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*The SOGC News is produced and published monthly by the SOGC. Comments and contributions are welcome and should be forwarded to the SOGC News, 780 Echo Drive, Ottawa, ON K1S 5R7; tel: 1-800-561-2416 or 613-730-4192 ext. 330; fax: 613-730-4314; e-mail: nbickford@sogc.com or mhaymes@sogc.com*

## INTERNATIONAL Health 2006

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

Returning from a short sabbatical in Latin America, I have had the opportunity to reflect on the critical issues facing women's health around the world, issues that we must face together. Maternal mortality and morbidity rates remain high, due in great part to the fact that women are typically among the poorest of the poor. These women do not enjoy even the basic human right to a safe birth, and their governments continue to fail to provide skilled care at delivery.



One of the easiest ways to decrease maternal mortality is to fight post-partum hemorrhage. We know this. We know what needs to be done and yet we seem powerless to do it. Why?

Visiting hospitals here, I have seen gynaecology wards occupied by cervical cancer patients in nearly epidemic proportions. I cannot help but question why the world has not supported, disseminated and promoted the strategies that we know can prevent the majority of these problems.

As a society, we can take pride in our international contributions. Since 1997, we have delivered projects in over 25 countries, and

I have witnessed firsthand the commendable efforts of my fellow members in promoting safe motherhood and cervical cancer prevention.

I have also had the opportunity to visit Guatemala, where the SOGC has held over 15 ALARM International courses for healthcare professionals providing emergency obstetrical care. The program has become the standard in the country, and is being promoted with all health care personnel.

Certainly, these are steps in the right direction. However, the fact remains – in the face of these dire conditions, SOGC is one of only six Ob/Gyn societies in the developed world with an International Strategy.

I return with renewed energy and conviction that we can lobby governments, colleagues, donors and friends to do more. For our on-the-ground volunteers in our international projects, the task is great and we need you. For others, we need your energy and talents to help us pursue our strategy and to shine light on these critically important issues. We need our doctors, nurses and midwives to join in the effort to promote international women's health.

## THE 2006 National Census

Every five years, Statistics Canada conducts its national Census of Population to collect vital information about Canada and Canadians. The 2006 census will be held on Tuesday, May 16<sup>th</sup>.

For healthcare professionals and stakeholders, the Census provides data that are critical for constructing effective and efficient health policy and infrastructure. Particularly now, as Canada faces



a human resource shortage of skilled professionals, this data can help policy makers identify areas of need and allocate resources more efficiently. The data also provides important reference for academic research and statistical purposes.

For more information on the 2006 Census, and how you can help support this important work, please visit [www.census2006.ca](http://www.census2006.ca).



## MCP<sup>2</sup> PRESENTS FINALIZED GUIDELINES for collaborative maternity care

By Anne Maranta, MCP<sup>2</sup> Associate Project Manager

Since its inception in 2004, the primary focus of the Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>) was the creation of a set of guidelines for establishing collaborative models for the delivery of primary maternity care. In January, MCP<sup>2</sup> presented the final draft of this document – titled *Guidelines for the Development of a Multidisciplinary Collaborative Primary Maternity Care Model* – to the National Primary Maternity Care Committee. The Guidelines were presented by Dr. Malcolm Anderson of Queen's University.

These guidelines, which are the result of an extensive consultation process with many stakeholders, will assist groups of individuals with diverse training and backgrounds who want to work together as an identified collaborative maternity care team. The document describes a model for collaborative team practice, and the necessary principles and components of multidisciplinary collaborative primary maternity care. The most significant element is the flexibility of the proposed model as it allows for variations that best suit the different contextual needs of both maternity care providers and mothers.

The proposed model is based on the following definition of primary maternity care adopted within the framework of MCP<sup>2</sup>:

*“Primary maternity health care is the umbrella term for the fundamental healthcare services that women access during pregnancy, childbearing and the postpartum period. Primary maternity health care takes a holistic, woman-centred approach to service delivery, health promotion and the prevention and treatment of disease and illness. Primary maternity care is the first contact with our health care system for maternity care needs. Primary maternity health care is part of a comprehensive maternity care system for a community and includes plans for addressing the needs of women and their infants who need care*

*from other providers. It is based on the philosophy that pregnancy and childbirth are natural processes that require a focus on health and should be individualised. Within the context of primary health care, it is an important way of working towards developing healthy communities.”*

The document outlines 22 core components for the proposed Multidisciplinary Collaborative Primary Maternity Care Model:

### Identified need

1. Woman-centered
2. Environmental scan
3. Access and availability
4. Choice of birthplace

### Structure

5. Standards of practice
6. Scope of practice
7. Shared philosophy and common understanding
8. Organizational structure
9. Support structures
10. Size of the model
11. Location
12. Work-life balance
13. Remuneration
14. Accountability, liability and malpractice
15. Community linkage
16. Learning organization

### Process

17. Collaborative culture
18. Effective communication
19. Common record
20. Flexibility
21. Decision supports

### Outcomes

22. Evaluation

In addition, five knowledge transfer modules were developed to assist individuals who want to establish multidisciplinary collaborative maternity care within their centre, community, or jurisdiction. The modules focus on establishing, improving and evaluating collaborative care,

as well as cost implications of implementing a collaborative care model.

The guidelines and the accompanying knowledge transfer modules provide the tools to facilitate the implementation of multidisciplinary collaborative primary maternity care in Canada. A copy of the *Guidelines for Development of a Multidisciplinary Collaborative Primary Maternity Care Model* can be found on the project website, [www.mcp2.ca](http://www.mcp2.ca)

Over the coming months, a series of meetings with provincial governments will be held in an effort to obtain their commitment to implement multidisciplinary collaborative maternity care teams in their respective jurisdictions. As MCP<sup>2</sup> is due to end in June, our hope is to obtain their support for a second phase of the project with the implementation and evaluation of the proposed model in various regions across Canada.

The final meeting of the National Primary Maternity Care Committee will take place in Ottawa on May 2, 2006. We plan to submit the final report on this project to Health Canada in June. We will continue to keep you informed on any program through this newsletter. In the meantime, you may want to visit the MCP<sup>2</sup> website at [www.mcp2.ca](http://www.mcp2.ca) to obtain further updates and reports.

*The Society of Obstetricians and Gynaecologists of Canada is the lead organization for the Multidisciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>) initiative funded by Health Canada. The project was funded to address key barriers to collaborative maternity care. Other partner organizations in the project include the Association of Women's Health, Obstetric and Neonatal Nurses(Canada), the Canadian Association of Midwives, the Canadian Nurses Association, the College of Family Physicians of Canada, and the Society of Rural Physicians of Canada.*



## Upcoming Meetings

### SOGC Meetings

**62<sup>nd</sup> Annual Clinical Meeting** - June 22–27, 2006, Vancouver, British Columbia

**18<sup>th</sup> Québec CME** - September 28–30, 2006, Mont Tremblant, Québec

**2<sup>nd</sup> Québec CME in Obstetrics** - November 16–17, 2006, Montréal, Québec

**25<sup>th</sup> Ontario CME** - November 30–December 2, 2006, Toronto, Ontario



### Program Schedule 2006

Location .....	Date
Halifax, NS .....	May 6–7
Vancouver, BC .....	June 21–22
	(in conjunction with ACM)
Sudbury, ON .....	September 29–30
Woodstock, NB .....	October 13–14
Cranbrook, BC .....	October 27–28
Toronto, ON .....	December 3–4
	(in conjunction with ON CME)

### Other Meetings

**2<sup>nd</sup> Annual Conference of the Collaboration for Maternal and Newborn Health**, University of British Columbia, May 4–6, 2006 in Vancouver, BC. For more information contact (604) 875-2345 local 6332, e-mail: cmnh@cw.bc.ca; www.cmnh.ca

**4<sup>th</sup> Annual Refresher in Primary Care Obstetrics**, May 12, 2006 at Northrop-Frye Auditorium - Victoria College in Toronto. For more information contact Elizabeth Gan (416) 586-4800 ext. 2489 www.mtsinai.on.ca/seminars/ce

**14<sup>th</sup> Annual Symposium - New Developments in Prenatal Diagnosis and Medical Genetics**, May 17, 2006 at the J.J.R. MacLeod Auditorium - University of Toronto. For more information contact Elizabeth Gan (416) 586-4800 ext. 2489; www.mtsinai.on.ca/seminars/ce

**Australasian Society for Ultrasound in Medicine 36<sup>th</sup> Annual Scientific Meeting**, September 15–17, 2006, Melbourne Australia www.icms.com.au/asum2006

Join us in Vancouver for the

# 62<sup>nd</sup> Annual Clinical Meeting

June 22-27, 2006

How to register? Register on-line at [www.sogc.org](http://www.sogc.org)

**Book your hotel soon**

**Deadline Date: Monday, May 15, 2006**

Hotel Reservations by Phone: 1-800-westin1

Group Code: SOGC

- Main Building - Standard Room: \$199 single/double occupancy
- Tower Building - Deluxe Room: \$215 single/double occupancy

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

For more information regarding the scientific programme, please visit our website [www.sogc.org](http://www.sogc.org) or email us at [events@sogc.com](mailto:events@sogc.com)

# Vancouver

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





# YASMIN

## Different by design

**The only oral contraceptive that combines 30 µg ethinyl estradiol and 3 mg drospirenone\*†**

† Comparative clinical significance is unknown.

YASMIN:

- Contains drospirenone, a spironolactone analogue with antimineralocorticoid activity<sup>1\*</sup>
- Effective contraception with demonstrated excellent cycle control<sup>1-3†§</sup>
- Generally well tolerated, with a low incidence of discontinuation reported due to adverse events (6-10.7%)<sup>1-4§¶\*\*</sup>

‡ Pearl Index of 0.41-0.71. Incidence of intermenstrual bleeding for YASMIN vs. ethinyl estradiol/desogestrel (Cycle 1, 22.96 vs. 21.37; range for Cycles 2-12, 4.9-8.5 vs. 4.99-10.38; p=ns.)

Pr **YASMIN**® with  drsp/ee  
drospirenone/ethinyl estradiol

\* YASMIN contains 3 mg of the progestogen drospirenone that has antimineralocorticoid activity, including the potential for hyperkalemia in high-risk patients, comparable to a 25 mg dose of spironolactone. YASMIN should not be used in patients with conditions that predispose to hyperkalemia (i.e. renal insufficiency, hepatic dysfunction and adrenal insufficiency). Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium, should have their serum potassium level checked during the first treatment cycle. Drugs that may increase serum potassium include ACE inhibitors, angiotensin-II receptor antagonists, potassium-sparing diuretics, heparin, aldosterone antagonists, and NSAIDs.

YASMIN is indicated for conception control.

YASMIN is contraindicated in patients with renal insufficiency, hepatic dysfunction, or adrenal insufficiency and in patients with known or suspected pregnancy, history of or actual thrombophlebitis or thromboembolic disorders, cerebrovascular disorders, myocardial infarction or coronary arterial disease, liver disease or liver tumour, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal vaginal bleeding, any ocular lesion arising from ophthalmic vascular disease, such as partial or complete loss of vision or defect in visual fields.

Please refer to Product Monograph for complete contraindications.

The following adverse reactions have been reported in patients receiving oral contraceptives: nausea and vomiting, usually the most common adverse reaction, occurs in approximately 10% or fewer of patients during the first cycle.

Adverse reactions reported with the use of oral contraceptives are seen less frequently or occasionally: abdominal cramps and bloating, breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, amenorrhea during and after treatment, breast tenderness, breast enlargement and a change in weight.

Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels. This risk increases with age and becomes significant in birth control pill users over 35 years of age. Women should be counselled not to smoke.

Oral contraceptives **do not protect** against sexually transmitted diseases (STDs) including HIV/AIDS. For protection against STDs, it is advisable to use latex condoms in combination with oral contraceptives.

§ A randomized, open-label, 13-cycle study, evaluating contraceptive reliability, cycle control and tolerability of YASMIN (30 µg ethinyl estradiol/3 mg drospirenone) compared to 30 µg ethinyl estradiol/150 µg desogestrel in 2,069 women aged 18-35 years.

¶ Open-label, multicentre study over 13 treatment cycles evaluating the efficacy, safety and cycle control of YASMIN in 326 women.

\*\* Open-label, multicentre trial over 26 treatment cycles evaluating 900 healthy women between 18-35 years of age on the efficacy, cycle control and tolerance of 30 µg ethinyl estradiol and 3 mg drospirenone with 30 µg ethinyl estradiol and 150 µg desogestrel.



## OBITUARY

### Dr. Jack Henry Walters



It is with great sadness that the SOGC notes the passing of Dr. Jack Henry Walters, MD FRCS(C) FRCOG DABOG, who died suddenly on February 26, 2006, in Fort Lauderdale, Florida. He was 80.

Throughout his distinguished career, Dr. Walters held such prestigious positions as President of the Ontario Medical Association and Chairman of the Canadian Medical Association. He has also held the position of Chairman, Departments of Obstetrics and Gynaecology at hospitals in Canada, Saudi Arabia and the United States, including the OB/GYN departments at the University of Ottawa and St. Joseph's Hospital in London, Ontario. Dr. Walters was also a Life Member of the SOGC.

The Society of Obstetricians and Gynaecologists of Canada would like to offer its condolences to the Walters family, and take this opportunity to celebrate Dr. Walters' lasting contributions to women's health and the practice of Obstetrics and Gynaecology.

## NOTICE to all voting members



### SOGC Annual Business Meeting

June 26, 2006 from 7:00 am to 8:00 am at the Westin Bayshore Hotel, Vancouver, BC

The SOGC will be tabling changes to the SOGC bylaws during the SOGC Annual Business Meeting June 26, 2006 at 7:00 am at the Westin Bayshore Hotel in Vancouver.

We request that all voting members attend the meeting. A hot breakfast will be served.

Thank you for your continued support and hope to see you in Vancouver!

André B. Lalonde, MD, FRCSC, FSOGC, FACS, MSs  
Executive Vice President

## SO, WHAT'S YOUR STORY?

The SOGC News wants to hear from you, our membership. Each issue, the SOGC News publishes articles and profiles celebrating the accomplishments of our members, and highlighting their contributions to the specialty and the health of Canadians. So if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, we want to hear about it!

Send your submissions, articles or story ideas to the SOGC News at [mhaymes@sogc.com](mailto:mhaymes@sogc.com).

## WELCOME new members!

The SOGC would like to welcome our newest members into the SOGC family:

**Member OBGYN:** Dr. Sandra Baydock; Dr. Anne LeBouthillier; Dr. Winifred Lee

**Medical Student Member:** Ms. Elaine Barnes; Dr. Farid Abdel Hadi; Mrs. Miranda Sheppard; Mr. Daniel Kiely; Ms. Anet Maksymowicz; Ms. Lamiaa Migahed; Mr. Bernard Sowa; Ms. Gina Gill; Ms. Shelly Eckland Jetzer

**Life Member:** Dr. Wojciech Sylwestrowicz

**Junior Member:** Ms. Fatuma Estanbul;

Dr. Mohammed Al-Sunaidi; Dr. Jose Luis Fernandez de Lara Nieto; Dr. Karen Meathrel; Dr. Heather Grant; Dr. Taher Al Jishi; Dr. Jenna Rawlins; Dr. Karine Girard

**Associate Midwife Member:** Ms. Susan Van Os; Ms. Moya Crangle; Ms. Esther Palmer; Ms. Jacqueline Whitehead; Ms. Andrea Bodnar; Ms. Maysoun Taha; Ms. Joy Russell

**Associate Member RN:** Ms. Lorraine Burrage; Ms. Shirley Morley; Dr. Wendy Sword; Ms. Kathleen Panton; Ms. Gillian Lawther; Ms. Helen Bosley; Ms. Sarah Crichton;

Mrs. Nathalie Chisholm

**Associate Member PhD:** Dr. Cynthia Mannion; Dr. Judith Kornelsen

**Associate Member MD:** Dr. Rubeena Ahmad; Dr. Ayman Tadros; Dr. Marc Dahan; Dr. Isabelle Alain; Dr. Andre Retel; Dr. Geneviève Poulin; Dr. Karime Mitha; Dr. Lora Fellenz; Dr. Marie - Claude Matte; Dr. Bobbi -Jo Whitfield; Dr. Ibada Abdul-Hadi; Dr. Marla Connor; Dr. Elizabeth Erasmus; Dr. Stephanie Fisher; Dr. Anne-Marie Bedard; Dr. Yen Le; Dr. Jaswinder Bhalla; Dr. Julie Boyczum; Dr. Jean St-Arnaud; Dr. Karime Mitha



## FIRST ANNUAL SOGC Junior Member Writing Contest

The SOGC Junior Members Committee is interested in knowing what made you choose an Obstetrics & Gynaecology residency...

*How did you know that Obstetrics & Gynaecology was the career for you?*

*How did you make your decision to enter an Obstetrics & Gynaecology residency?*

*What is it about providing women's health care that makes you sure you wouldn't be satisfied in any other field of medicine?*

We want to know and we want to spread the word! Put your thoughts down on paper and enter our First Annual SOGC Junior Member Writing Contest.

### Contest Guidelines:

- Essays (French and/or English) must be submitted electronically to jpoirier@sogc.com.
- Deadline for submission is April 24<sup>th</sup>, 2006.
- Only submissions from the SOGC membership category of "Junior Members" will be accepted.
- First, second and third-place winning essays will be published in the JOGC and displayed at

the SOGC ACM in Vancouver.

- The first-place winner will be invited to make a presentation to medical students at the SOGC ACM in Vancouver.
- The first place winner will receive a maximum of \$1000 dollar stipend (to be used toward travel and accommodation) for the 2006 SOGC ACM.
- **Marking criteria:** quality of writing; quality and originality of ideas; ability to inspire interest in the field of ob/gyn; overall impression.
- Maximum word count of 1000 words.

## DALHOUSIE UNIVERSITY: Greetings from Halifax!

James Andrews, PGY-2 Obstetrics and Gynaecology, Dalhousie University

It's my pleasure to update you on what's been happening in the Department of Obstetrics and Gynaecology at "Dal" over the past year.

First, congratulations to our two former senior residents on the successful completion of their Royal College exams last year. We wish Dr. Fiona Mattatall all the best in her new career in Calgary, and lucky for us Dr. Baharak Amir has remained in Halifax as a fellow in urogynaecology. It's always nice to see her bright smile in the hallways.

This year, we welcomed four new PGY-1s: Leanne McCarthy (Memorial), Jennifer Walsh (Dalhousie), Anne Berndt (McMaster) and Laurina Leyenaar (Memorial). They are an excellent bunch and we look forward to working closely with them once they have completed their general internship year. We've also had several exciting additions to our department recently. We are delighted to welcome back Dr. Alfred Bent who has returned to Dalhousie from Baltimore to head the division of gynaecology. His expertise in urogynaecology will be a welcomed asset to our program. Dr. Katharina Kieser has also returned to Dal after finishing her fellowship in gyne-onc. She will be the fourth member of the gyne-onc team at Victoria General. We would also like to



Dalhousie residents pose for a photo with their hand-crafted "digit" awards, presented at last year's Christmas Party.

welcome Dr. Nancy Van Eyk, who has also recently joined our program. We all look forward to working with our new faculty members over the upcoming years.

This year, we are delighted to announce the establishment of the Dr. Ralph Loebenberg Resident Education Fund as a tribute on his retirement, in recognition of his many years of commitment to resident education. A library will also be established in our resident lounge in his honour.

As usual, we've kept busy with both work and play. We recently held a resident Superbowl party and we look forward to our upcoming Casino Night. Great times were had all around at this year's annual department Christmas party. We enjoyed teasing our faculty and they enjoyed roasting us. Our resident research day is quickly approaching this coming May. The Early Pregnancy Complications Clinic and Post-Dates Clinic that were new last year have been running smoothly and efficiently. We are now looking at setting up D&C's under conscious sedation for the EPC clinic.

Well, that's a little update on what's happening here in Halifax. Wishing you well from all of us here!



## THE 19<sup>TH</sup> INTERNATIONAL CME — A truly exotic experience in Turks and Caicos

By Isabelle Denis, SOGC Meeting and Event Planner, and Drs. Michael Bow and Charmaine Roye



Without a doubt, this year's International CME Conference in Turks and Caicos (March 6-10) offered a unique and exotic experience for everyone in attendance. The setting could not have been more magnificent: surrounded by a 12-mile expanse of pristine beach, a breathtaking turquoise sea, natural reef systems, beautiful tropical plants and flowers and an average of 25 degree weather throughout the week. By all accounts, Turks and Caicos truly delivered on its billing as the "last of the true exotics".

Our host resort also offered superlative service in catering to our participants and their families, from a friendly and knowledgeable staff to a Sesame Sreet parade for children.

But aside from all of the excitement and natural wonder of this archipelago paradise, early feedback on the event has been very positive and has included some praise for the conference's strong scientific programme.

*"The scientific sessions offer a unique opportunity to hear experts discuss best practice within a clinical context and I find it is a great way to update in areas outside of my immediate expertise. Management of post-dates pregnancy offered insights into the difficulty of inducing women at 40+ 3 weeks with the reality of patient choice and resource limitations. Dr. Black presented amazing pictures of 4D ultrasound but after hearing the evidence the question period focused on the place of scans done for entertainment value and the implications on another fetus bonding. Dr. Stanimir excited us with the success of the HPV vaccine in trials and Dr. Mirosh shared tips and hurdles in using OC's without withdrawal periods. But the best thing about this meeting revolves around the fact that you can nab speakers with questions while sipping "humming birds", with your feet in the sand and your eyes on a turquoise sea." — Guylaine Lefebvre, MD FRCS, ON*

This year, the SOGC was also proud to welcome three local doctors and a nurse from Providenciales Island to the conference, Drs. Beate Gray, Dawn Perry and Karen Dizon as well as Ms. Elaine Claire. (see photo on this page, lower right).

*"It was great having you visit us at Beaches Turks & Caicos. The conference was superb and informative. Some information was new, while some was reinforced learning that we sometimes forget. Thanks for letting us share it with you. Come back and visit us." — Ms. Elaine Claire, Beaches Resort Nurse, Turks & Caicos*

On another social note, the Turks and Caicos Beaches Resort was also the site of the SOGC 2006 ICME Tennis Tournament. It was a hotly contested tournament, but in the end the trophies went to Mike Bow and Kelly Anderson (Mixed Doubles); Monica Romany and Charmaine Roye (Women's Doubles); and Tony Addison and Chuck Su (Men's Doubles). In our singles tournaments, Chuck Su and Kelly Anderson took first place.

Congratulations to all the trophy winners and a "big thank" you to all the players who participated in the event. A big "thank you" is also merited to Duchesnay for kindly supplying shirts and trophies, and Dr. Charmaine Roye and Dr. Michael Bow, our two Tennis Tournament Facilitators. We hope to see you all again next year!

The SOGC would like to thank the planning committee, speakers, delegates, sponsors, staff and everyone else who contributed to making the 19<sup>th</sup> International CME such a memorable journey.

**We would also like to extend our invitation to all to join us next year, as we rendez-vous in Cuba for the 20<sup>th</sup> International CME!**





## Scientific Programme HIGHLIGHTS

By Dr. Michael Helewa, President, SOGC



Despite the temptation to wander by the poolside or take a walk on the sandy beaches, members arrived in force to attend the plenary sessions, best-practice sessions and lively debates at the ICME.

The conference was launched with a discussion on the underestimated morbidities of Cesarean sections, followed by a sleuth of presentations in maternity and women's health. Presentations covered: management of catastrophic postpartum hemorrhage; safety of psychiatric medications during pregnancy and breastfeeding; the intricacies and limitations of intra-partum perinatal surveillance; controversies surrounding umbilical cord stem cell banking; the advantages and limitations of 3D and 4D ultrasound; and prediction of preterm birth through cervical length measurement.

These enlightening presentations were also supplemented by a highly rated Best Practice Session on diabetes and hypertensive disorders in pregnancy - the latter is a poignant subject for the SOGC, as we are currently producing an updated clinical practice guideline on the topic.

Excellent informative and interactive presentations were also delivered on medical therapy of ectopic pregnancies, role of fibroids treatment in infertility, recent developments in the management of endometriosis, new technologies in treatment of stress incontinence, tackling menorrhagia in a community setting, risks and advantages of menstrual suppression, fertility in the context of failing ovaries, and improving safety in minimally invasive laparoscopic surgery.

Representatives from associate organizations also participated in the conference. The Canadian Medical Protective Association presented on recent developments on risk management strategies and the apparent reduction in the prevalence of critical clinical occurrences and adverse outcomes in Obstetrics. The Canadian Association of Midwives presented on the Midwifery dilemmas in the management of post-date pregnancy, and the Association of Women's Health and Obstetric and Neonatal Nursing presented on the possible role of nurses and nurse practitioners in collaborative models of primary maternity care in Canada.

Of course, given the recent media hype surrounding the release of the new SOGC Menopause Consensus guidelines, a necessary debate had to take place on hormone replacement therapy and the associated risks on cardiovascular disease. Attendees were also given the opportunity to receive an update on the Public Health Agency's 2006 Canadian Sexually Transmitted Infection Guidelines, which are set to be released this summer.

Those who attended the conference were left with wonderful memories of Turks and Caicos and of the good times shared by all. For those who missed this year's ICME conference, rest assured, another opportunity will avail itself at the 2007 ICME in Cuba.

*So start planning for next year, we hope to see you all in Cuba.*



# INTERNATIONAL WOMEN'S HEALTH SYMPOSIUM

## to focus on HIV/AIDS, Millennium Development Goals

This year's International Women's Health Symposium will focus on the theme of the bridging of HIV/AIDS, Sexual and Reproductive Health and Safe Motherhood and Newborn Health.

The program will feature a wide variety of experienced and dynamic speakers, including representatives from many of the SOGC's partner associations. Among the highlights of the day, the program will feature a presentation by David McCoy, Director of Global Health Watch and the University College, London, who will address the *Critical Contribution of Canadian Health Professionals with Regard to Achieving the (United*

*Nations) Millenium Development Goals Related to Maternal and Child Health.*

Other presentation topics will include: *The Impact of Regional Conflicts on Women's Health in the Middle East, Especially as it Relates to HIV/AIDS; Innovative Partnerships to Improve Women's Sexual and Reproductive Health and Rights; the Implications of Recent Safe Motherhood Research for Women's Access to Reproductive Health and HIV/AIDS Programs.*

The symposium will also recognize the contribution of the SOGC's international volunteers, including Dr. Jean Chamberlain,

recipient of FIGO's Distinguished Community Service Award for Emergency Obstetric Care. Dr. Chamberlain will also discuss the Masters in Public Health Leadership Program that she has established in Uganda.

This year's symposium promises to be informative, engaging and inspiring – a great way to begin your Annual Clinical Meeting.

**Don't miss the 2006 International Women's Health Symposium, held on Thursday June 22<sup>nd</sup>, 2006, at the SOGC Annual Clinical Meeting in Vancouver.**



## 5<sup>th</sup> Annual Run for Her Life™

### REGISTER NOW!



#### What is Run for Her Life™?

It is a 5 km run/3 km walk organized by the Society of Gynecologic Oncologists of Canada (GOC). 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 benefit a local initiative for 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 25, 2006 at 7:00 am at the Westin Bayshore Hotel in Vancouver. We will enjoy scenic Stanley Park, 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](http://www.g-o-c.org)
- request the forms by calling our National Office at 1-800-561-2416 ext. 250 or by email at [hsoubliere@sogc.com](mailto:hsoubliere@sogc.com)
- register on-site at the Westin Bayshore Hotel on June 23<sup>rd</sup> from 13:00 – 15:00; June 24<sup>th</sup> from 7:45 to 16:30 (at the GOC registration desk); or June 25<sup>th</sup> from 6:30 to 7:00

#### 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.

# RM NEWSLETTER Report

By Michelle Kryzanauskas, RM



*Diane Rach, RM,  
new member for the Western Region.*

The RM Advisory Committee is pleased to welcome our new member for the Western Region, Diane Rach. Diane, who practices midwifery in Calgary, was officially approved at a meeting of the SOGC Council last month.

Diane's midwifery experience began in 1997, when, after 26 years of nursing, she resigned and returned to school to complete her midwifery education. An accomplished nurse, Diane received her Masters in Nursing from the

University of Calgary and her experience includes postpartum and newborn nursing. She also has a background in research, and held the position of Project Manager for the Nurse Midwifery Program Evaluation Project in the 1990s. Diane's resignation allowed her to direct her attention to the opening of a free standing birth center in Calgary. Since her graduation from the Frontier School of Midwifery and Family Nursing, she has practiced as a midwife in Alberta. She is a member of the Alberta Midwifery Board of Examiners, as well as the Alberta Midwifery Health Disciplines Committee, which serves as the governing body for midwifery in Alberta.

Diane brings a wealth of experience to the committee, particularly the ad hoc Birth Center Working Group. On behalf of the committee and the SOGC, I'd like to take this opportunity to officially welcome Diane.

In other news, the committee continues to prepare for the Annual Clinical Meeting in Vancouver this June. The committee will hold an in-person meeting at the ACM, and will also present and participate in the Sub-Specialty Meeting for Midwifery. The focus of the sub-specialty meeting will be on birth centers in

Canada. We will also have a joint gathering of nursing and midwifery following the sub-specialty meetings in June 2006.

As always, the RM Advisory Committee encourages all midwives, physicians and nurses to email news, concerns or questions to our regional members. Your communication helps provides us the opportunity to consider and respond to matters of importance to the profession and practice of midwifery in Canada.

### **Western Region**

Diane Rach: drach@midwives.org

### **Central Region**

Kris Robinson: krobison2@sbgh.mb.ca

### **Ontario Region**

Maryann Leslie: maryann.leslie@sympatico.ca

### **Quebec Region**

Celine Lemay: celemay@sympatico.ca

### **Atlantic Region**

Kerstin Martin: kerstinmartin@eastlink.ca

### **Chair**

Michelle Kryzanauskas: mdmk@explornet.com

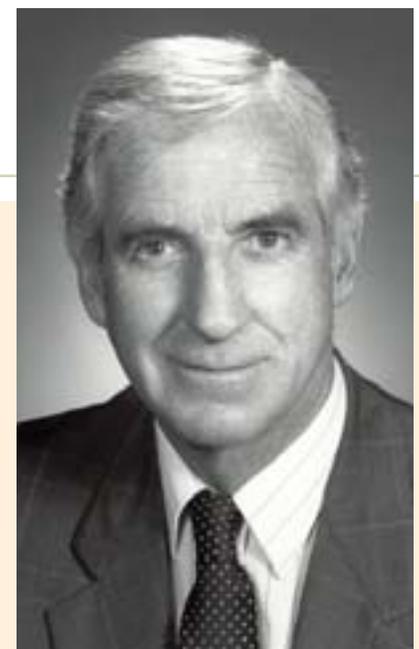
## DR. WALTER HANNAH TO RECEIVE Lifetime Achievement Award at OSOG Gala Awards Banquet

**This year, the Executive of the Ontario Society of Obstetricians and Gynaecologists (OSOG) unanimously agreed to present the Lifetime Achievement Award to Dr. Walter Hannah, Professor Emeritus, University of Toronto Ob/Gyn. For many years, Dr. Hannah has been well known throughout the specialty for his contributions to Ob/Gyn in Ontario and indeed throughout Canada. He is also a Past-President of the SOGC, serving from 1988-1989.**

**Dr. Hannah  
will be recognized  
at a Gala Awards Banquet  
on May 5, 2006.**

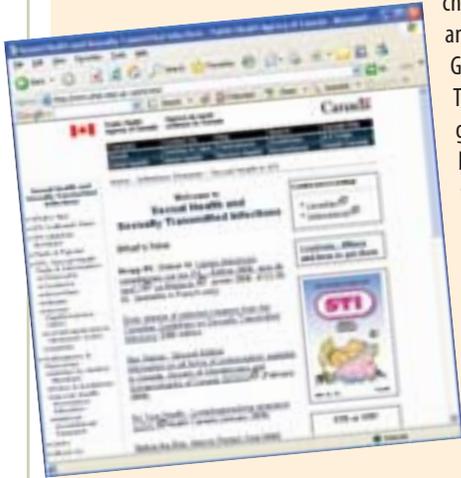
**The cost of the dinner  
is \$50.00 per person.**

Registration and tickets can be purchased through Mabel Mendez at the OMA (1-800-268-7215 ext. 2912). Any questions may be directed to OSOG HQ at 1-800-563-6764 or may be emailed to [osog@encode.com](mailto:osog@encode.com)



## PHAC RELEASES preliminary STI guidelines

Last Month, the Public Health Agency of Canada (PHAC) released advance chapters from its highly anticipated 2006 Canadian Guidelines on Sexually Transmitted Infections (STI). The guidelines provide evidence-based recommendations for the treatment, prevention, diagnosis and management of Sexually Transmitted Infections in Canada.



The new STI guidelines are expected for release this summer, and will replace PHAC's 1998 edition. The new guidelines come amidst

increasing rates of Chlamydia, Syphilis and Gonorrhoea, which have been rising in Canada since 1997.

Some of the advance chapters – which include a warning that these chapters remain subject to change before the full guidelines are published – cover specific STIs such as Syphilis, Chlamydia, Gonococcal Infections, HPV and HSV. Others deal with treatment and prevention in specific population groups such as inmates/offenders and sex workers.

PHAC also released a chapter on Lymphogranuloma Venereum (LGV), an invasive form of *Chlamydia Trachomatis* that infects the lymph nodes, which was virtually non-existent in Canada before PHAC reported an outbreak last summer.

Advance chapters of the 2006 Edition of the Canadian Guidelines on Sexually Transmitted Infections (STI) are available in the main STI section of the PHAC website, [www.phac-aspc.gc.ca/std-mts/](http://www.phac-aspc.gc.ca/std-mts/)

## ONTARIO TO UNVEIL new Women's Health Institute

As of April 2007, the Ontario Women's Health Council will be incorporated into the new Women's Health Institute (WHI), a new institute mandated to promote Women's Health in the province of Ontario and take a leadership role in Women's Health issues.

Currently, consultation is underway to determine the precise role of the new body, and an invitation-only consensus workshop is scheduled for this May. The Women's Health Institute Project, which is charged with providing consultation and creating a framework for the new institute, will present final recommendations on the new institute to the Minister of Health and Long-Term Care next spring.

For more information on the new Women's Health Institute, please contact Senior Consultant Barbara Wiktorowicz at 416-326-6510 or by email at [Barbara.Wiktorowicz@moh.gov.on.ca](mailto:Barbara.Wiktorowicz@moh.gov.on.ca).

**Does your hospital have a position or locum available?**

**Are you looking for a job?**

**Check out the SOGC job bank (advertising is free!)  
[www.sogc.org/members/tools-jobs\\_e.asp](http://www.sogc.org/members/tools-jobs_e.asp)**

