Incoming SOGC President’s Inaugural Address

Dr. Jan Christilaw

Editor’s note: Original text edited for length, as evidenced by (...)

Distinguished members, colleagues, guests and friends, it is with both pride and humility that I stand before you today to accept the mantle of the presidency of the SOGC. Pride because I believe I will be leading the most vibrant and important medical organization in Canada. Humility when I think of the shoes that I am filling. Of those that have stood here before me over the past 57 years (...). I’m sure (they) shared the feelings I have now: exhilaration at the opportunity and the slight sinking feeling you get any time you try to move a mountain with a teaspoon (...)

We forget sometimes (...) how special our lives really are. I recently had a visit from an old friend whom with a hot tip and a dot COM had become an instant millionaire. As we walked along the White Rock beach he chastised me. “You work too hard,” he said, “you need to reevaluate your life.” Just then a young woman ran up to us (...) and said to him, “Sorry but I just had to thank Dr. Christilaw. She saved my life.” As she walked away he said, “Did you really save her life?” I indicated that I probably had, that her ectopic pregnancy might well have killed her within the next hour, then (...). I said: “Obstetricians save someone’s life every week (...), maybe more often. And every day I improve the lives of women (...).” “I had no idea”, he said. “You can’t do that with a dot COM.”

No. You can’t with a dot COM. But each of us can with our skills and our hearts. And we do it all the time (...) Our hours are long, the work is stressful and the pay is adequate at best. But success cannot be counted in dollars made. It is counted in each and every achievement of our richly textured lives (...). In some ways we are victims of our own success. The Canadian public has forgotten that childbirth is potentially lethal. Of the estimated 600,000 maternal deaths in the world last year, 12 were in Canada. The (...) press has no idea that we provide an astonishingly high level of care and (...) only comments when we are occasionally sued (...) The press misses the big stories, the stories of heroes, of Canadian excellence, of global responsibility (...)

It’s time to change that. As I start my presidency, we are developing strategies to deal more effectively with this (and) to look at recruitment and retention, critical issues as we deal with a looming crisis of physician supply. (...). I come to this position (...) as a community-based O b-Gyn who has a long history of involvement in issues of human rights and social justice, going back to medical school when I was a founding member of International Physicians for Prevention of Nuclear War. As physicians then, our efforts (...) were rewarded with the Nobel Peace Prize that still proudly hangs on my medical office wall (...). As physicians now, I believe passionately that we each have a responsibility to use our talents to improve (...) the health of Canadian women (...) and of women in our global community. For we are citizens (...) and physicians of a global community. The tragedy of global maternal mortality is our tragedy. The struggle for global reproductive rights is our struggle.

This does not diminish the challenges facing us here at home. There are still significant barriers to access for (...): aboriginal women, immigrant women, lesbian women, women disenfranchised for many other reasons (...). As President, I will pursue these goals with all my energy, as the SOGC assumes a leadership position in Women’s Health, both nationally and globally.

2001 is the International Year of Volunteers. We are all volunteers (...) Year after year SOGC members and other health care volunteers put in countless hours on Committees and Council, developing (and) implementing projects and initiatives (...) Without you, we are nothing! With each of you and your teaspoons, we can move mountains (...). In some ways, I see myself as the mayor of a diverse village of more than 2500 citizens (...) who share common goals and dreams. It is a village of heroes (...) We have a wonderful team, and a very strong national office (...). But the tasks are huge. I am prepared to give this Society my all during my presidency, (...). I’m sure (they) shared the feelings I have now: exhilaration at the opportunity and the slight sinking feeling you get any time you try to move a mountain with a teaspoon (...)

In fact, it’s the only thing that ever has.”

Please join me – working together, we will make a huge difference!

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Global Village

André B. Lalonde, Executive Vice-President

My recent sabbatical provided ample opportunity for meetings with Ob/Gyn colleagues, government officials and international agencies such as WHO, UNICEF and UNFPA and for presentations on safe motherhood and sexual and reproductive rights.

Are there differences between developing countries in terms of women's health? Surprisingly, the answer is no. The denial of women's sexual and reproductive rights is a barrier to the reduction of maternal mortality and to better health for women in general in Guatemala, Uganda, Tanzania, Ethiopia and Argentina. Unfortunately, another barrier is men's attitudes towards, and pervasive control over, women.

Access to timely health care is lacking in many countries. For example, the Guatemalan native Indian population does not trust the medical establishment and therefore doesn't readily seek care at medical clinics or hospitals. The great distances they must travel to access emergency care are also a deterrent.

Women in rural districts of Uganda must seek permission from their mother-in-law and her husband to seek care at health centres or hospitals. Women themselves feel that labour and delivery is a battle which they must survive through their own means. Often, husbands do not put money aside for the cost of ambulances or medication, leaving the family with no resources when a complication arises. Although co-payment for transport in most countries is very low, for the poor and the poorest, co-payment equals denied access to proper health care.

In Argentina, private medicine is relatively good, although the caesarean section rate is much too high at about 40%. In the slums of major cities, there is very limited access to proper medical care and in the poorer provinces, maternal mortality is high because few specialists are willing to work in these areas, support structures are poor, and quality of care is questionable.

Among the countries I have visited, our Ugandan colleagues are probably the most concerned about the welfare of women in cities and in rural settings. Ob/Gyn members in Uganda are committed to upgrading standards of care. In contrast, physicians in other countries are focused on private practice and public patients receive less than ideal care. The dangers of a two-tier system are very obvious in developing countries: although they must rely on donor countries to provide funds, there are no efforts to integrate public and private care as much as possible to ensure the same quality of care for all women.

What is the role for SOGC? Every day, we must ensure that women's sexual and reproductive rights are a priority. We must discuss with our colleagues that besides providing technical support, we are willing to share our experience of practice. We must ensure that if we partner with a medical society, it is open to suggestions as to how to improve women's access to health care and that it become an advocate for women's health in its own country.

Having visited a number of countries, I now understand and appreciate the concern expressed by Professor M. Fathalla, former President of FIGO, when he begins gynaecologists the world over to become as well as medical advocates for women's health. At a time when globalization is promoted as a way forward for human development, we should be acutely aware of the programs that have not addressed maternal mortality and morbidity. Individually we can participate at the social-political level to promote women's health in our own country and pressure the Canadian government and CIDA to take on more responsibility for safe motherhood issues throughout the world.
Health Update

SOGC Partnership Project (1999-2002): ALERTA International Course in Guatemala City

Dr. Rosana Pellizzari

Over 170 Guatemalan physicians and midwives completed ALARM International’s “ALERTA” course in late April. Held in Guatemala City, Guatemalan and Canadian faculty were overwhelmed by the response and interest. Planned for a maximum of forty participants, and repeated twice, it was standing room only as teams of health care providers, some traveling over ten hours by bus, came to learn skills and approaches aimed at reducing maternal mortality. Despite the overcrowding and demanding schedules, feedback was extremely positive. Participants enjoyed both the content and the hands-on learning that ALERTA provided. In addition, twenty-two participants returned to take part in Instructor training and will join existing Guatemalan faculty to hold three ALERTA courses for obstetrical residents over the next few months.

Five years after a peace agreement ended the Guatemalan civil war, the maternal mortality rate still hovers at 190 per 100,000 births. Women die because they lack access to prenatal and basic obstetrical services. The leading cause of deaths is postpartum hemorrhage. Gestational hypertensive disorders are responsible for a significant number of deaths. Sixty percent of births in Guatemala are attended by traditional birth attendants, often in unsanitary conditions and with no access to medical services if complications develop.

In addition, most women have little or no access to reproductive health and family planning services. Almost 70% of Guatemalan women living in sexual unions use no contraception. Sepsis, secondary to illegal abortions, is another major cause of maternal deaths. The tragic loss of life occurring in Guatemala mirrors the brutal, yet preventable reality many women living in poor countries face. According to UNICEF’s “Programming for Safe Motherhood”, released in 1999, “Every minute of every day, a woman loses her life due to complications of pregnancy and childbirth. Every minute, at least 30 more women begin suffering from maternity-related illnesses, with consequences that sometimes last a lifetime.”

The SOGC’s partnership with colleagues in Guatemala is a project of its International Women’s Health Program funded by the Canadian International Development Agency (CIDA). The project aims to reduce maternal mortality and morbidity by partnering with AGOG, the Asociación de Ginecología y Obstetricia de Guatemala. A similar initiative exists with Haiti and Uganda. The ALERTA course is just one of the components of a comprehensive plan which includes the establishment of national and local Maternal Mortality Review Committees, outreach to stakeholders, and a broader commitment to address systemic issues and problems which lead to poor health for women and girls.

The Canadian team, led by Dr. Rolando Cepeda of McMaster University, volunteered their time to co-facilitate the ALERTA Course and identify important next steps with the Guatemalan partners. “Given my experience in rural Mexico, where we made impressive progress in preventing maternal deaths, I was most hopeful that we could initiate, in Guatemala, national and local Maternal Mortality Review Committees (MMRC).” Lessons learned around the world support the strategy of ongoing review to identify and resolve barriers and problems which have led to a maternal death.” Through workshops and discussion groups, support spread and volunteers eagerly identified themselves to serve on the first committees. Cepeda is encouraged: “Follow-up, planned for the fall, will include meetings with the MMRCs to evaluate and reinforce the process.”

Drs. Sidney Effer of Vancouver and Rosana Pellizzari of Toronto were delighted to be part of the Canadian team, “The Guatemalan faculty were impressive in their organization and commitment. It was a pleasure to work with them,” reported Effer on his return.

“ALERTA planted some seeds in Guatemala and I’m hopeful, from what I experienced, that our Guatemalan colleagues will work hard to address the societal issues of inequity and discrimination which harm women at the same time that they address the very practical issues in getting effective prenatal and obstetrical care delivered in a country whose people have experienced tremendous suffering,” remarked Pellizzari.

Drs. Effer and Cepeda spoke at the SOGC ACM in St. John’s to spread the word on the Guatemalan project.
SOGC CME EVENTS

PROGRAMS

14th Québec CME
Mont Tremblant, Québec
September 27 to 29, 2001

20th Ontario CME
Marriott Eaton Centre
Toronto, Ontario
November 29 to December 1, 2001

12th West/Central CME
Rimrock Resort Hotel
Banff, Alberta
February 7-9, 2002

15th International CME
Location to be announced
March 4-8, 2002

COURSES

ALARM Course
Niagara-on-the-Lake, Ontario
September 6 and 7, 2001

ALARM Course
Moncton, New Brunswick
September 23 and 24, 2001

ALARM Course
Kamloops, British Columbia
October 20 and 21, 2001

ALARM Course
Toronto, Ontario
November 17 and 18, 2001

ALARM Course
Toronto, Ontario
November 19, 2001

ALARM Course
Toronto, Ontario
December 2 and 3, 2001

(Cities and dates subject to change)

Join us for the 14th Québec CME program
Carole Brault and Isabelle Denis

Hotel Fairmont Tremblant
September 27 to 29, 2001

Specifically designed to meet the needs of specialists, family physicians, nurses and midwives who provide healthcare services to women.

Both useful and fun!

• Participate in interactive plenary sessions and small group breakout sessions
• Discuss practice related issues based on clinical cases
• Take part in breakout sessions on practice environment and administration
• Chat with colleagues and speakers
• Discover the quaint village of Tremblant
• Don’t miss the “Symphony of Colors” Festival
• Participate in the golf tournament on September 28

Reserve your room at Hotel Fairmont Tremblant today!
Reserve your room by calling 1-819-681-7653 before August 20, 2001 to take advantage of the preferred rates.
Don’t forget to mention the following group code when reserving: CSOGC

Room rates per night:
Fairmont Room: $175 (plus taxes)
Fairmont Deluxe: $185 (plus taxes)
Tremblant Premiere: $215 (plus taxes)

Note: The above rates apply to both single and double occupancy.

Children’s Programme
Please note that a children’s program will be offered during the meeting. However, a minimum number of registrations is required by September 6, 2001.
The Preliminary Programme was mailed in early June. If you have not received your copy, please contact us at (613) 730-4192 or 1-800-561-2416 or visit www.sogc.org. Hope to see you there!

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

SOGC News
780 Echo Drive
Ottawa, Ontario
K1S 5R7

Tel: (613) 730-4192 or 1-800-561-2416
Fax: (613) 730-4314
E-mail: lbray-levac@sogc.com

The SOGC is grateful for the financial support provided by the following sponsors of this Continuing Medical Education event:

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Thank you for your continued support!
Canadian Midwifery in 2001

Carol Cameron, President, Canadian Association of Midwives

As the number of Associate Registered Midwife members of the SOGC continues to grow, a new position, RM Representative, was created on Council during the 57th Annual Clinical Meeting. We will announce the nominee in a future issue of the SOGC News. The following provides information on the profession of midwifery including scope and model of practice.

BACKGROUND

The first 60 direct entry midwives in Canada were regulated and funded when the Ontario Midwifery Act was enacted on January 1, 1994. Since then, the provincial governments of B.C., Alberta, Manitoba and Quebec have recognized direct entry midwifery as a regulated profession. Newfoundland is currently considering following suit. Newfoundland and Labrador’s midwifery act, dating back to 1920, has not been in use for decades but a committee is now working towards new legislation. Saskatchewan is awaiting proclamation of the Midwifery Act by parliament. In Nova Scotia and the Yukon, legislation was stalled due to a change in government. Only P.E.I., New Brunswick and the Northwest Territories have not yet introduced midwifery for consideration as a regulated health profession. In Nunavut midwives provide care within an employment model. Historically, midwives in the north are nurse-midwives who have been recruited from overseas. This year, two direct-entry Ontario-educated midwives were employed in the NWT for the first time.

MIDWIFERY MODEL OF CARE

Scope of practice: During the 1990s, a Canadian model of midwifery care emerged. Midwives are primary caregivers who provide autonomous care to women with low-risk pregnancies during pregnancy, labour, delivery and the postpartum period and to infants up to six weeks of age. Midwifery care extends into some areas of well woman care, such as physical assessment and gynaecological exams and screening tests. Within this context, midwives access laboratory screening, diagnostic imaging, hospital and community resources, limited prescribing and consultations with other health care providers as required for the women under their care.

Place of birth: With the exception of Quebec, where a decision to allow midwives to attend home births is pending, all jurisdictions with legislation have sanctioned midwives to attend women during childbirth in all settings (hospital, home and birthing centres).

Continuity of care: Continuity of care is an enshrined principle of midwifery care. It equates with continuity of the care provider and is defined by regulatory colleges as providing care during pregnancy, birth, and postpartum within a small group of midwives known to the woman. This usually translates into two midwives sharing client care.

Two-midwife model: It is usual practice in Canada to have two trained obstetrical care providers in attendance at every birth. In many provinces, the “two-midwife model” is mandated by the regulatory college. However in B.C., maternity nurses provide assistance for midwife attended hospital births.

MIDWIFERY AS A FUNDED HEALTH SERVICE

With the exception of Alberta and Saskatchewan, public funding of midwifery care is established in all provinces with regulated midwifery. In general, funding is based on the provision of a number of total courses of care.

ROUTES OF ENTRY TO PRACTICE

Midwives enter the profession either through completion of university training in one of the Canadian midwifery baccalaureate degree programmes or by application to the provincial regulatory college for assessment of existing midwifery credentials. The Ontario Midwifery Education Programme is a four-year baccalaureate full-time or part-time programme offered through a consortium of three universities, including a bilingual French and English programme. In 1997, the first students graduated from the programme which now graduates approximately 30 students each year. Currently, there are 220 registered midwives in Ontario. Quebec, B.C. and Manitoba now offer a midwifery degree programme. Mutual reciprocity for midwives has been established by all the regulatory bodies allowing midwives to move and practise within other parts of the country.

ADVISORY:

Mercury and Fish Consumption

Health Canada advises consumers that pregnant women, women of child-bearing age and young children should limit their consumption of shark, swordfish, and fresh and frozen tuna to one meal per month. (This does not apply to canned tuna.) For the rest of the population, a consumption level of no more than one meal per week is recommended for these species.

This advisory is based on potential exposure to mercury that can occur through eating these gourmet species over the course of a lifetime. Mercury levels in these fish may be higher than levels found in most commercial fish.

Please inform your patients of the potential risks involved.

For more information, visit www.cfia-acia-agr.ca/english/corpaffr/foodfacts/mercury.shtml or www.hc-sc.gc.ca/hppb/nutrition/pube/pregnancy/
Members’ Corner:

Congratulations Dr. Gauthier!

After more than 29 years as an Ob/Gyn, over 6,000 deliveries and twenty-odd years of activity within the SOGC and the AOGQ, Dr. Cajetan Gauthier has accepted the position of Medical Consultant at the Régie de l’assurance maladie du Québec (RAMQ) Québec Health Insurance Board effective January 1st, 2001.

Among other things, his duties include the evaluation and authorization of technical aids, the authorization of out-of-province or out-of-country treatments, professional inquiries and participation in the Arbitration Committees of the Quebec Federation of Medical Specialists and the Quebec Federation of General Practitioners. He is also an expert witness for the Quebec Court of Justice and provides his medical expertise to all other RAMQ services.

Our sincere congratulations, Dr. Gauthier, and good luck in your future projects!

Best Practice and Research in Clinical Obstetrics & Gynaecology: A Reminder

A reminder to all SOGC Members that by participating in the Best Practice and Research in Clinical Obstetrics & Gynaecology educational exercise, you can obtain credits under Section 2 of the Royal College’s Maintenance of Certification Program. Issues can be ordered from the Publishers:
Harcourt Publishers Ltd., Journals Marketing 32, Jamestown Road, London NW 1 0YT, UK
E-mail: journals@harcourt.com
Web site: www.harcourt-international.com/journals/beog

Issues published in 2000:

Issues to be published in 2001:

Best Practice and Research in Clinical Obstetrics & Gynaecology

Congratulations Dr. Fedorkow!

Elections were held recently for the position of SOGC President Elect and the incumbent is Dr. Donna Fedorkow of Hamilton, Ont. Vice-President on Council since 1999 and a member thereof for the past six years, Dr. Fedorkow has been involved in several SOGC committees during the past decade, including Membership, Human Resources and Economics, Promotion of the Specialty, ACM Scientific, to name a few. Congratulations Dr. Fedorkow, and best wishes!

SOGC News is produced and published by the SOGC through an educational grant from Berlex Canada Inc.
Past Presidents honoured at ACM Council Dinner

SOGC President, Dr. Thirza Smith and her husband, Mr. Michael Cavanaugh, hosted a dinner honoring SOGC Past Presidents and SOGC Council members.

Special mention was made in honour of the Society’s Past Presidents attending this year’s ACM, including: Dr. Hugh Allen (1979-80), Dr. Jacques Vigeant (1980-81), Dr. John Whetham (1983-84), Dr. Morrie Gelfand (1985-86), Dr. David Popkin (1990-91), Dr. Kenneth Meline (1992-93), Dr. Robert Lea (1993-94), Dr. Rodolphe Macheux (1994-95), Dr. Garry Krepant (1995-96), Dr. Robert Reid (1997-98), and Dr. Robert Gauthier (1999-2000).

Dr. Smith also conferred honorary memberships to the current President of two sister organizations - Professor John Campbell from the Royal Australian New Zealand College of Obstetrics and Gynaecology (RANZCOG) and to Dr. Thomas Purdon President of the American College of Obstetrics and Gynaecology (ACOG).

An honorary membership was also awarded to Dr. Jerker Liljestrand, a Swedish obstetrician and gynaecologist who currently works as a Lead Health Specialist at the World Bank in Washington, D.C. Dr. Liljestrand is instrumental in the evolution of international women’s health programs as his work involves improving World Bank lending in the area of maternal newborn health.

The Changing Faces within the SOGC Council

At its June 15th meeting, the SOGC Council bade farewell to eight of its long serving members, including: Dr. Robert Gauthier, Past President; Dr. Luc St. Pierre, Alternate Chair Quebec Region; Dr. Janice Willet, Chair Ontario Region; Dr. Marilyn Davidson, Chair Central Region; Dr. David Wilkie, Alternate Chair Western Region; Dr. Bruno Lemieux, Chair MD Advisory; Dr. Lynne McLeod, Chair Junior Members.

At its next meeting in the fall of 2001, the SOGC Council will welcome new Council members. The complete list of 2001-2002 Council members appears on page 2.

Three New Features to SOGC Web Site

Lynn Bray-Levac, Communications Specialist

1.) Visit SOGC’s first self-directed educational module on reproductive care for women living with Hepatitis C. This module includes a pre- and post-test with the pre-test serving as a self-assessment tool. In addition, an OSCE station has been developed which involves the participant in answering a number of questions related to the clinical presentation. Participating in this Web based continuing professional development exercise will allow the participant to accumulate credits under sections 1 and 3 of the Royal College’s Maintenance of Certification Program. Individuals may also surf this site to pursue activities under section 4. Special thanks to the Hepatitis C Division of Health Canada, to which the SOGC is indebted for their unwavering support and contribution to this very significant educational program initiative.

2.) The Contraception FAQ (frequently asked questions) site provides up-to-date contraception information in a question and answer format. It is already proving to be an invaluable resource for members of the public and healthcare professionals. To access this online library, go to www.sogc.org, click Welcome, then FAQ Contraception Hotline. Click Enter the FAQ and complete the demographic information, then go into the site. Two search engines will help find the specific questions/answers. A CARE (Contraception Awareness Research Education) fellow will answer questions that are e-mailed through this site. Special thanks to Dr. Robert Reid and Dr. Sari Kevis, the 2000-2001 CARE fellow at Queen’s University, who spent countless hours developing the contents for this site.

3.) Don’t miss the Call for abstracts for next year’s ACM in Winnipeg, Manitoba. Follow this path: SOGCnet, Welcome, Continuing Professional Development (blue bar on left). Click on the yellow star for all the details concerning the 2002 ACM Abstract Program. Deadline for submissions is December 14, 2001. Be sure to check these out!

OB/GYN WANTED

Kootenay Lake Regional Hospital, Nelson, British Columbia, is accepting applications from Canadian trained and registered Fellowship Ob/Gyn to provide services to a population of 45,000+. One to two operating days/week and a busy referral practice.

Exceptional lifestyle opportunity in an area described as a “recreational playground.” The city of Nelson is located on Kootenay Lake in the Selkirk Mountains in southeastern BC and is acknowledged as an arts and cultural centre. Selected as Canada’s “Best Small Ski Town,” and the “Best Small Arts Community in North America.” Excellent schools, community college, and recreational programming.


To discuss this practice opportunity, please contact: Miriam Ramsden, Executive Assistant, Medical Recruitment / Selection Committee, Kootenay Lake Regional Hospital, #402, 3 View, Nelson, BC, CANADA V1L 2V1. Fax: 250-354-2320; Email: miriam.ramsden@nahc.hnet.bc.ca
The 57th ACM - A Resounding Success !!!

Over 800 obstetricians, gynaecologists, family physicians, nurses and midwives attended the SOGC Annual Clinical Meeting in St. John’s, Newfoundland from June 14-19.

For the first time, the Society invited consumers to attend an information forum on women’s health at midlife. The event, held on the evening prior to the meeting, was attended by close to 150 local residents. Dr. Terry O’Grady, an obstetrician/gynaecologist, posed challenging questions to the SOGC panel.

There were 11 International Symposia as well as 10 Post-Graduate Courses provided within an interactive learning environment, each focusing on selected topics of interest in obstetrics and gynaecology. Also offered were 18 Best Practice Sessions, one-and-a-half hour information sessions using case-based presentations.

Another first this year, was an entire day focused on the unique clinical perspectives of international initiatives on safe motherhood. The international faculty included Dr. Jerker Liljestrand, a Swedish obstetrician/gynaecologist who is a health specialist at the World Bank; Dr. Olufemi Olatunbosun (Chief of Obstetrics, University of Saskatchewan); Charles P. Bassett, Senior Vice-President at the Canadian International Development Agency (CIDA), and many Canadian speakers involved in international women’s health programs including Dr. Harry Janzen (Victoria, B.C.); Dr. Rolando Cepeda (Hamilton, ON); Dr. Jean Chamberlain (Hamilton, ON); Dr. Ian Bowmer (St. John’s, NF); Dr. Ferdinand Pauls (Winnipeg, MB); Dr. Pierre Drouin (Montreal, QC) and Dr. André Lalonde, SOGC’s Executive Vice-President.

This year’s ACM included 11 International Symposia as well as 10 Post-Graduate Courses provided within an interactive learning environment, each focusing on selected topics of interest in obstetrics and gynaecology. Also offered were 18 Best Practice Sessions, one-and-a-half hour information sessions using case-based presentations.

An Abstract Presentation Day was held on June 18th to provide a forum for both the basic scientist and the clinician to introduce and debate their oral and poster presentations. The following prizes were awarded:

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<th>Category</th>
<th>Sponsor</th>
<th>Winner</th>
<th>Title</th>
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<tr>
<td>Best Obstetrics Paper</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Greg Ryan</td>
<td>&quot;A Randomized Controlled Trial (RCT) of the Primiparous Paragomp in the Active Management of Labour&quot; (00075-0BS)</td>
</tr>
<tr>
<td>Best Gynaecology Paper</td>
<td>Berlex Canada Inc.</td>
<td>Dr. John Jarrell</td>
<td>&quot;A Randomized Controlled Trial of Exclusion of Endometriosis vs No Exclusion in the Management of Pain&quot;</td>
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<tr>
<td>Best Gynaecology Junior Members Paper</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Timothy Strand</td>
<td>&quot;Indications for Hysterectomy&quot;</td>
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<td>Runner-up Best Gynaecology Junior Members Paper</td>
<td>Berlex Canada Inc.</td>
<td>Dr. Erin MacLean-Fraser</td>
<td>&quot;Complication Rates of Primary and Repeat Endometrial Ablations&quot; (00021-GYN-JM)</td>
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<td>Best Obstetrics Junior Members Paper</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Emmanueline Pante</td>
<td>&quot;Difference in Birthweight Cannot be Used to Predict Success / Failure of VBAC Attempts Among Those with Prior C-Section for Ophalopelvic Disproportion&quot; (00048-JBS-JM)</td>
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<td>Runner-up Best Obstetrics Junior Members Paper</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Melanie Cestllo</td>
<td>&quot;A Survey of Canadian Physicians Regarding the Diagnosis and Management of Hypertension in Pregnancy&quot; (00050-CBS-JM)</td>
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<tr>
<td>Best Obstetrics Poster</td>
<td>Duchesnay Inc.</td>
<td>Dr. Robert Wallery</td>
<td>&quot;A Double-Blind Placebo Controlled Randomized Trial of Misoprostol and Oxytocin in the Management of the Third Stage of Labour&quot; (P0018-CBS)</td>
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<td>Best Gynaecology Poster</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Terry O’Grady</td>
<td>&quot;Decision Factors Regarding Choice of C/S/Gyn as a Career&quot; (P0019-GYN)</td>
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<td>Best Gynaecology Junior Members Poster</td>
<td>Shire Canada Inc.</td>
<td>Dr. Jeean Ko</td>
<td>&quot;When is it Indicated?&quot; (P0018-GYN-JM)</td>
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<tr>
<td>Runner-Up Best Junior Members Gynaecology Poster</td>
<td>Shire Canada Inc.</td>
<td>Dr. Nathalie Reming,</td>
<td>&quot;Management of Acute Adolescent Minorsrragia&quot; (P0021-GYN-JM)</td>
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<td>Best Junior Members Poster</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Sari Koves</td>
<td>&quot;Desire for Pregnancy Among Adolescents in an Artificial Clinic&quot; (P0058-CBS-JM)</td>
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<td>Runner-Up Best Obstetrics Junior Members Poster</td>
<td>Wyeth-Ayerst Canada Inc.</td>
<td>Dr. Sujata Chandra</td>
<td>&quot;Maternal Serum Screening: Practice Patterns of Physicians in Newfoundland&quot; (P0054-CBS-JM)</td>
</tr>
<tr>
<td>Best Presentation on Pre-eclampsia</td>
<td>Shire Canada Inc.</td>
<td>Dr. Melanie Cestllo</td>
<td>&quot;A Survey of Canadian Physicians Regarding the Diagnosis and Management of Hypertension in Pregnancy&quot; (00050-CBS-JM)</td>
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As in previous years, residents had a lot of fun trying to “Stump the Professor”. Again this year, there were many outstanding cases presented and the two winners are:

<table>
<thead>
<tr>
<th>Category</th>
<th>Sponsor</th>
<th>Winner</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Obstetrics Case</td>
<td>Organon Canada Ltd.</td>
<td>Dr. Melodye Rajasingham</td>
<td>&quot;Pre Pregnancy Consultation for Three Neonatal Deaths Considering Another Pregnancy&quot;</td>
</tr>
<tr>
<td>Best Gynaecology Case</td>
<td>Organon Canada Ltd.</td>
<td>Dr. Jessica Dy</td>
<td>&quot;Undiagnosed Chronic Hyperthyroidism&quot;</td>
</tr>
</tbody>
</table>

In addition to the above prizes, four elective fellowships were awarded:

<table>
<thead>
<tr>
<th>Elective Fellowship Grant</th>
<th>Winner</th>
<th>Elective Fellowship Grant</th>
<th>Winner</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOGC/Janssen-Ortho Inc.</td>
<td>Dr. Sukhbir Singh, U. Western Ontario in London</td>
<td>SOGC/Duchesnay Inc.</td>
<td>Dr. Thushita Anandakrishnan, U. Queen’s in Kingston, Ontario</td>
</tr>
<tr>
<td>SOGC/Berlex Canada Inc.</td>
<td>Dr. Luc Lafreniere, U. Laval in Quebec City</td>
<td>SOGC/Berlex Canada Inc.</td>
<td>Dr. Carolyn Watts, U. Dalhousie in Halifax, Nova Scotia</td>
</tr>
</tbody>
</table>

Finally, the winner of the Canada - France Exchange Program is Dr. Jackie Thomas of Toronto, Ontario. Dr. Thomas will travel to France in November 2001 to participate in their ACM.

A special thank you to the national office staff and to Mrs. Signy Milne for a job well done!
Thank you to all our sponsors for making this year’s program outstanding! The SOGC is truly grateful for your ongoing support, which is essential to the success of such meetings.

3M Canada Company
Berlex Canada Inc.
Duchesnay Inc.
Eli Lilly Canada Inc.
MD Management
Janssen-Ortho Inc.
Merck Frosst Canada & Co.
Novartis Pharmaceuticals Canada Inc.
Organon Canada Ltd.
Pfizer Canada Inc.
Pharmacia Canada
Health Canada
Tyco Healthcare Group
Canada Inc.
Wyeth-Ayerst Canada Inc.

Congratulations!
To thank the exhibitors for their continuous support, we had a draw on Sunday, June 17. The winner of the gift basket is Mr. Alan Cameron from Duchesnay Inc.

The SOGC team relaxing after a successful ACM: From left to right, seated are Eugénie Doré, Sylvie Paquette, Correena Snook, Isabelle Denis, Linda Kollesh. Standing are: Nataly Rondeau, Danièle Bélanger, Signy Milne, Dr. Ken Milne, Carole Brault. Absent from the picture are Dr. André Lalonde, Christiane Ménard, Louise Tremblay and Michael Hopkinson.

Accompanying Dr. Smith is Dr. Robert Gauthier, Past President, outgoing Executive and Council member.
A night to remember, indeed!

As anyone in attendance at the Foundation's fundraising evening featuring The Irish Descendants can attest, it was a night to kick off your shoes and party. A sold-out crowd of 470 dined on lobster and listened to the Celtic-influenced music of the Pride of Newfoundland. Thank you for your support of this event and a special thank you to the Society of Obstetricians and Gynaecologists of Canada and to our corporate sponsors Berlex Canada Inc., Novartis Pharmaceuticals Canada Inc., Pfizer Canada Inc. and Wyeth-Ayerst Canada Inc.

Congratulations to this year's research grant recipients

Receiving the $27,000 Duchesnay Fund grant for her research titled “An Exploratory Study of the Effects of Sertraline or Placebo on Allopregnanolone Levels and Clinical Outcome in Women with Postpartum Depression”, is Dr. Myroslava K. Romach, from Sunnybrook and Women's College Health Sciences Centre, Women's College Campus at the University of Toronto.

Dr. Derek K. Lobb of McMaster University was the recipient of a $21,000 grant from the General Foundation Fund for his research titled “Understanding the Actual Mechanisms of Cervical Ripening.”

The Cannell Lecture

The Foundation was delighted to invite as its 19th Cannell Lecturer, Dr. Jean-Claude Fouron of Montréal's Ste-Justine's Hospital. Dr. Fouron discussed “Prenatal diagnosis: The changing and complex relationship between perinatologists and life.” His insightful lecture addressed the crucial questions faced when major malformations during pregnancy are detected. Thank you Dr. Fouron for your enlightenment of the challenges of fetal medicine.

Cannell Lecturer for 2001, Dr. Jean-Claude Fouron

A Child on Her Mind, and ours!

Dr. Jeff Nisker's most recent play was a huge success at this year's ACM. The acting was superb and the storyline struck a chord on the need to have IVF listed for universal access for all Canadian women. Thanks to the generous support of Wyeth-Ayerst Canada Inc., there were two performances of this play in St. John's—one for the general public and one for delegates. It is Dr. Nisker's desire to have this play financially supported so that it may be presented to audiences all across the country. Thank you Jeff for creating this masterful play and also many thanks to Wyeth-Ayerst Canada for enabling the play to come to St. John's.