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# SOGC NEWS



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

APRIL 2009



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# HIGHLIGHTS FROM The Canadian Maternity Experiences Survey

The Public Health Agency of Canada has released the results of its Canadian Maternity Experiences Survey, a comprehensive survey of over 6400 women who had recently given birth in Canada. Survey respondents completed a 45-minute interview at five to 14 months after the birth of their baby, which included over 300 questions about their experiences and many facets of maternity care. The complete results of this survey are available at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).

Below, the *SOGC News* has compiled a short list of highlights from this survey.

## Overall Satisfaction

The majority of women rated their childbirth experience as positive. About 54% of women reported that their birth experience was very positive, 26% reported that it was somewhat positive, 11% reported it was neither positive nor negative, and 9% reported that the experience was either very or somewhat negative.

## Reaction to Pregnancy

Mothers were asked about their reaction to the timing of their pregnancy. About 73% of women stated that they either wanted to become pregnant sooner or were content to become pregnant when they did. Another 20% of women wanted to become pregnant later, and 7% did not want to become pregnant at all. The proportion of women who stated that they did not want to be pregnant was higher for women whose incomes were below the Low-Income Cutoff (LICO). About 13% of women below the cutoff stated that they did not want to become pregnant at all, compared to only 5% of women above the cutoff. The proportion of women who stated that they did not want to become pregnant at all was also larger for younger women, and women with lower levels of education.

## Type of Care Provider and Location of Birth

The survey asked women which type of healthcare professional provided their primary maternity care. For all of Canada, 58% responded that an ob/gyn provided their care; 34% responded that a family

physician provided their care; and 6% reported that a midwife provided their primary maternity care. The survey found that there exists significant variability from province to province. Women in P.E.I., Quebec and Ontario were most likely to respond that they received care from an ob/gyn. More than half of the women surveyed in the Yukon, Newfoundland and Labrador, Saskatchewan and British Columbia stated that they received their primary maternity care from family physicians. In the North, nurse practitioners provided primary maternity care for significant proportions of women from the Northwest Territories and Nunavut.

For Canada as a whole, ob/gyns were reported as the primary attendant at 70% of births; family physicians at 15%; midwives at 4%; and 5% of women reported that a nurse/nurse practitioner was their primary attendant at birth. Among all survey respondents, 98% reported giving birth in a hospital or clinic, 1% reported giving birth in a private home, and 1% reported giving birth in a birthing centre or other location.

## Information

When asked whether they had received enough information about various pregnancy topics, women responded very positively. About 90% or more stated that they had received enough information about physical changes to their body, emotional changes, the effect of medication on the baby, and prenatal medical tests or procedures. A slightly lower proportion (83%) felt they had received enough information about the warning signs of pregnancy complications.

## Folic Acid Supplementation

For the country as a whole, about 58% of women had been taking folic acid supplements prior to pregnancy, and about 90% took the supplements during pregnancy. Women in the Yukon and Newfoundland and Labrador were most likely to take the supplements prior to pregnancy; women in the Northwest Territories and Nunavut were least likely. Older women and women with higher income and education levels were also more likely to use folic acid supplementation.

## Prenatal Ultrasounds

The results of this survey suggest that Canadian women, on average, undergo three prenatal ultrasounds during pregnancy, and more than 15% of women undergo five or more. The average number of ultrasounds was highest for women in Newfoundland and Labrador (3.6), Nova Scotia (3.5), and Ontario (3.4). In general, women in the Prairies, Western Canada, and Northern Canada underwent fewer ultrasounds.

## HIV Testing

About 74% of Canadian women reported undergoing an HIV test during pregnancy. The remaining women either reported not having the test (16%) or that they did not know if they had received the test (10%).

## BMI and Maternal Weight Gain

According to responses from this survey, Canadian women, on average, reported that they had a body mass index (BMI) of 24.4 prior to pregnancy. This measure is within the bounds of "normal weight range" as defined by Health Canada. However, the average BMI for several provinces was above 25, which is typically classified as overweight. On average, women reported gaining 15.7 kg (34.6 lbs) during their pregnancy.

## Smoking and Alcohol

A minority of women reported smoking either daily (16%) or occasionally (6%) in the three months leading up to pregnancy. The proportion of daily smokers was highest in the Northwest Territories (29%) and Nunavut (67%). Ontario and Quebec had the lowest proportion of daily smokers, with 14 and 15%, respectively. These numbers drop significantly by the last three months of pregnancy. For Canada as a whole, 7% reported daily smoking and 4% reported occasional smoking. Nunavut and the Northwest Territories still have very high rates of smoking during the final months of pregnancy, with 48% and 16% of women reporting daily smoking, respectively.

About 11% of women nationwide reported drinking during pregnancy. At 21%, Quebec

*(Continued on page 14)*

# WHAT MOTHERS SAY... The Canadian Maternity Experiences Survey

By Dr. André Lalonde,  
SOGC Executive Vice-President



## Upcoming Clinical Practice Guidelines

Below is a tentative schedule for upcoming guidelines that will be published by the SOGC. Please note that the publication dates listed below are tentative and subject to change. All guidelines are published in the *Journal of Obstetrics and Gynaecology Canada*.

### April 2009

- Management guidelines for obstetric patients and neonates born to mothers with suspected or probable Severe Acute Respiratory Syndrome (SARS)
- Technical Update: Management of meconium at birth

An important survey of Canadian mothers' maternity experience was recently released by the Public Health Agency of Canada. The Maternity Experiences Survey explores new mothers' perspectives of many facets of maternal care, including questions about their overall satisfaction with their childbirth experience. This is a landmark study and should be reviewed by all healthcare professionals. In general, women were satisfied with their care but each hospital should review this survey carefully.

The survey identifies many areas where improvement is possible, such as the need for better information on folic acid supplementation. It also shows that the average woman in Canada had three prenatal ultrasounds during pregnancy. The survey authors appear surprised with this number; however, a large majority of women had their first ultrasound before 12 weeks. It is very possible that the reason for these first ultrasounds may be related to pregnancy problems, followed by an ultrasound at 18 weeks performed for prenatal genetic diagnosis. With 20-25% of pregnancies being high risk, it should not be extremely surprising that the average woman now receives three ultrasounds during pregnancy.

In addition, the survey confirms that the maternal body mass index was elevated, with 21% of pregnant women being categorized as overweight, and another 13.6% as obese. This continues to be a serious issue and concern. Even more disconcerting is the high rate (10%) of women reporting that during antenatal care, they were subjected to physical abuse before and during pregnancy.

In addition, the survey shows that improvements can be made during delivery. Surprisingly, 48% of women reported delivering vaginally lying flat on their back at the time of birth. Over 44% reported that their healthcare provider tried to

start their labor with medication; 63% reported that continuous fetal heart rate monitoring was used; and over 38% received medication to speed up labor. These numbers are indeed very high and need to be confirmed and researched. However, it was unclear whether the hospitals that are using continuous fetal heart rate monitoring lacked one-on-one nursing for women in labor.

Also surprising were the instances of shaving, enemas, and pushing on the abdomen during labour. These were reported by a minority of women, but 19% reported pubic or perineal shaving, and 13% experienced pushing on top of their abdomen. This report brings about the important question – if these procedures are contrary to evidence-based medicine, why are they still being used?

While episiotomy rates have decreased to about 20%, these results on this procedure need to be further evaluated, as only 11-13% reported assisted

vaginal delivery.

Overall, the fact that most women reported positive experiences during childbirth is reassuring. However, the report shows us that there is still work to be done. In particular, we must continue to work to address the high rate of induction and augmentation of labor.

The experiences of mothers provide important feedback on our work, and I encourage all SOGC members to visit the Public Health Agency website ([www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)) to examine the complete results of this important survey. I would also like to congratulate SOGC members who worked on producing this important work, including steering committee and editorial board members Maureen Heaman, RN, PhD, from Winnipeg, as well as Dr. David Young, MD, FRCSC, from Halifax.

### Labor and Birth Results

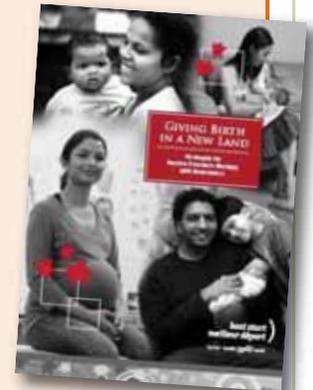
- 98% of births occurred in hospital or clinic
- 73.7% gave birth vaginally
- 11-13% assisted delivery
- 26.3% via caesarean section

## NEW RESOURCE

### Reproductive Health for Newcomer Women

The Best Start Resource centre has recently published a guide for service providers titled "Giving Birth in a New Land –

Strategies for Service Providers Working with Newcomers". This manual shares information about the beliefs and practices of newcomer women when accessing reproductive health services. It explains strategies for service providers to offer services in a culturally competent manner. It is particularly useful for physicians and nurses working in hospital obstetrics or in community programs focusing on reproductive health. The manual is available for download or purchase at: [www.beststart.org/resources/rep\\_health](http://www.beststart.org/resources/rep_health).





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In association with *l'Association des  
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# 21<sup>st</sup> QUÉBEC CME

## SEPTEMBER 17-19, 2009

### CHARLEVOIX, QUÉBEC

Program location: *Fairmont Le Manoir Richelieu*



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# Want to have an ALARM course in **YOUR** community?

The SOGC offers **special request courses** all over Canada, teaching the latest clinical practice guidelines to specialists, midwives, nurses, and family physicians.

To book an ALARM course in your community, contact Melissa Gauthier at 1-800-561-2416, extension 326 or by email at [mgauthier@sogc.com](mailto:mgauthier@sogc.com).

**We'll do our best to bring ALARM closer to you!**

## **ALARM** Course overview:

An intensive two-day course including the most recent clinical practice guidelines on high-risk conditions during labour and delivery. The course includes "hands-on" workshops, group discussions, and a practical exam. This Canadian course is aimed at educating specialists, family physicians, midwives and nurses.

Topics include: risk management, induction of labour, management of labour, assisted vaginal birth, group B Strep, preterm labour, gestational hypertension, and much more!

The Society gratefully acknowledges the generous support of:  
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## Upcoming Meetings



### SOGC Meetings

#### 65<sup>th</sup> Annual Clinical Meeting

June 17–21, 2009, Halifax, Nova Scotia

#### 21<sup>st</sup> Quebec CME

September 17-19, 2009, Charlevoix, Quebec

#### 5<sup>th</sup> Quebec Obstetrics CME

November 19-20, 2009, Montreal, Quebec

#### 28<sup>th</sup> Ontario CME

December 3-5, 2009, Toronto, Ontario



### Program Schedule

**Location** ..... **Date**

Halifax, NS ..... June 15–16, 2009  
*(in conjunction with the Annual Clinical Meeting)*

Toronto, ON ..... December 6–7, 2009  
*(in conjunction with the Ontario CME)*

### Other Meetings

#### Pregnancy and Birth: Current Clinical

**Issues.** Annual conference of The Centre for Mother, Infant and Child Research, Sunnybrook Research Institute, Toronto, Ontario. Hosted September 11, 2009, at the Marriott Toronto Eaton Centre. For further details please visit [www.cmicr.ca](http://www.cmicr.ca).

#### Prenatal Screening and Diagnosis:

**Implications of New Technologies** - The Early Prenatal Risk Assessment Program Annual Scientific Meeting, hosted September 26, 2009 at the Health Research Innovation Centre (HRIC), Health Sciences Centre, Calgary, Alberta. For more information visit [www.earlyriskassessment.com](http://www.earlyriskassessment.com).

#### The 19<sup>th</sup> FIGO World Congress of Gynecology

**and Obstetrics.** Hosted October 4-9, 2009, in Cape Town, South Africa, by the International Federation of Gynecology and Obstetrics (FIGO). For complete details, please visit [www.figo2009.org.za](http://www.figo2009.org.za).

#### AWHONN Canada – 20<sup>th</sup> National

**Conference.** Hosted October 15-17, 2009 at The Fairmont Hotel in Winnipeg, Manitoba. For additional information, please visit [www.awhonncanada.org](http://www.awhonncanada.org).

#### 9<sup>th</sup> Annual General Meeting, Conference and Exhibit – Canadian Association of

**Midwives.** Hosted November 4-6, 2009, at the Delta Winnipeg Hotel in Manitoba. For additional information visit [www.canadianmidwives.org](http://www.canadianmidwives.org).



### A MESSAGE FROM your Membership Department

By Linda Kollesh, Membership & Subscription Services Officer

On behalf of the SOGC, I would like to thank you for renewing your membership for 2009. With your continued support, we know we can achieve our goal to improve and promote women's health within Canada and abroad.

Three important things you should know:

#### Membership Benefits:

Last year, we joined forces with Johnson Inc., one of Canada's leading insurance providers, to offer the MEDOC® Travel Insurance Plan – a superior travel insurance product that's been designed especially with your needs in mind. Some key components of the MEDOC Travel Insurance Plan include:

- Comprehensive year-round multi-trip travel insurance coverage, while travelling outside your province or territory of residence.
- All members have access to coverage regardless of age or health status.
- Trip cancellation, interruption and delay insurance automatically included.
- Convenient monthly premium payments.

I invite you to visit our website at [www.sogc.org](http://www.sogc.org) for a complete list of our affiliate partners, who provide discounted services to SOGC members. Our partners include:

- Airline/rail travel and car rental (Air Canada, WestJet, Via Rail, Avis)

- Financial services (Diane A. Gagné Financial Services)
- Home, auto and travel insurance (Johnson Inc.)
- Office supplies (Grand & Toy)
- Travel agency (Carlson Wagonlit)

#### Electronic Membership Renewal Notice:

The SOGC will soon be implementing a new electronic membership renewal notice service. We would like to thank all of our members who provided feedback on this new initiative. We hope that you find this new environmentally friendly renewal system quick and convenient.

#### Nomination for Committees:

Another tool that has been developed and implemented is the SOGC Nomination Manager, an automated system that helps us streamline the nomination process more effectively. With over 50 committees to manage, we oversee approximately 500 positions, making this automated program an efficient, time-saving tool.

Should you have any questions or concerns related to membership, please contact me at [lkollesh@sogc.com](mailto:lkollesh@sogc.com).

I hope to have the opportunity to meet many of you in person at our Annual Clinical Meeting in Halifax, NS, from June 17-21, 2009.

The SOGC would like to welcome some of its newest members to our society:

#### Associate Member - Allied Health

**Professionals:** Dr. Bernard M. Dickens; Dr. Manjit Singh;

**Junior Member:** Dr. Sally Sabra;

#### Associate Member - MD:

Dr. Susan Boron; Dr. John Coady; Dr. Amanda Jane Savoie Codnon; Dr. Francois Desbiens; Dr. Marie-Josée Gaudreau; Dr. Glasine Lawson; Dr. Katherine Judith Miller;

#### Associate Member - Midwife:

Ms. Rebecca Weeks-Toth, RM;

#### Ob/Gyn Member:

Dr. Lisa Beth Merovitz;

**RN:** Mrs. Peggy Hancock, RN; Ms. Beth O'Halloran, RN; Mrs. Cindy Pritchard; Mrs. Tracy Lyne Rizok; Dr. Sonia Semenic; Ms. Danelle Erin Spaetgens, RN; Mrs. Trish Terletski;

#### Associate Member – Students in Healthcare Training:

Miss Saneeya Maryam Abboud; Mr. Christopher Ahuja; Ms. Tania Azar; Mrs. Sheryl Barber; Ms. Myriam Block; Ms. Jessica Bosse; Ms. Sandrine Cardinal Cartier; Ms. Kathryn Alexis Collister; Ms. Melissa Cyr; Ms. Elise Marie Dalton; Miss Evelyn Eng; Miss Meg Gemmill; Ms. Nancy Girard; Mr. George Puthenpurayil Jacob; Dr. Jeya Kandeepan; Ms. Lea Luketic; Miss Ruth McGaffigan; Ms. Amanda Murphy; Miss Lori Ann Myskiw; Ms. Anna Riley; Ms. Sarah Ann Scattolon; Miss Caitlin Elizabeth Thompson; Ms. Julie Thorne; Ms. Kaitlyn Turnbull; Ms. Grace Yeung.

## Congratulations, DR. OWEN HUGHES

The SOGC would like to congratulate Dr. Owen Hughes, winner of our International Continuing Medical Education (ICME) early registration contest. For registering early for this event, Dr. Hughes' name was entered in a draw for a chance to win a free registration to an SOGC CME event taking place in 2009-2010.



For more information about all of the SOGC's CME events, please visit [www.sogc.org/cme](http://www.sogc.org/cme)

## MUSEUM OF HEALTHCARE - Can you help preserve our legacy?

The Museum of Health Care at Kingston ([www.museumofhealthcare.ca](http://www.museumofhealthcare.ca)) is searching for retired instruments used in diagnosis and treatment of infertility, especially those used in laparoscopy and assisted reproduction. Donated artefacts will be made available for viewing on the internet and featured in website exhibits and museum displays. If you can help, please contact [museum@kgh.kari.net](mailto:museum@kgh.kari.net)



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## NEW MEMBERSHIP FEE DISCOUNT for 2009 Graduates: RN, RM and MD

The SOGC is proud to announce the new membership fee discount for all Students in Healthcare Training (nursing or midwifery) and Junior Member – Family Medicine Residents who will be graduating in 2009.

The following discounts will be applied when renewing your membership:

- 50% membership discount during the first 18 months after graduation (from July 1, 2009 – December 31, 2010)
- 50% membership discount during the second year after graduation (January 1, 2011 – December 31, 2011)

Please remember: When renewing your membership dues in 2009-2010, you must also complete the "Change of Status Form" so that you may profit from these great discounts.

Should you have any questions, please contact Linda Kollesh, Membership & Subscription Services Officer at [lkollesh@sogc.com](mailto:lkollesh@sogc.com).

## DR. DIANE FRANCOEUR Elected to Board of FMSQ



In March, SOGC Council Member Dr. Diane Francoeur was elected to serve as a Board Member for the Federation of Medical Specialists of Quebec (Fédération des médecins spécialistes du Québec, FMSQ). Dr. Francoeur, who is a practicing ob/gyn at Ste-Justine Hospital in Montreal, will serve for a two-year term on the nine-member board, which includes noted health professionals from various specialties. In her new role, Dr. Francoeur will support the federation's mission to defend and promote the economic, professional, scientific, and social interests of

affiliated medical specialists in Quebec. The federation includes 8,000 members in Quebec, representing 35 medical specialties. The group consults for the Quebec government on aspects of medical care, and is the sole organization recognized by the government with respect to the negotiation of medical specialists' collective agreements.

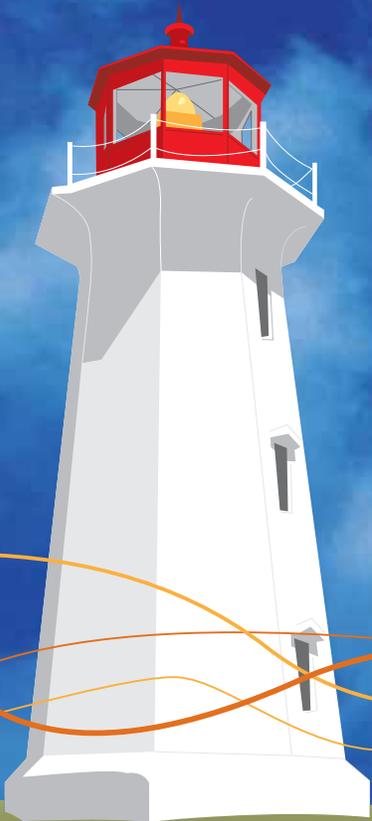
The SOGC would like to congratulate Dr. Francoeur on this prestigious appointment.

# 65<sup>th</sup> ANNUAL CLINICAL MEETING

Register  
ONLINE at:  
[www.sogc.org](http://www.sogc.org)

June 17–21, 2009  
HALIFAX, NOVA SCOTIA

World Trade & Convention Centre



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Tel: 1 800 561-2416 or (613) 730-4192  
Fax: (613) 730-4314 [events@sogc.com](mailto:events@sogc.com)

## New This Year – A Pilot Project in Education!

### **PG 2 Urogynaecology: Thursday, June 18 (08:30–15:30)**

This course was designed as a result of the SOGC Educational Summit and will serve as a pilot project to guide future endeavours. This year, the overall focus will be in the area of urogynaecology, and the specific content will be determined by the participants as the result of a “learning need stimulated by a question in practice”. Participants will post their specific learning needs on the course website and participate in an interactive process with other participants. Therefore, the course learning objectives will be determined in advance by the participants during this pre-course interactive process.

#### **Credits**

Participants will earn CPD credits in section 4 of the Royal College program by identifying learning needs and by participating with others in a process of consensus to develop the course.

Section 4 of the Royal College CPD program describes Structured Learning Projects as:

- Self-initiated learning activities stimulated by practice where an outcome is identified and recorded.
- Personal learning projects—individually planned learning projects stimulated by questions in practice.

#### **Registration**

To register for this course, please complete the ACM 2009 registration online at [www.sogc.org](http://www.sogc.org) and select PG2 as part of your post-graduate course options. Further information will be provided to the participants as the event draws near.



# Social and Kids Programs

## Maritime Lobster Feast

From the late '20s to the early '70s, Pier 21 was Canada's 'front door' to over a million immigrants, refugees, troops, wartime evacuees, war brides and their children. You will have the opportunity to tour the exhibit hall, then we will move on to a two-pound lobster feast dinner followed by some of the best down east entertainment Canada has to offer, the Barra M<sup>o</sup>Neils.

**Friday, June 19 at 18:30 at Pier 21**

This event will cost \$150.00 per person with a \$50.00 contribution going to the Canadian Foundation for Women's Health (with a charitable tax receipt for \$50.00).

For those with special dietary restrictions, there is a BBQ chicken or vegetarian option available, but only if you notify us at time of ticket purchase.

## Kid's Camp

For the second consecutive year, the SOGC will be contracting KidScenes to entertain, innovate, and educate your children with our subsidized day camp during the ACM.

The camp will run daily during the meetings. The program will include daily crafts and activities. Kids will visit the Discovery Science Centre, Hatfield Farms, and other interesting sites.

For just \$30.00 (all included) per child, per day, you can attend your meetings knowing your children are having fun with our Kids' Camp.

### Schedule at a glance:

- Wednesday, June 17 (07:30-17:00) – Halifax Citadel
- Thursday, June 18 (07:00-17:30) – Discovery Centre
- Friday, June 19 (07:30-18:00) – Hatfield Farm
- Saturday, June 20 (07:30-17:30) – Maritime Museum and Pier 21
- Sunday, June 21 (07:30-12:00) – Playtime

**Complete schedule details can be found on our website.**



**Exciting changes to the Scientific Program have occurred, visit our website for the latest schedule and to register.**

**[www.sogc.org](http://www.sogc.org)**



## JM ELECTIVE GRANTS

### RESIDENTS are Superheroes

By Ardelle Stauffer, Chair-Elect,  
SOGC Junior Member Committee, University of Saskatchewan

### New deadline date for Elective Grant applications

Every year, pharmaceutical companies sponsor \$3,000 to the top ranking applications to help cover expenses incurred while on elective rotations in Canada. International electives have their own grant, with the recipient being awarded \$4,000 and the host medical institution awarded \$1,000. All electives (Canadian and international) taking place between July 1, 2008 and June 30, 2009 are eligible to apply. The new deadline date is May 1, 2009. Please contact Janie Poirier at [jpoirier@sogc.com](mailto:jpoirier@sogc.com) with questions.

Residents are superheroes. I don't mean they are LIKE superheroes. They ARE superheroes.

This may seem like a preposterous claim, but my observations of my fellow residents over the last few years only solidify my theory. Let me share with you some of this evidence, and you can be the judge.

**Residents can fly.** How else can you explain how they get from the clinic or OR to their call shift so quickly? They defy the rules of rush hour. An overhead page to the high-risk maternity unit is called, and they are on the scene within seconds. The only explanation is they become airborne.

**Residents, like Superheroes such as Spiderman, understand "with great power comes great responsibility."** Examples

of altruism abound: pursuing electives in underserved areas and overseas, creating new patient education tools, performing research to improve patient care, volunteering evening hours at teen clinics, and spending countless hours in journal clubs and academic days so that life-saving knowledge eventually becomes instinct.

**Residents can be in multiple places at once.** One nurse can be working with a resident on assessment, while another nurse sees the same resident in a delivery, and simultaneously the resident is completing a consult in the emergency department. Physically, on a molecular level, the atoms of a resident can exist in more than one location at a time.

*(Continued on page 11)*

### UNIVERSITY OF SASKATCHEWAN Program Update

By Ardelle Stauffer and Nerissa Tyson

Saskatoon? Boomtown? Paris of the Prairies? Saskatchewan seems to be in the spotlight these days, with growing housing prices, young people moving here in droves, and birth rates on the rise. Which means labor and delivery has been hopping, and there is ample work and learning for everyone!

As Saskatoon grows, we have attracted three new sub-specialists to our city in the last year. Dr. Kristine Mytopher has made a phenomenal contribution to our MFM rotation experience and resident education. Gynecology has benefitted since Dr. Anita Agrawal joined the surgical team, improving wait lists and patient care. Finally, Dr. Adrian Gamelin joined the REI department after finishing her fellowship in Vancouver, BC, and we have enjoyed her teaching and perspective.

Our department has also added some new learning initiatives. Our research projects are continually improving, as evidenced by our excellent R5 presentations at Research Day. Our monthly journal club has evolved to include a night for R2s to propose their new research projects to the group, allowing for feedback and focus. Dr. Lexy Regush has been instrumental in developing a systematic quality assurance review of obstetrics, and the cases discussed at monthly M&M rounds have immeasurable benefit for resident learning. Additionally, this spring will mark our first laparoscopic wet lab at the veterinary training school, organized by Dr. John Thiel.

Despite the pace, our residents have had many chances for good food and friendship throughout the last year. We started the year with a one-day summer retreat in Regina hosted by Dr. Thiel (complete with a dip in his pool), followed by our annual fall resident retreat and BBQ hosted by our program director, Dr. Allison Case. The winter highlights included our Christmas parties, a baby shower, and our department Research Day with subsequent dinner. Our provincial resident association, PAIRS, hosted a black-tie gala in January to celebrate the New Year, giving us an opportunity to mingle with residents from all programs across the province.

This year, we again had a successful CaRMS cycle! As ob/gyn becomes a more popular residency, the number of applicants each year rises, and we have been impressed with their enthusiasm and interest. In addition to our four positions in Saskatoon, we have two new training positions based in Regina. A chartered coach took interested applicants from Saskatoon to Regina for a tour of the hospital and city. Welcoming such keen prospective residents was a lot of fun, and it was easy to show off our city and happy residents when the thermometer was not reading minus 40!

We eagerly await the chance to welcome our new R1s, to congratulate our outgoing R5s, and to watch the remainder of the snow melt! Spring holds great promise for us in Saskatchewan, and we look forward to what the next year holds for our program.



## JUNIOR MEMBER – Call for Nominations

### Chair-Elect

The objective of the SOGC Junior Member Committee is to provide a forum in which ob/gyns in training can express opinions and recommendations pertaining to issues impacting ob/gyn residents. The committee develops programs for residents and increases communication among the resident communities of each university. The committee allows for a national voice for residents. Additionally, junior members also have input with respect to the work of various other committees of the SOGC.

The Chair-Elect position entails monthly teleconferences (approximately 40 minutes to one hour in duration) and two face-to-face meetings per year. Funding is available to attend these face-to-face meetings. The Chair-Elect plays a key part in the development of the committee activities.

### Position Details:

- 1-year term as Chair-Elect (one academic year – June to June)
- 1-year term as Chair (one academic year – June to June)

- 1-year term as Past-Chair (one academic year – June to June)
- Is part of the Junior Member Committee – Full committee (39 members)
- Is part of the Junior Member Committee – Executive Committee (10 members)
- **It is preferable that the candidate be a PGY2 (or PGY3) as of July 2009**
- **Residents may self-nominate or be nominated**
- **The elected candidate will assume the position as of July 1, 2009**

Elections for the position of Chair-Elect will take place during the SOGC Junior Member Committee meeting at the SOGC Annual Clinical Meeting on Saturday June 20, 2009, from 1:00pm to 3:30pm. Nominated candidates are requested to submit a short letter of interest (one page) and are invited to the SOGC Junior Member Committee meeting to address the committee. The majority vote will take place after each candidate has addressed the Junior Member Committee. Please forward your letter of interest to the attention of Janie Poirier at [jpoirier@sogc.com](mailto:jpoirier@sogc.com) prior to **May 1, 2009**.

### Medical Student

The SOGC Junior Member Committee is looking for a Medical Student representative, for the term covering July 1, 2009 to June 30, 2010. The Junior Members Committee consists of residents from across the country who are involved with various SOGC events and activities, including the Annual Clinical Meeting and the Resident Professional Development Program. The committee also works in collaboration with various organizations and committees, including the SOGC Council, Association of Professors of Obstetrics and Gynaecology and the SOGC Promotion of the Specialty Committee. The Medical Student representative will represent medical student members from across the country and will be their active voice within the Junior Member Committee.

If you are interested in this position, please forward your resume (one page) to Janie Poirier at [jpoirier@sogc.com](mailto:jpoirier@sogc.com) prior to **May 1, 2009**.

### Residents are Superheroes...

*(Continued from page 10)*

**Residents understand that superheroes work best in teams.** No superhero has succeeded without support from trusted friends and coworkers. Residents understand the necessity of working well with other members of the team, whether it is a nurse, a midwife, a resident in another program, a palliative care doctor, the NICU attendant, the anesthetist, a pelvic physiotherapist, a social worker . . . the list goes on.

**Residents have superhuman bodies that require less caloric intake and create less waste.** A resident on call can work with superhuman speed, where time ceases to exist, and suddenly realize they have not eaten in many hours, and have no urge to void. Clearly, their bodies operate on a more efficient level compared to the average human!

**Residents who band together and support each other are unstoppable.** Like Batman and Robin, residents are motivated to help each other and share resources. Whether pooling together landmark articles, sharing advice on innovative call schedule solutions, or providing encouragement in tough situations, residents understand that helping each other succeed is the best way to achieve our common goals.

**Residents, like superheroes, understand that there are others out there with superpowers who need to be discovered and mentored.** The effort that residents invest in teaching, advising, and guiding medical students cannot be measured. The best indicator of their success is the growing interest in obstetrics and gynecology as a specialty these past few years. Applications far outnumber the available positions, as medical students are inspired by what they see in residents and staff.

What truly makes me recognize that residents are superheroes is how I have witnessed them make a difference in the world, one person at a time. I have seen a colleague go the extra mile to ensure a patient has her fears addressed. I have heard a patient sing the praises of a resident who made all the difference in her delivery. I have seen a resident connect with a patient from a different country, without being able to speak the same language, and yet communicate compassion and understanding.

All these phenomena cannot be explained unless you believe that residents are more than intelligent, motivated, and gifted human beings. They are, in fact, super! I am truly inspired by the residents who work in ob/gyn, and feel privileged to assume the role of Chair of the SOGC Junior Member committee this June in Halifax. I am excited to see what the next year holds, and thrilled to be the ambassador of such an exemplary group.



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(1) Wilson RD et al. Joint SOGC-Motherisk Clinical Practice Guideline. Pre-conceptional vitamin/folic acid supplementation 2007: The use of folic acid in combination with a multivitamin supplement for the prevention of neural tube defects and other congenital anomalies. *JOGC*. 2007 Dec;29(12):1003-13.



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# CROIX-DES-BOUQUETS: Another Charlotte is born

By Charlotte Landry, Midwife & Mentor for the FIGO SMNH Project in Haiti

As a midwife mentor for a maternity unit project in Haiti, I am called upon to make a yearly visit there. This project is sponsored by the International Federation for Gynecology and Obstetrics (FIGO) and the SOGC. Through this project, the Croix-des-Bouquets health centre in Haiti was able to provide basic emergency obstetrical care for the first time in October 2008. Prior to that, this hospital only offered consultation and lab services. Now, women will be able to give birth there with the help of nurses-midwives.

The main objective of this maternity project is to make care, provided by a trained professional, accessible to women during birth. Reducing management delays will help improve the health of both mothers and newborns in an area just east of Port-au-Prince that, to this day, does not have access to this type of care.

At Croix-des-Bouquets, everything is simple, functional, welcoming and pleasant. Care is personalized (one-on-one), with about one or two deliveries each day. Women are only admitted once they are in active labor. Family members and birthing companions are welcome and women can walk, talk, drink, and eat during labor. There are few rooms: one resting room with a consultation area and a birthing room with two beds for busy days.

Transfers are used as a preventive measure, with management and stabilization of the condition and care adapted to the situation. During the day, the family must handle transportation; at night, an ambulance is available and the driver is on site.

During my latest trip to Haiti, I had the opportunity to work with the staff of this maternity centre. There, I experienced ten days of sharing, teachings adapted to local conditions and realities, chats about everything that goes on in Haiti, and a great deal of guffaws when I attempted to speak Creole. Those were mostly wonderful, happy moments that made us (me especially) forget about the difficult conditions under which we have to work.

I realized here that we have a truly fantastic job. We assist during births and share in these unique moments when families welcome new members. These moments are moving and fascinating regardless of where you are in the world.

While I was assisting during a young woman's delivery, a little girl was christened with my name. What an honour! I left Haiti with a proud heart, telling the midwives there (half jokingly) that "another Charlotte is born in Croix-des-Bouquets, so the next generation is in place. Who knows, this little girl may grow up to be a midwife someday."



Left to right: Ms. Guerlaine, staff, and Ms. Aly, nurse-midwife.



First baby born during my visit.



Baby Charlotte with her mother.



Second baby born during my visit.



Staff busy with laundry.

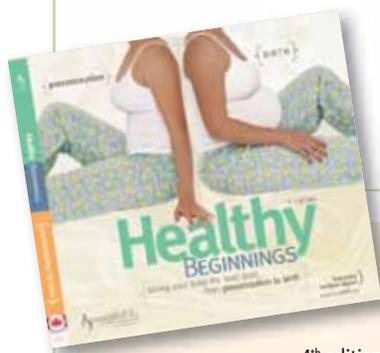
## '09 INTERNATIONAL CME event in Mexico

From March 2-6, the SOGC travelled to the Paradisus Riviera resort in Cancun for its annual International CME event. The meeting proved an excellent mix of business and pleasure for our participants, featuring fascinating keynote sessions, in a relaxing and beautiful locale. We hope all of our participants were able to return to their work refreshed and reinvigorated.

Thanks to all of our participants, presenters, staff, organizers and sponsors for helping to make the 2009 ICME such a wonderful event. We hope to see you all again next year. Look forward to more information on the 2010 ICME, coming soon in the *SOGC News*, and on our website, [www.sogc.org](http://www.sogc.org).



## SOGC RELEASES New Edition of *Healthy Beginnings*



In April, the SOGC will release the

4<sup>th</sup> edition of *Healthy*

*Beginnings*, its popular handbook for women on pregnancy and delivery. The new book is designed to be a uniquely Canadian resource for women, incorporating the most up-to-date clinical information and recommendations from the SOGC. The book is coauthored by Dr. Nan Schuurmans, Dr. Vyta Senikas, and Dr. André Lalonde.

As with previous editions of the book, the 4<sup>th</sup> edition contains a step-by-step guide to pregnancy and childbirth for women, from the preconception period to early postnatal care. The book is beautifully illustrated, and provides an array of helpful tips and tools for women so that they can make the most out of their medical appointments, and so that they have the information they need to give their babies a healthy start in life.

*Healthy Beginnings: Giving you baby the best start, from conception to birth* contains illustrations,

photographs, charts, checklists, and journaling pages to help moms and moms-to-be prepare for pregnancy, navigate each trimester, work through childbirth, and assume the new parenting role.

"After over 25 years, I have come to appreciate the many challenges—and joys—that a pregnancy presents to a mother and her family," said Dr. Nan Schuurmans, principale author of the book. "*Healthy Beginnings* is intended to give mothers the tools and the information to help them deliver a healthy baby and remain in the best of health themselves. To that end, our 4<sup>th</sup> edition incorporates the newest available information from experts across Canada."

While the English edition is available now, please note that the French version will be available in the fall.

*Healthy Beginnings* is an excellent resource to recommend to your clients and would be a valuable addition to any waiting room literature. For more information about the new edition of this book, including ordering information, visit [www.sogc.org](http://www.sogc.org).

## Highlights from The Canadian Maternity Experiences Survey

(Continued from page 2)

particular had a very high proportion of women reporting alcohol use during pregnancy – more than twice the rate of any other province or territory.

### Maternal Travel

About 3% of survey respondents reported travelling over 100km to give birth. In particular, a significant proportion of Northern women had to travel long distances to deliver their babies. However, among those women who travelled further than 100km, more than half reported that the experience was somewhat positive or very positive. About 28% reported that the experience was somewhat or very negative, and 17% stated that it was neither positive nor negative.

### Type of Birth

Survey respondents were asked whether they gave birth vaginally or through cesarean section. For Canada as a whole, 61% reported that they had a spontaneous vaginal delivery; 12% reported an assisted vaginal delivery; 14% reported a planned cesarean; and 13% reported having an unplanned cesarean.

Provinces with a higher than average proportion of total cesarean sections included P.E.I. (33%), Nova Scotia (31%), Newfoundland and Labrador (30%), British Columbia (30%), Alberta (27%), and Ontario (27%).

### Labour and Delivery

Of women sampled, 45% stated that their healthcare provider attempted to start labour, and 37% reported that their healthcare provider attempted to speed up labour. Quebec, New Brunswick, and Newfoundland and Labrador reported slightly higher rates than other provinces.

Of the entire sample, 62% of women reported continuous fetal heart rate monitoring, 19% reported shaving of pubic hair or the perineal area, 5% reported receiving an enema, and 13% reported that their health professional pushed on their abdomen. In addition, 21% reported receiving and episiotomy and 64% reported requiring perineal stitches.

## RN REPORT

### Summary of the RN member survey

By Diane Sawchuck, RN, PhD, RN Advisory Committee

This past winter, the SOGC RN Advisory Committee conducted an online survey of the SOGC RN membership using the "Survey Monkey" online survey platform. The Society's 108 RN members were invited to participate, and we received responses from 65 members for a response rate of 60%. This article summarizes the survey findings.

In terms of demographics, the largest proportion of respondents have been members of the SOGC between one and three years (35%), and 32% have been members for greater than five years. Seventy percent of respondents belonged to another specialty nursing organization, with AWHONN being the most frequently stated organization. Eighty-three percent of respondents indicated they had more than 15 years nursing experience, with the most common area of expertise being maternal-child health. Thirty-five percent of respondents were in direct clinical practice, 35% in education, and the remainder (30%) were evenly distributed between administration and other areas of practice.

Respondents felt that the main benefit in being an SOGC RN member was having access to best practice guidelines (53 respondents),

obtaining the *JOGC* (19 respondents), and attending conferences, educational events, and interdisciplinary networking activities (15 respondents).

The majority of respondents have never served as an RN representative on an SOGC committee (79%), but 39% indicated that they would be interested in doing so, and another 44% indicated interest pending further information. The majority of RN members had never attended an SOGC meeting in their local area (73%), and have never attended the SOGC Annual Clinical Meeting (62%).

The majority of members were aware of the RN Advisory Committee of the SOGC (66%), but the majority (80%) did not know who their representative was for their area. Twenty-seven percent of respondents indicated that they would be interested to serve on the RN Advisory Committee and another 55% wanted further information.

All respondents commented on the effectiveness of the SOGC in meeting the needs of their RN members, and provided suggestions for

improvement. Thirteen respondents indicated that nothing should be changed and that the SOGC currently meets their needs. Six respondents indicated that they were unsure and/or need to become more aware of what is available before they could make any suggestions for what the SOGC could do to further include RNs in the organization. Suggestions for improvement included: having some educational sessions and journal articles with a stronger inter-professional perspective; improve inter-professional collaboration around patient safety issues; increase the profile of RNs within the various guideline working committees; increase the profile of the RN Advisory Committee within the *JOGC*; and focus on multiple areas of interdisciplinary collaboration.

It is clear from the survey results that there is an opportunity for enhancing the RN membership by including nurses in Canada who are entering their maternal-child care nursing careers. There is also opportunity to enhance the profile of nursing within the SOGC organization and ensure the creation and communication of opportunities for RN members.

## INDUSTRY NEWS

### Duchesnay releases first product monograph for pre/postnatal supplements

To help healthcare professionals prescribe prenatal/postpartum multivitamin-mineral supplementation according to their patients' individual health status, Duchesnay has released the first complete product monograph for the safe and effective use of pre/postnatal supplements. The scientific literature reports many examples of vitamin/mineral-drug interactions. For example, calcium and iron interaction with thyroid hormone products such as levothyroxine has been well documented.

In addition to showing a detailed description of product indications and properties, the PregVit/PregVit folic 5 Product Monograph provides fully referenced clinical trial data, drug interaction summary and individualized dosing and administration information.

PregVit/PregVit folic 5 Product Monograph is available on <http://monograph.pregvit.com>. Paper copies are also available by emailing [medicalinfo@duchesnay.com](mailto:medicalinfo@duchesnay.com).

### Merck acquires Schering-Plough

In early March, pharmaceutical company Merck & Co. acquired rival Schering-Plough Corp. for US \$41-billion, a move that the *Financial Post* attributes to a desire by the company to cut costs and diversify their products. The move is one of several major pharmaceutical acquisitions making headlines recently. In January, Pfizer Inc. announced a US \$68-Billion bid to acquire Wyeth Pharmaceuticals. The *Post* also reports that Swiss company Roche Holding AG is close to buying up the remaining stake it does not own of biotech company Genentech Inc, in a deal that is estimated to be worth US \$47-Billion.

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