit while being transferred. They don't yet have a maternal death registry; right now, quality improvement is a concept with no applications.

Then I visited Mulago Hospital, the national referral hospital here. The maternity unit was designed for approximately 15 to 20 deliveries per day. Instead, they deliver approximately 60, and it is the most awful scene I have ever witnessed. Women are laboring side-by-side on ground pads on the floor. Wearing their street clothes they deliver right there, fluid blood and all. The ward beds are reserved for post-cesarean women or women who have severe malaria, eclampsia, pelvic abscess, or cancer of the cervix. The OR list for the day had eight patients: one cystocele repair and the rest were EUAs for staging of cervical cancer. More than a hundred women waited to be seen in the clinic.

Beyond all this visual saturation, the striking realization seeps more slowly to my brain: Through all of this, there is no noise. These women are resigned to these conditions. They don't even cry out in labor or at delivery. It reminds you of stories of newborns in orphanages who stop crying because there is no one to hear.

In the high risk clinic area, they had a small room with two women. One with eclampsia was recovering from her delivery and seizures. She had no monitors, of course, and shared the room with a patient who had other complications, but at least they both had beds. Just outside that door there were three bundles with stickers on them. These contain the stillbirths from the night.

This is the country's University Hospital, the referral centre, the place by which you should measure other sites. It is also the only place in the country where everything is covered by the government. If women cannot afford to pay, they go to Mulago.

They don't need foreign clinical doctors in this Hospital. They need administrators and managers and a public desire that women should be better treated. The HIV clinic at Mulago is beautiful because that is where the money is. HIV is very well funded here, but they can't extend the funds to safe motherhood. After this visit alone, I wonder how the MMR can be so low at 85 times our Canadian rate. It is amazing that some women not only do well, but they come back to have many more babies. It is truly the survival of the fittest here, and I don't just mean the patients. I'm not sure many of us could last even one week in a system that has so many things wrong.

Yet despite all this, some health care professionals do wonders. Drs. Pius Okong and Jolly Bayeza are amazing obstetricians who have made significant differences, not only to the lives of women in Uganda, but also internationally. Rather than suffer the burden of the many-layered, compounding reasons why things are the way they are for women here, they have understood and surmounted some of the challenges. Each, in their own way, has implemented programs and serve, not only as great clinicians, but also as great leaders and mentors.

Inspired by these exceptional colleagues, SOGC embarked on a project to assist our developing countries in promoting the leadership of young physicians. I believe that this program was a great success. We cannot stop here. There are many opportunities to get involved, either in-kind if you have the time and energy, or with sponsorship if you want to make a difference and can't get away. If you can grasp the chance to visit one of our partners around the world, do not hesitate to visit. The reality for women is crushing, but the inspiration of great individuals who manage to surmount this adversity and shine is truly a gift. I will find my return to work in Toronto much easier than it ever was...at least for a while.

SOGC HELPS LAUNCH

Save the Mother's and Newborns Activities in Uganda

On April 3, the SOGC had the honour of participating in the launch of an International Federation of Obstetrics and Gynaecology (FIGO) Save the Mothers and Newborn Project in rural Uganda. SOGC representatives, including International Women's Health Director Liette Perron and Dr. Jean Chamberlain, traveled with a delegation from the Association of Obstetricians and Gynecologists of Uganda (AOGU) to Kibaale, a rural district situated approximately three-and-a-half hours from Kampala, to launch the project.

The goal of the project is to reduce maternal mortality and morbidity in two neighboring districts in Uganda, Kibaale and Kiboga, by improving access to emergency obstetrical care. Interventions at the health systems level and at the community level are expected in order to improve the referral system.

For the launch, Dr. Chamberlain was also accompanied by four students of the Save the Mothers Leadership Program, a multidisciplinary public health Masters' program that has been

established in Uganda. Over the coming year, these students will be conducting leadership activities in the rural areas of Kibaale and Kiboga as part of their course work. One of the students, a radio journalist, recorded the proceedings of the launch and will be preparing a radio piece to promote the activity.

The launch, which was hosted at a local hotel, was attended by a number of health officials and political representatives of the district, including the District Director of Health Services, Dr. Daniel Kyamanywa and Dr. Augustine Tugyengane, the Chairperson for Kibaale Health District.

Although the project process began in 2005, funding had to be secured and therefore most of the projects have been, or will be, launched in late 2006 and early 2007.

The project is one of FIGO's second generation national-level maternal and newborn health projects, which aim to help reduce maternal and newborn mortality and morbidity. The projects also aim to strengthen the capacity of national professional associations (ob/gyn and midwives)

to engage in maternal-newborn health through the design and conduct of projects in the field.

The SOGC is actively involved in the projects in Haiti, Uganda, Kosovo and Ukraine. In these countries, the SOGC has been identified as the "twinning" society of local organizations, and SOGC members have been identified as mentors to help realize the projects. The SOGC will be actively involved with the projects for their duration, working in partnership with the associations to meet their stated objectives. In each case the projects have both an ob/gyn mentor as well as a midwife mentor.

The delegation from AOGU included: Dr. Waswa Ssolongo (President, AOGU), Dr. Jolly Beyeza (CEO, AOGU), Frank Kaharuzza (Project Director), Dr. Dan Kaye (Project Research Director) and Angella Kihika (AOGU staff).

While in Uganda, SOGC staff and volunteers also helped host the first ever Young Health Professionals Workshop, a program designed to inspire and build leadership among young healthcare professionals.

SOGC COMMENT ON *LANCET* STUDY LINKING Ovarian Cancer and Hormone Replacement Therapy

On April 18, 2007, a new study examining the links between hormone replacement therapy (HRT) and ovarian cancer was released in the British medical journal *The Lancet*. The UK-based study, entitled "**Ovarian Cancer and Hormone Replacement Therapy in the Million Women Study**", examined data from the Million Women Study and identified an increased risk of ovarian cancer associated with HRT use.

In 2006, the SOGC released its Menopause Consensus Report, which provides recommendations for Canadian healthcare professionals on the use of hormone therapy (also called hormone replacement therapy) for the treatment of menopausal symptoms. The comprehensive report was produced by a multidisciplinary panel of health experts

who analyzed all pertinent scientific and clinical evidence regarding menopause management.

Questions continue to arise about the overall risks and benefits of hormone therapy. A recent study appearing in the *Journal of the American Medical Association* found no increased risk of heart disease for women who started taking hormone therapy in their 50s. This week, *The Lancet* study raises concerns about the association of hormone therapy and ovarian cancer. Significant is *The Lancet* study's finding that there was no increased risk for women who were using hormone therapy for less than five years.

Notwithstanding this new study, the SOGC reaffirms that hormone therapy continues to be a safe option for women who experience a reduction in their quality of life as a result of menopausal symptoms. The increased risk for an individual woman taking hormone therapy remains extremely small.

The SOGC reiterates the recommendations of the 2006 Menopause Consensus Report, that hormone therapy be prescribed in the lowest dose and for the duration necessary to achieve treatment objectives. For SOGC's complete recommendations regarding the management of menopausal symptoms, please read the 2006 Menopause Consensus Report, available on the SOGC's website www.sogc.org.

HOW TO DONATE \$1,000 AND PAY LESS TAX

Make a gift of appreciated securities to the Canadian Foundation for Women's Health

Let's say you want to make a donation of \$1,000 to the Foundation because **you want to support medical research or the international women's health program**. You would usually donate by cash, cheque or credit card. Although these methods are uncomplicated, they may not necessarily be the most cost-effective way of making your charitable gift.

No Capital Gains Tax

Donating securities may be a better alternative; especially considering the changes in recent federal budgets. Now, the taxable gain in a qualifying gift of securities is **100% tax exempt**. When you donate, rather than sell, these securities, you pay absolutely no tax.

Under current amendments to the Income Tax Act, if you give stocks directly to a qualifying charity, such as the Canadian Foundation for Women's Health, your capital gain is not taxable as opposed to the usual 50%. So you will pay less tax and receive a charitable tax receipt for the full fair market value of your donation.

Qualifying Securities

Eligible securities includes stocks, bonds, warrants, futures and mutual funds that are traded on approved stock exchanges including Canadian, American and major international exchanges. Privately owned shares do not qualify.

Transfer the Shares

In order to obtain the maximum tax treatment, you must **transfer the securities** to the Canadian Foundation for Women's Health – please do not sell your shares and transfer the cash proceeds.

Independent Professional Advice

CFWH always recommends that potential donors consult their family as well as their legal and financial advisors prior to making a major gift.

Charitable Tax Credit

When you make an outright gift of appreciated securities, you will receive an official donation receipt for the full fair market value of the gift. This is based on the value of the securities at the close of trading on the date of ownership transfer to CFWH. This tax receipt provides a non-refundable tax credit that offsets income tax due on other income.

Example of a \$1,000 donation

For an example of the beneficial tax treatment, let's assume that you want to make a gift of shares that originally cost you \$200. The shares are worth \$1,000 at the time of your gift. If you were to sell the shares and make a gift of the cash proceeds, the net cost of your gift would be \$180 greater than if you make a gift of the shares (assuming a 45% combined federal and provincial rate). Here's how it works:

	Cash Gift	Gift of Shares
Sell the shares and donate the cash	\$1,000	
Gift of shares instead		\$1,000
less Your original cost	-200	-200
Capital gain	800	800
Capital gain inclusion rate	50%	0%
Capital gain for tax purposes	400	0
Assumed tax rate	45%	45%
Tax on capital gain	180	0
Your Tax Savings by giving securities directly to CFWH	0	\$180

The Canadian Foundation for Women's Health at the SOGC ACM

The Canadian Foundation for Women's Health will have an active presence at the forthcoming SOGC Annual Clinical Meeting.

- The Foundation **Board of Directors** meet on the morning of June 22nd
- The Board of Directors will play host to the conference delegates at the **Opening Reception** at the Canadian War Museum at 6:00 pm on Friday the 22nd
- Also on Friday the 22nd, the annual **Journalism Award** will be presented at the SOGC Council Dinner
- The Foundation will have a **booth demonstrating how donor funds are used** to promote women's health research and international women's health programs
- The annual CFWH **Research Awards** grants will be presented on Monday, June 25th
- The Foundation's popular **Cannell Lecture** will take place on Tuesday, June 26th with R. Michael Shier, M.D. speaking on "The Journey Towards Cervical Cancer Prevention: Have We Finally Arrived?"
- Finally, the Foundation will invite all delegates to become donors using a unique **Coffee-a-Day** promotional scheme – look for it in your delegate's bag.

To make a donation of appreciated securities or for more detailed information, please contact the Foundation at:

Tel: (800) 561-2416

Fax: (613) 730-4314

Yes, I want to help save women's lives through the Canadian Foundation for Women's Health.

Please charge my credit card \$ _____ per month for one year **OR** a single gift of \$ _____

Name: _____

Credit Card: VISA MasterCard

Address: _____

Number: _____

City: _____

Expiry Date: _____

Prov: _____ Postal Code: _____

Name on Card: _____

Please direct my donation to International Program **OR** Canadian Research Grants Program

Canadian Foundation for Women's Health / 780 Echo Drive Ottawa Ontario K1S 5R7 / (613) 730-4314 / foundation@sogc.com /

www.cfwh.org / Charitable Registration No. 886884089 RR0001

SOGC JOINS FINANCE MINISTER IN highlighting new federal HPV immunization funding

On April 16th, the SOGC joined Federal Finance Minister Jim Flaherty and other spokespeople to participate in a press conference highlighting \$300-million earmarked in the Federal Budget for the implementation of HPV vaccination programs. Hosted at the Shirley E. Greenberg Women's Health Centre in Ottawa, the event was designed to draw awareness to the burden of cervical cancer and the government's financial commitment to HPV vaccination.

Associate Executive Vice-President Dr. Vyta Senikas was invited to speak at the event on behalf of the SOGC. Other spokespeople at the event included Minister Flaherty; Dr. Michael Fung Kee Fung of the Society of Gynecologic Oncologists of Canada; Dr. Gail Beck of the Federation of Medical Women of Canada; Dr. Elaine Jolly, Director of the Greenberg Centre; and Liz Ellwood, 24, who was recently diagnosed with cervical cancer.

At the event, Ms. Ellwood began with a solemn description of her personal trials with the disease, trials that may soon be avoided by others through HPV vaccination.

"Thanks to this vaccine, 70 percent of the women who would have gotten cancer in the future because of HPV can now be safe," said Ms. Ellwood, a patient of the Greenberg Women's

(Continued on page 16)

RM Report

By Michelle Kryzanauskas, RM

The RM Advisory Committee has been meeting regularly by conference call and is looking forward to the in-person meeting the committee holds annually at the SOGC Annual Clinical Meeting (ACM). The ACM will be held in Ottawa from June 21 to June 26, 2007. The RM Advisory Committee meeting is held the day prior to the sub-specialty Midwifery session (SS4 in the ACM program) on June 26, 2007.

Midwifery was also represented at this year's SOGC International Clinical Meeting held in March in Varadero, Cuba. The program offered a number of obstetric-focused sessions that the midwives in attendance found interesting, educational and refreshing. Sessions included Twin Pregnancies: Double Trouble, Fetal Health Surveillance; New Guidelines, e-Medicine, New Considerations about Folic Acid Usage, Midwifery and Elective Cesarean and Sudden Collapse in the Delivery Room. One session, titled Realities of Obstetrics: Primary to Tertiary Transfer, proved very provocative, and created a lot of invigorating discussion amongst the physicians, nurses and midwives attending from across Canada. Midwifery was represented by midwives from Ontario and British Columbia.

The members of the committee hope you all had a happy International Day of the Midwife on May 5, 2007. We are pleased to have our work on the committee aligned with the focus for this International Day of the Midwife 2007. The focus "Midwives reach out to women wherever they live" reflects the ongoing development



Nathalie Quevillon-Dussault of Kenora Midwives, Kenora ON and Kalia Lesie of Lakelands Midwifery Care, Kelowna BC and Michelle Kryzanauskas of Midwives Grey Simcoe, Collingwood, ON

of the discussion paper on a Birthing Strategy for Canada that recognizes and supports birth for women as close as possible to their homes and communities. Midwives working in the SOGC International Health area continue to travel to under developed communities to support providers of maternity care in women's communities.

The SOGC Strategic Plan 2006-2011 further reflects the need to provide care and services to women in their communities. The RM Advisory committee sets its agenda based on the SOGC strategic planning and direction as it involves midwifery and policy and guidelines for maternity care providers in Canada. The role of midwives in advocacy for the preservation of normal birth and maternity care services in women's communities further informs our committee's agenda.

Canada's government proposed Tax Exemption for Midwifery Services in December 2006.

Historically, women paying privately for midwifery services were expected to pay GST/HST in provinces such as Alberta. For this reason, all other midwifery jurisdictions came out in support of the exemption. The following description is quoted from a Dec. 28, 2006, news release from the Department of Finance (full release available at www.fin.gc.ca): "The Government of Canada has adopted an objective approach to determining which services should be considered basic health care services and consequently be exempt from GST/HST. For example, if a service is covered by the health care plan of two or more provinces, it will be exempt from the GST/HST in all provinces. In addition, if a profession is regulated as a health profession by at least five provinces, the services of that profession will be exempt from the GST/HST in all provinces." This will make midwifery a bit more accessible for pregnant women in Alberta; however, total access must be achieved through public funding through the provincial health care system.

To close I would like to remind all midwives in Ontario that the SOGC Ontario Regional Representative midwife on the RM Advisory Committee will complete her term on June 30, 2007, and we are urgently seeking a nomination for the position. Please enquire at RM_advisory@sogc.com More information on the nomination process, terms of the position, terms of reference, and the policies and procedures of the RM advisory committee is available in the Member's section of the SOGC website, www.sogc.org.

The 17th West Central CME

By Isabelle Denis, Meeting & Event Officer and Titiania Eubanks, Administrative Assistant, CPL Division

It is hard to imagine a better setting than the Rimrock Resort Hotel for the West Central CME, held in Banff from Mar. 29-31. With the superb hotel, fantastic weather conditions, spectacular view of the mountains, and, of course, the friendly atmosphere surrounded by friends and family, Banff certainly did not disappoint.

This year, we were pleased to welcome a new colposcopy workshop presented by the Society of Canadian Colposcopists (SCC), and offered by Dr. James Bentley, Dr. Lizabeth Brydon and Dr. Jessica McAlpine. The workshop presented various colposcopy pictures and scenarios, and covered topics including Management of ASCUS and LSIL, LEEP Complications, and Management of AGC.

The always popular and interactive best practice sessions provided participants an opportunity to share their thoughts and experiences. Particularly popular sessions this year included: Fetal Monitoring: "Have Tracing will Travel"; Can we get back to VBAC?; Case

Management Issues of Prenatal Screening; and Preterm Labour Scenarios.

The SOGC was also pleased to welcome new speakers this year such as Dr. Patricia Daly, Dr. Wendy Wolfman, Dr. Andrew Kotaska, Miss. Ruth Kohut, Dr. Paul Gibson, Dr. Jonathan Stevens, Dr. Jonathan Tankel, Dr. Shu C. Foong, Dr. Lizabeth Brydon and Dr. Jessica McAlpine.

The SOGC would like to extend our thanks to the West/Central CME Planning Committee, the faculty members, the sponsors and all the participants for this wonderful educational experience.

We also want to thank Dr. William Ehman who generously accepted to be our official photographer for the meeting. We thank him for his outstanding pictures.

At the request of the participants, next year's West/Central CME will be returning to Banff's Rimrock Hotel from March 27-29, 2008.

We look forward to seeing you at our future meetings!

One hundred forty participants enjoyed spectacular mountain scenery and cutting-edge CME at this year's West/Central clinical meeting held at the beautiful Rimrock Resort in Banff, March 28-30. By popular demand, the meeting followed a three day format which allowed time for plenary sessions, interactive small group discussions, luncheon symposia and afternoon recreation time. Highlights of the scientific program included the unveiling of new SOGC Guidelines on Twin Pregnancy, Genetic Screening, Fetal Surveillance and HPV vaccination. One morning was devoted to concurrent head-to-head gynecology and obstetrics sessions providing flexibility for registrants with specific areas of interest. In-depth workshops were offered in PDA Technology, Contraceptive Advances and Colposcopy. An accomplished faculty stimulated discussion on diverse topics ranging from the crucial basics (informed consent) to futurist strategies (cryopreservation of ovarian tissue for re-implantation after cancer treatment). The interaction was studded with clinical "pearls" such as how to remove a vaginal pessary using dental floss (I'm not kidding). What a great opportunity to exchange ideas with colleagues, network with old friends and enjoy some of the best ski conditions on the continent.

- Dr. Margaret Burnett



Nurses from the Flin Flon General Hospital (left to right) Donna Shearer, Wendy Goodman, Tannis Stephansson, Sandy Brown-Fernandes.



Participants network amongst colleagues and friends.



SOGC Associate Executive Vice-President Dr. Vyrta Senikas and SOGC President Dr. Donald B. Davis



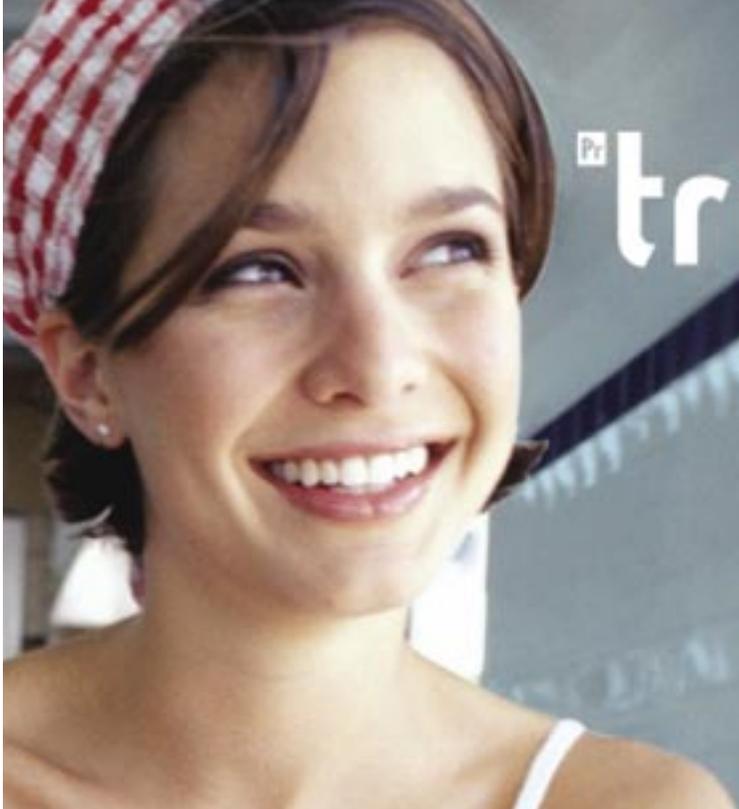
Participants take in a plenary session.



A breakout session presented by Dr. Martine Roy



A spectacular view of the Rocky mountains



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FLAHERTY: "Let the day come when people look back on this cancer as a disease we have conquered"

(continued from page 13)

Health Centre who was diagnosed with cervical cancer in 2006. "These rescued would-be victims will never know the time and the pain and the loss of fertility and life they would have had to face. But it will always be known in the hearts and the minds of cervical cancer victims and their families."

In his comments, Minister Flaherty spoke of the importance of the HPV vaccine, and the potential it has to reduce the burden of cervical cancer.

"With this national Canadian vaccine initiative, with the commitment of people like Liz Ellwood backed by health care professionals, institutions and associations and for the sake of women and families across Canada, let the day come when people look back on this cancer as a disease we have conquered."

Minister Flaherty also thanked the SOGC and other organizations for their efforts on cervical cancer prevention.

"I'm happy to say that many organizations are lending their support to this initiative," he said. "I want to thank the Society of Obstetricians and Gynaecologists of Canada, the Federation of Medical Women in Canada, both of whom are represented here today, the Canadian Coalition for Immunization Awareness for their leadership on this issue. And you helped lead government, I think, in the right direction and to action."



Left to right: Dr. Gail Beck, President of the Federation of Medical Women of Canada; Dr. Elaine Jolly, Medical Director, Shirley E. Greenberg Women's Health Centre; Finance Minister Jim Flaherty; SOGC Associate Executive Vice President Dr. Vyta Senikas; and Liz Ellwood.

The speakers, who each commended the government's funding commitment of the HPV vaccination, addressed the remaining challenges to ensure that this money will be used effectively and will reach all women equally.

A common theme at the event was the need for provinces and territories to quickly develop immunization programs with this funding. The \$300-million earmarked in the budget will be distributed through a trust over the coming three years. It will be allocated among the provinces and territories on a per-capita basis.

"Canada's New Government has chosen to take the lead on this vaccination initiative and now, as the physicians have done, I encourage the provinces and territories to avail themselves of this funding for the benefit of women and girls throughout Canada," said Minister Flaherty.

When asked about the transfer mechanism to the provinces, Minister Flaherty was also quick to dispel any concerns that these funds may be funneled by the provinces or territories into other uses. "These funds are targeted for this HPV vaccine; they are not to be used for other purposes," he said.

Dr. Senikas, who referred to the \$300-million in funding as a "big first step", spoke of the need to ensure that all women benefit from this new development in cancer prevention.

"We must also ensure that under-served communities — Aboriginal, rural and remote, urban immigrant and refugee populations, and disenfranchised women — that these communities need to be reached about information about HPV, about pap screening," she said. "As provinces roll out their programs in the months to come, and I certainly encourage them to do it with all haste, we are committed to working with you to ensure that all girls and women have access to this remarkable breakthrough in women's health."

The SOGC has long committed to improving public education about HPV and sexually transmitted infections through its www.sexualityandu.ca and www.hpvinfos.ca websites. Recently, the SOGC has also entered a partnership with the Public Health Agency of Canada to produce an educational guidebook for nurses and healthcare professionals on HPV and the new vaccine. In June, the Society will also be releasing a Clinical Practice Guideline on HPV and vaccination.