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SOGC NEWS



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

JUNE 2007



**Safe Motherhood for All:
The SOGC Leadership
Workshop in Uganda...**

page 14

**Remembering our
Past-President and
Friend**



**Dr. Rodolphe
Maheux**
page 5

**SOGC Releases New
Online Membership
Directory**

page 10

**The 2007
Journalism
Award Winners**

page 9

Thank You SPONSORS

The SOGC would like to gratefully acknowledge the financial support of our sponsors for the 2007 Annual Clinical Meeting. The SOGC recognizes these sponsors for their generous support, which has been provided in the form of unrestricted educational grants:

Diamond:

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ACOG Names NEW PRESIDENT

On May 9, 2007, Boston ob/gyn Dr. Kenneth Noller was appointed the 58th President of The American College of Obstetricians and Gynaecologists (ACOG). Dr. Noller was officially appointed at ACOG's Annual Clinical Meeting in San Diego.

Among the issues outlined in his inaugural speech, Dr. Noller cited the need for American

ob/gyns to be active within the government, and in local medical associations and initiatives. He also pointed to the need for strong recruitment of medical students to the specialty.

The SOGC congratulates Dr. Noller on this prestigious appointment, and wishes him the best during his tenure as ACOG President.

Thanks to Outgoing COUNCIL MEMBERS

The SOGC's success is largely due to the contributions of its volunteers. Over the past 63 years, continued support from our Members at various levels has ensured consistent representation of the membership in its activities.

SOGC applauds all of its outgoing Committee Chairs and Committee Members. In particular, we wish to specifically highlight the contributions of the following outgoing Council Members:

- Dr. Michael Helewa, Past-President
- Dr. Kimberly Butler, Chair – Junior Member Committee
- Dr. Scott Farrell, Vice President – Atlantic Regional Committee
- Dr. Catherine Jane MacKinnon, Chair – Ontario Regional Committee
- Dr. Richard Johnston, Alternate Chair – Ontario Regional Committee
- Dr. Philippe-Yves Laberge, Alternate Chair – Québec Regional Committee
- Dr. Nicole Racette, Chair – Western Regional Committee
- Ms. Sandra Gwen Christie, Chair – RN Advisory Committee
- Ms. Jane Caskey, Public Representative

On behalf of the SOGC Membership, we wish to thank you for your dedication and contributions to the Mandates, goals and objectives of the SOGC.

These Members will be honored at the Council Dinner, June 22, 2007 during the Annual Clinical Meeting in Ottawa.

**MARK YOUR
CALENDARS!**
June 21st
is National
Aboriginal Day

Summer HOURS

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

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





Council 2006–2007



A WORD FROM OUR Executive Vice-President

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

Executive Committee:

- **President:**
Dr. Donald B. Davis; Medicine Hat, AB
- **Past-President:**
Dr. Michael Elias Helewa; Winnipeg, MB
- **President-Elect:**
Dr. Guyline Gisele Lefebvre; Toronto, ON
- **Executive Vice-President:**
Dr. André B. Lalonde; Ottawa, ON
- **Treasurer:**
Dr. Mark Heywood; Vancouver, BC
- **Vice-President, Atlantic:**
Dr. Scott Alexander Farrell; Halifax, NS
- **Vice-President, Quebec:**
Dr. Michel Fortier; Quebec, QC

Regional Chairs, Alternate Chairs and Other Representatives:

- **Chair, Western Region:**
Dr. Nicole Racette; New Westminster, BC
- **Alternate Chair, Western Region:**
Dr. Sandra de la Ronde; Calgary, AB
- **Chair, Central Region:**
Dr. Margaret Burnett; Winnipeg, MB
- **Alternate Chair, Central Region:**
Dr. Annette Epp; Saskatoon, SK
- **Chair, Ontario Region:**
Dr. Catherine Jane MacKinnon; Brantford, ON
- **Alternate Chair, Ontario Region:**
Dr. Richard Johnston, OSOG representative, Orillia, ON
- **Chair, Quebec Region:**
Dr. Diane Francoeur; Montreal, QC
- **Alternate Chair, Quebec Region:**
Dr. Corinne Leclercq; Victoriaville, QC
- **Chair, Atlantic Region:**
Dr. Terry O'Grady; St. John's, NL
- **Alternate Chair, Atlantic Region:**
Dr. Ward Murdock; Fredericton, NB
- **Public Representative:**
Ms. Jane E. Caskey; Toronto, ON
- **Junior Member Representative:**
Dr. Kimberly Butler; Hatched Lake, NS
- **Associate Members (MD) Representative:**
Dr. Owen Hughes; Ottawa, ON
- **Associate Members (RN) Representative:**
Ms. Sandra Gwen Christie, RN; Halifax, NS
- **Associate Members (RM) Representative:**
Ms. Michelle Kryzanasuskas, RM; Collingwood, ON
- **APOG Representative:**
Dr. Patrick Mohide; Hamilton, ON
- **Corresponding Member:**
The Hon. Lucie Pépin, Senator; Ottawa, ON

Through the work of our International Women's Health Program, I have witnessed firsthand the extreme challenges faced by those providing maternity care in low-resource countries. Human resource problems, in particular, present substantial challenges in many hospitals throughout Africa. And while some of the community hospitals may be receiving help, the University Hospitals have all but been abandoned.

Despite an increase in the number of deliveries, most of these hospitals have not been renovated or expanded in the past 25 to 35 years. There are no minimum standards in these hospitals. Often, the "elites" who possess the power to improve this situation are blind to the need for change, since they never use public hospitals.

Much of the underlying problem lies with the distribution and organization of human resources. Imagine this scenario, a daily occurrence in University Hospitals:

Tuesday at the University Hospital

- It's 6:30 a.m. in the University Hospital. Twenty women are awaiting emergency caesarean section, supplies for anesthesia are rare, and the number of operating rooms is too few. Many of these women will lose their babies while they wait for an urgent caesarean section for placenta previa or fetal distress.
- 7:30 a.m., obstetrical ward rounds: 25 women sit on the floor in various stages of labour, and another 15 women in post-partum. There are too few beds, so no women are transferred to the ward during the night deliveries and there are only four labour delivery rooms. This is where they will remain as they go into labour, give birth, and are treated for post-partum hemorrhage and other complications.
- Ward round report: one maternal death, up to six stillbirths, six or more eclampsia, four

- septic shock, 30 deliveries, four PPH. Supply shortages are discussed.
- 2:00 p.m., women wait in line for the bed that they will occupy for a maximum of 24 to 36 hours. Women are leaving with their babies and many of them will not have any follow-up.
- 3:00 p.m., antenatal clinic. The clinic is fully booked with standing room only, there are more than 150 women and again some women are sitting on the floor and waiting for a chair to become free. There is one faculty for all of them.
- 4:00 p.m., 12 patients in the gynaecology ward have been waiting six weeks for fistula repair, but there is no time.
- 7:00 p.m., three women are waiting for an emergency caesarean section with suspected uterine rupture. Anesthesia is quite busy and medications are in short supply so that one of the three may not be operated upon for the next three to four hours.
- 9:00 p.m., midwifery staff ask a patient for the name of her baby. The woman responds that the baby has no name and will not receive one for one or two months after birth. Why? Women are accustomed to a 50% or more loss in the first month of a newborn. They feel it is easier to mourn the loss of a nameless baby than one who was given a name.

What can we do?

It seems too unjust to be true, but this is the reality of daily life in many University Hospitals throughout Africa.

We can pressure our governments to push the issue that maternal health is a basic human right. We can show our support for this cause at every international meeting, including UN Summits, the Commonwealth Meeting, and the World Health Assembly Meeting, to make it clear to our leaders that inaction on this issue is not an option.

3rd Quebec CME Program in Obstetrics: Preconception to post-partum

In association with the «Association des omnipraticiens en périnatalité du Québec» (AOPQ)

November 15-16, 2007

Conference Location: Marriott Château Champlain
1, Place du Canada, Montréal (Québec) H3B 4C9

Standard Room: \$159 per night, single/double occupancy

Please RSVP by Friday, October 19, 2007

Tel.: 1-800-200-5909 or 514-878-9000

Group Code: SOGC

NEW

Registration fees for general practitioners...
Only \$250 for members of the SOGC
and/or of the AOPQ!

(This CME program is offered in French)



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

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

Upcoming Meetings



SOGC Meetings

63rd Annual Clinical Meeting

June 21–26, 2007, Ottawa, Ontario

19^e FMC du Québec

September 20–22, 2007, Québec, Québec

3rd Quebec CME in Obstetrics

November 15–16, 2007, Montréal, Québec



Program Schedule

Location Date

Ottawa, ON June 19–20, 2007

(in conjunction with the 63rd ACM)

Kelowna, BC September 21–22, 2007

Saint-John, NB November 2–3, 2007

Toronto, ON December 2–3, 2007

(in conjunction with the 26th ON CME)

Other Meetings

Reconstructive Vaginal Surgery: A Hands-On Cadaver Course Using Grafts, Slings and Kits for Pelvic Floor Repairs - July 13-14, 2007, BioGift Surgical Education Center, Portland, Oregon, USA. Contact Information: Jennifer Tucker - IMET: Innovations in Medical Education & Training. Tel. (856) 427-6200; Email: jennifer@imetcme.com. To view the full program, please visit www.imetcme.com.

Thomas & Alice Morgans Fear Memorial Conference on Voiding Dysfunction & the Aging Population (Multidisciplinary) - Dalhousie University Division of Urology, Halifax. Oct. 27-28, 2007. For more information contact: Richard Norman, MD, 902 473-5853.

2007 Gynaecology Review Day Friday November 16, 2007. Ben Sadowski Auditorium, Mount Sinai Hospital. Contact Information: Elizabeth Gan, CME - Department of Obstetrics and Gynaecology Tel: (416) 586-4800 ext. 2489 Email egan@mtsinai.on.ca, To view the full program go to www.mtsinai.on.ca/seminars/ce

Medical Disorders In Pregnancy Saturday November 17, 2007. Victoria College, University of Toronto. Contact Information: Elizabeth Gan, CME - Department of Obstetrics and Gynaecology Tel: (416) 586-4800 ext. 2489 Email egan@mtsinai.on.ca, To view the full program go to www.mtsinai.on.ca/seminars/ce

26th Ontario CME Program

November 29 to December 1, 2007

in association with Ontario Society of Obstetricians and Gynaecologists (OSOG)

Conference Site

Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto

- Standard room: \$ 149 per night single/double occupancy
- Reserve before Monday, October 29, 2007
- Tel.: 1-800-905-0667
- Group code: SOGC

(This CME program is offered in English)

NEW

Registration fee for the family practitioner...
Only \$250 for members of the SOGC and OSOG!

Join us for SOGC's largest regional CME program!

For more information, please visit our website at www.sogc.org or email us at events@sogc.com



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OBITUARY

Dr. Rodolphe Maheux – 51st President of SOGC

The SOGC is saddened to announce the death of our Past-President and friend, Dr. Rodolphe Maheux. Dr. Maheux died suddenly in his home on May 9, 2007. He was 56.

Dr. Maheux served as the 51st President of SOGC, for the term 1994-1995. In his short tenure as president, the indefatigable Dr. Maheux defined himself as a visionary and true leader. In the mid-90s, Dr. Maheux possessed the foresight to usher the SOGC into the new age of information, introducing the society's website and promoting the adoption of new technologies. Today, these technologies are a ubiquitous and integral tool of the SOGC for communicating with its membership, the public, and stakeholders. More than ten years later, the changes championed by Dr. Maheux continue to resonate at the SOGC.

In both women's health and at the SOGC, Dr. Maheux led by example and with an extraordinary vigour. Few will forget Dr. Maheux's arrival at his first council meeting as SOGC President. Stressing the importance of physical health for physicians, Dr. Maheux arrived at the Lac Carling meeting on his bicycle – a 300 kilometre ride from Quebec City.

In addition to his work at the SOGC, Dr. Maheux's commitment to women's health remains a



sterling example to ob/gyns in Canada and abroad. To name but a few of his professional tenures, Dr. Maheux has served as President of the Association of Obstetricians and Gynecologists of Quebec (AOGQ); as a member of the Executive Board of the International Federation of Obstetrics and Gynaecology (FIGO); on the Executive Committee of the Association of Professors in Obstetrics and Gynecology (APOG); and as a board member of the Canadian

Fertility and Andrology Society (CFAS). In 1998, he co-founded the World Endometriosis Society. Trained at the Universities of Sherbrooke, Montreal and Yale, Dr. Maheux was a leading expert in endometriosis and endoscopy.

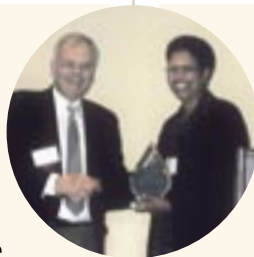
In his roles as a highly respected professor at Laval University and as a dedicated professional at Centre Hospitalier St. François d'Assise, Dr. Maheux enriched the lives and careers of countless patients and students. A prodigious academic and mentor, Dr. Maheux has given hundreds of conference presentations and has authored hundreds of book chapters and scientific articles, for which he has been presented numerous accolades.

On a more personal note, Dr. Maheux will be remembered as a gourmet with a passion for good food and wine, a green thumb who loved the outdoors and his hobby farm in the Beauce region outside of Quebec City, and, most importantly, as a dedicated and proud father and husband.

The SOGC would like to offer its most heartfelt condolences to the family and friends of Dr. Maheux. His work in women's health remains truly inspirational, as ob/gyns across Canada mourn the loss of one of our specialty's best, brightest and most vibrant members.

DR. CHARMAINE ROYE PRESENTED CSPE Excellence in Medical Leadership Award

The SOGC would like to congratulate Dr. Charmaine Roye, winner of the *Canadian Society of Physician Executives'* (CSPE) 2007 Excellence in Medical Leadership Award.



Dr. Charmaine Roye is presented the CSPE Excellence in Medical Leadership Award at the CSPE Annual Meeting in early May.

The award was presented to Dr. Roye for her outstanding contribution to the development and mentoring of medical leaders in the field of health service leadership and management.

Dr. Roye has long demonstrated her commitment to women's health through her active participation in organizations and leadership initiatives, both nationally and internationally.

Dr. Roye has been involved with the SOGC since 1982, and is currently the Ontario Chair on SOGC Council. In addition to her work with the SOGC, she is also a Past-President and active member of the Federation of Medical Women of Canada (FMWC), and has held leadership positions with the Canadian Medical Association and Ontario Medical Association.



The award was presented to Dr. Roye as part of the Annual General Meeting of CSPE, held May 11-12 2007 in Ottawa.

The SOGC wishes to congratulate Dr. Roye on receiving this award, and also to thank her for continuing to take a leadership role in women's health.



Haitian Specialist Dr. Lauré Adrien AWARDED HONOURARY MEMBERSHIP

At this month's Annual Clinical Meeting, the SOGC will confer honorary membership to Dr. Lauré Adrien, a Haitian specialist who has long been a dedicated member of the SOGC's International Programs in Haiti.

Dr. Adrien was born in 1963 in Port de Paix, in Northwestern Haiti. After completing outstanding elementary studies, he left his native province to pursue secondary studies in Port au Prince, Haiti's capital. Dr Adrien entered the School of Medicine and Pharmacy at the Université d'État d'Haïti in October 1983.

During a period of political and social unrest, Dr. Adrien moved to the United States but quickly realized that his heart was still in Haiti. He returned in 1988 to complete his postgraduate studies in medicine, and subsequently received his medical degree in 1989.

While interning at the Université d'État d'Haïti's hospital, Dr. Adrien volunteered at a local orphanage and an adult school for the disadvantaged in Port au Prince. In December 1990, he was sent as a social service physician to the Hôpital Saint Nicolas in Saint-Marc. It was there that he discovered his passion for obstetrics. Dr. Adrien attracted the attention of his superiors by developing management protocols for common obstetrical complications. Dr. Adrien quickly became an indispensable member of the team

Dr. Adrien earned a posting in November 1991 within the OB/GYN department of the Hôpital de l'Université d'État d'Haïti, one of two university training centers in Haiti. Dr. Adrien joined the Société Haïtienne d'Obstétrique et de Gynécologie (SHOG) as a junior member

After specializing, Dr. Adrien joined the staff at PROFAMIL (Association pour la Promotion de la Famille), an NGO working in the field of reproductive health that provides health care to thousands of women from impoverished sections



Dr. Lauré Adrien will be presented an honorary membership at the SOGC Annual Clinical Meeting in June

of the capital and its surroundings. Dr. Adrien became an expert in voluntary surgical sterilization and vasectomy.

In 1995, Dr. Adrien went to the Université René Descartes in Paris, to study for a degree in maternal fetal medicine. He took part in all of the department's activities, but paid special attention to those relating to the management of HIV-positive pregnant women.

A year later, Dr. Adrien was accepted at a hospital in Lyon, France, for a traineeship in transvaginal surgery and laparoscopy. While assisting on a mammary reconstruction surgery, the chief surgeon asked him why someone coming from a very poor country where people die from malnutrition and infections of all kinds would be interested in gynecologic reconstructive surgery, and genetics. Dr. Adrien remembers this exchange as a life changing moment; Dr. Adrien says he felt ashamed at the time, but answered that pioneers were needed everywhere, and that being poor did not mean one could not learn new techniques.

By 1997, Dr. Adrien was back in Haiti, where he began teaching in private nursing schools and working actively within the Société Haïtienne d'Obstétrique et de Gynécologie, where he has served as under-secretary general, and secretary general over the last 10 years.

In 2003, Dr. Adrien received a specialized graduate degree in health services management from the School of Medicine of Haiti and he is now teaching at the university. Dr. Adrien also teaches at the National School of Nursing and Midwifery, and he is currently Assistant Professor of Obstetrics and Gynecology at the School of Medicine of the Université d'État d'Haïti, where he provides practical training in obstetrics to postgraduate students.

Dr. Adrien has been active since the beginning of the partnership between the SOGC and the SHOG in 1998. Dr. Adrien is an instructor within the ALARM International Program (which he coordinates in his country), and is the director of FIGO's Safe Motherhood and Newborn Health Project, whose objective is to implement basic and comprehensive essential obstetrical care within a health district offering no public reproductive health services.

NEW MEMBERS

The SOGC would like to welcome our newest members:

Member OB/GYN: Dr. Faez Faruqi; Dr. Tarik Y. Yamani Zamzami;

Junior Members: Dr. Eman Alsulmi; Dr. Samuel Ko; Miss Kiran Angelina Massey;

Junior Member – Family Physician: Dr. Lerato Ryan; Dr. Sandy Tecimer; Dr. Victoria Lee Vogt;

Associate Member – MD: Dr. Mohammed Ahmed Agdi; Dr. Hendrik Christiaan Boshoff; Dr. Dominique Deschenes; Dr. Colombe Gagné; Dr. Coryn Allan Richard Hayman; Dr. Fatima Unwala;

Associate Member – Midwife: Ms. Jessica Suzanne Taylor, RM;

Associate Member – PhD: Dr. Eliane Duarte Franco, PhD;

Associate Member – RN: Mrs. Lucie Levesque, RN; Mrs. Jane Elizabeth Scheffler, RN;

Medical Student Member: Miriame Allard-Riopel; Ms. Senem Ates; Mr. Jason Deepak Bains; Ms. Karine Beaudoin; Ms. Sonja Bodmer-Roy; Miss Andreeanne Boucher; Ms. Sheena Changela; Mrs. Véronie Charest; Ms. Claudia Chevalier; Miss Richa Chibbar; Miss Hedrey Chu; Anne-Rachel De Oliveira-Demers; Karine Dion, Jr.; Katie Fortier; Mrs. Lise Colette Gagnon; Véronique Gauthier; Miss Jacelyn Hanson; Miss Deana Hathout; Ms. Melissa Holowaty; Mr. Jamal Hussein, II; Miss Alena Iki; Mr. Ahmar Khan; Ms. Joan Larsen; Miss Diana Wing Kee Lee; Mr. Pierre Lepage-Létourneau; Ms. Shannon E. Moore; Fanny Morin; Ms. Oriana Maria Nahachewsky; Ms. Brenda Nakashima; Stephanie Paquette; Ms. Jennifer Michele Raczy; Mr. Mike D. Ripley; Miss Priya Sharma; Mr. Barry G. Thorneloe; Ms. Julie-lisa Toole; Katherine Turner; Ms. Heather Mei-ling Wiedmeyer; Ms. Rania Ywakim; Ms. Rhonda Zwingerman;



UNIVERSITY UPDATE:

University of Alberta

By Andrea Skorenki

Anyone who has been watching the news lately has no doubt heard that Alberta is booming. The oil boom has brought more workers and families into this province, many of whom are having babies! The growth of our province has kept us very busy on call as we rush to deliver the newest Albertans. There were over 9000 births in the Capital Health Region between April and October 2006, 800 more births than the same period in 2005, and there are no signs of slowing down any time soon.

Fortunately, we have a new hospital on the way. The Lois Hole Hospital for Women is scheduled to be completed in 2008, with 3000 sq. m of space and 112 beds. The entire city has put its support behind our new hospital with city-wide events to raise money and increase public awareness.

Another big project here in the department of ob/gyn is the opening of an IVF clinic planned for 2007. This will be the first IVF clinic to operate in Edmonton and will be able to do ICSI and pre-implantation genetic diagnosis. In the past, patients had to travel to Calgary for IVF treatment, paying for accommodations in addition to treatment fees. Now they will be able to undergo the procedure here in Edmonton rather than being away from home during a potentially stressful time.

This year marked the introduction of a new rotation in the R2 year — a two month community rotation at the Grey Nuns Hospital. In past years, residents only rotated through the Grey Nuns as an R3 or as a chief. This rotation gave the second-years an opportunity to experience life outside the Royal Alexandra Hospital and see how things work in a

community hospital, as well as practice their Caesarean section and delivery skills. Though the Grey Nuns only does deliveries for pregnancies 32 weeks and over, they have a higher volume than the Royal Alexandra Hospital.

Residents were involved in a variety of events over this past year. In September, several residents were involved with planning and participating in the Edmonton NOCA Walk of Hope, which raised over one million dollars nationwide in support of ovarian cancer research and awareness. The rain wasn't enough to dampen spirits on this truly inspiring day for everyone involved. The residents, staff and nurses at the Royal Alexandra Hospital completed Module to of More^{OB} this past fall, with Module three to come this year. We also just spent a weekend in Banff for our annual resident retreat. This year we focused on the CanMeds role of Manager and attended sessions on managing a practice, finding a job and financial planning. Several staff members from different areas of ob/gyn shared their perspectives on community, rural and academic practice. The more energetic residents spent their free time in Banff enjoying the mountains by snowshoeing or skiing, while others went into town to shop and relax.

In the months to come we will have our annual research day and banquet to show off the hard work of the residents and members of the department of ob/gyn. We will also bid farewell to our Chiefs: Jingwei Wang, Clayton Tuffnell and Amanda Kim. We wish them the best of luck on their quiz coming up. Lastly, we are welcoming five new residents to our program; Amanda Aiken (U of M), Kristin Haugrud (U of A), Momoe Hyakutake (U of A), Nao Nakatsuka (UBC) and Jeanelle Sabourin (U of O).

ACM OFFERS Extended Medical Student Program

The SOGC is pleased to offer an exciting line-up of sessions for Medical Students at this year's Annual Clinical Meeting, hosted June 21-26, at the downtown Westin Hotel in Ottawa.

This year's sessions include:

Saturday, June 23~ Medical Student Program Session #1

Title: Wake-up and meet the Medical Students

Time: 7:15 – 7:45

Room: Les Saisons

Saturday, June 23~ Medical Student Program Session #2

Title: Residency Fair

Time: 7:45 – 10:00

Room: Les Saisons

Saturday, June 23 ~ Resident/ Student Mixer

Time: 5:00-8:00PM

Room: TBC

Sunday, June 24 ~ Medical Student Program Session #3

Title: Introduction to Simulators in ob/gyn

Time: 8:00-9:30AM

Room: Les Saisons

Monday, June 25 ~ Medical Student Program Session #4

Title: Surviving CARMS

Time: 7:30-9:00AM

Room: Les Saisons

For more information about the Annual Clinical Meeting, including a complete listing of events and registration information, please visit www.sogc.org.



DON'T FORGET

The SOGC would like to remind our Junior and Medical Student Members that now is your **last chance to renew your membership**. Don't forget, if you are moving please **remember to send in your change of address** to lkollesh@sogc.com.



WINDS of Change

By Jason Burrows, UBC Obstetrics/Gynecology PGY-2

From hurricane winds and tainted drinking water, to conjoined twins and 2010 Olympics preparation, it's been quite a year on the west coast. Amongst all the excitement, the UBC department of ob/gyn has had quite a year of change.

First off, we'd like to welcome all of our new R1s and soon to be R2s, Devin Ambrose, Paul Yong, Cheryl Wilson, Lauren Rodgers, Monica Fofie, Hannah Ezzat, and Stephanie Johnson.

Vancouver was the host of the 2006 SOCG Annual Clinical Meeting, a huge success that was well attended by our residents.

The UBC department is proud to acknowledge the election of Dr. Dorothy Shaw as the new President of FIGO. Four lucky residents from UBC were able to attend the annual FIGO conference in Kuala Lumpur.

A new and improved gynecology program is now in full swing at UBC. It has been a year since the Royal Columbian Hospital introduced a mandatory community hospital junior rotation focused on improving time in the OR and in the office setting.

In addition, a new ambulatory medical center, the Diamond Centre, opened at Vancouver General Hospital (VGH) with a state-of-the-art library and plenty of room for clinics and resident education. This past April marked the opening of the junior resident clinic at VGH, where residents are taught urgent gynecology practices in an office setting, including office ultrasound, IPAS, and hysteroscopy. And our VGH gynecology rotation has switched to a doctor-of-the-day system, allowing more time for individualized one-on-one staff teaching. We would like to thank Dr. Henry Woo for pioneering these changes. They have vastly improved our educational experience.

We also welcome Dr. Geoffrey Cundiff, the new Head of Obstetrics and Gynecology at St. Paul's Hospital. He brings additional expertise in urogynecology and pelvic floor dysfunction, and has already made improvements to resident education at St. Paul's.

With all the work that's been done at UBC this year, it should come as no surprise that we've made time for social activities and had great times at our annual welcome barbeque, Resident's Day, and Resident Research Day. We also enjoyed skiing and dining in Whistler as part of a resident retreat. Our annual D.A. Boyes conference was a huge success and included an elegant dinner at the Vancouver Art Gallery with a private tour of the Emily Carr collection. A special congratulations to all residents with new additions to their families including Geneviève Eastabrook and Stephanie Johnson.

We'd like to bid a fond adieu to our outgoing chief residents Erica Phelps, Josh Press, Melanie Altas, Olga Von Lipinski, Sarah Jane Anand, Joelle Dennie, and Manda Gharemani. We wish you all the best in your future careers.

Whether it's been hitting the local slopes, traveling to conferences in far away lands, or relaxing and taking in a coffee, we're all happy to call Vancouver our home!

U of T UPDATE

By Anjali Aggarwal, PGY-4 and Jamie Kroft, PGY-2

It has been an exciting year at the U of T, both personally and professionally. We've had babies born (congrats Dini, Rebecca, Eve and Amanda), marriages (congrats Ali), engagements (congrats Clarissa), international electives and much more. Our program will grow from 46 residents to 57 in July as we welcome Crystal, Beth, Karthika, Claire, Siobhan, Tasleem, Dan, Susan, Giselle, Kalpana and Kathryn. We also wish our Chief Residents good luck on their exams. You will be missed.

We continue to have a rotating first year with six months off-service, and six months of ob/gyn. Two of those months are spent in the community, two of them with academics, and two focusing on ambulatory, ultrasound and selective. During this year, the residents also participate in a longitudinal ambulatory rotation, attending the clinic of a staff member for a half-day per week over the entire year. This helps our residents feel connected to the program, even when off-service, and provides them with a mentor in our field. All residents have a half-day of teaching every week. This is divided into junior teaching for first and second year residents, and senior teaching for third, fourth and fifth year residents. Our fourth and fifth year residents are also involved in the MORE^{OB} risk management program, and we plan to have all our residents trained in the program by the end of our residency.

There have been exciting changes in our residency. A new mentorship program has started for our first year residents. Residents are set up with a research mentor, a faculty member with an interest in research, who can help guide them in organizing a research project. This will help our residents begin their research early in their training. A new research compendium has been created outlining all the interests of our faculty. This will help us plan projects and find supervisors for our research. Our annual research day is in May and we look forward to seeing what our colleagues have been working on over the past year.

Our annual resident retreat was recently held at a club in Toronto, and we would like to thank the organizing committee for an excellent job! Following a delicious breakfast, we had small group sessions organized by MD Management discussing topics such as insurance, practice management and real estate planning. We then had time to talk with each other about our program and to discuss its positive and negative aspects. This report will be discussed with our postgraduate committee. It was beneficial to address concerns and get the perspective of past residents.

We would like to thank Deborah Robertson, a fellow in our program, for helping to arbitrate and organize this discussion. After some games and an amazing lunch, we moved on to an afternoon of curling — a hilarious way to spend time together. We finished our day with hot chocolate and cookies.

The general consensus from our discussions at the retreat is that we are happy and satisfied. We are all looking forward to the coming years and feel lucky to be a part of this program.

The 2007 SOGC/CFWH JOURNALISM AWARDS

Each year, the SOGC and the Canadian Foundation for Women's Health honour Canadian Journalists for Excellence in Women's Reproductive Health Reporting. The Journalism Awards, presented annually at the Annual Clinical Meeting, recognize outstanding reporting on women's reproductive health issues that appear in consumer newspapers, magazines and broadcasts across Canada.

This year's winners of the Journalism awards are:

Print Category

Award Winner:

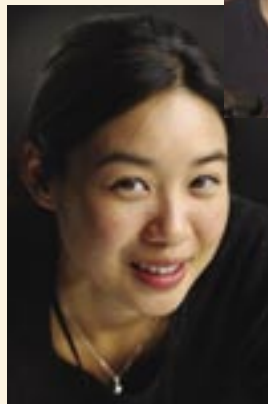
Lena Sin

"An African Mother's Agony" - The Province (Vancouver)

In March 2006, Lena Sin travelled to Tanzania in eastern Africa to report on a debilitating birthing injury called obstetric fistula. While virtually unheard of in the West — the injury was eradicated in North America more than a century ago — obstetric fistula continues to afflict an estimated two million women in the developing world today, with another 50,000 to one million new cases being added each year. For this story, Ms. Sin interviewed many young women who travelled long distances to reach one of the country's few fistula clinics located in coastal Dar es Salaam. In describing their experiences, the women shed light on the hurdles they face in accessing adequate health care and the stigma they live with as a result of an injury that leaves them incontinent.

Honourable Mentions:

- Andrée-Anne Guénette, *Cancer des ovaires: l'autre ennemi des femmes*, Coup de Pouce
- Kate Rae, *The Next Big Thing*, Glow Magazine
- Kate Rae, *Oh Baby!*, Glow Magazine



Broadcast Category

Award Winners:

Robin Smythe & Jim Handman

"The Perils of preemies" - CBC Radio, Quirks & Quarks

On the March 11, 2006, broadcast of CBC's popular Quirks and Quarks radio program, Robin Smythe and Jim Handman presented "The Perils of Preemies", a fascinating look at the ethical and medical questions surrounding extremely premature babies. Ms. Smythe and Mr. Handman provided listeners with a



rich understanding of the potential long-term health and developmental problems faced by these babies, and the technology advances that have allowed babies to survive birth earlier and earlier in pregnancy. The broadcast addressed the difficult moral question of "just because the tiniest babies can be saved — should they be?" Through engaging interviews with clinical experts,

and the first-hand accounts of parents of extreme preemies, Ms. Smythe and Mr. Handman provide listeners with a rich and balanced look at this intersection of technology and ethics.

Honourable Mentions:

- Hugo Lavoie, *Le scalpel et le crucifix*, Radio-Canada, Second Regard
- Anne-Marie Rainville, *La Césarienne*, Téléfiction, Une pilule, une petite granule
- Valérie Morand, *Human reproduction*, Radio-Canada International

The SOGC would like to thank all of the journalists who submitted entries for the SOGC's 2007 Journalism Awards for their excellence in reporting on women's health.



6th Annual Run for Her Life™ REGISTER NOW!



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

Goals of the Run for Her Life™

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

When and where is the Run for Her Life™?

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

How do I register?

(Pre-registration is requested)

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

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

Registration fee

There is a \$25 registration fee.

"Collector" souvenir to the first 100 registrants!

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

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

SOGC LAUNCHES new Online Member Directory

To better serve our membership, the SOGC is proud to present our new Online Member Directory. The new service is an easy-to-use tool for locating colleagues in obstetrics, gynaecology, and related fields. It's also a great way to stay in touch with friends, old and new.

Inclusion in the new directory, available in the Members' Section of www.sogc.org, is free and voluntary. If you would like to have your name included in the new directory, please email Linda Kollesh, Membership & Subscription Services Officer at lkollesh@sogc.com with your authorization.

NOTICE TO All Voting Members

SOGC Annual Business Meeting

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

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

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

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

63rd Annual Clinical
Meeting

Register Now!

June 21-26, 2007
Ottawa, Ontario
www.sogc.org

RM Advisory Committee REPORT

April 2007

The RM Advisory Committee recently submitted an article to the Canadian Journal of Midwifery Research and Practice (CJMRP) and would like to share with readers an excerpt from Midwives and Their Work at the Society of Obstetricians and Gynecologists of Canada: A Submission for the National/International Report Section of CJMRP:

Kim Campbell is a Canadian midwife with a very long history of contributing to this profile at the SOGC. Ms. Campbell is an advocate for evidence-based maternity care and has experience throughout Canada in many practice settings as both a registered midwife and registered nurse.



Kim Campbell

Ms. Campbell believes in continuous improvement and is a keen student of relevant research and childbirth trends which has helped ground much of her interdisciplinary work through out Canada. She has been a very well known midwife at the SOGC. Her many contributions at the SOGC include her work on the sexualityandu.ca health professionals working group, MORE^{OB} as a reviewer and most recently, as an active member of the SOGC committee reviewing, editing and revising the clinical practice guideline for Fetal Health Surveillance.

The Advances in Labour and Risk Management (ALARM) course is an SOGC continuing education program focused on intrapartum care, based on best available evidence and uses Canadian clinical practice guidelines in the process. The course is developed and maintained and taught jointly by family physicians, obstetricians, midwives and nurses. Ms. Campbell has been an ALARM instructor since 2002.

The Multidisciplinary Collaborative Primary Care Maternity Care Project (MCP2) work was a labour of commitment to midwifery in Canada for Ms. Campbell. The goal of the project was to reduce barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity services for all Canadian women. Ms. Campbell worked on the grant proposal committee for two years prior to the project's approval by Health Canada in 2002, celebrated the projects sunset in June 2006 and subsequently is still participating in an ad hoc manner with the partner stakeholders of the MCP2 to develop A National Birthing Strategy for Canada. She was a tireless member of the Executive Committee of MCP2 and was also on the National MCP2 Committee and many work groups during the project's lifetime.

Ms. Campbell is a full time faculty member in the Division of Midwifery, Department of Family Practice at the University of British Columbia (UBC). She is currently involved in a project in the development of inter-professional simulation and distance learning. Ms. Campbell is a member of the UBC Department of Family Practice clinical group developing a campus collaborative inter-professional primary care clinic. Ms. Campbell continues to work on a variety of provincial maternity care committees with the British Columbia Reproductive Care Program and College of Midwives of British Columbia and of course at the SOGC.

The RM Advisory Committee is looking forward to meeting all of you at the Annual Clinical Meeting in Ottawa this June. We hope to see you at the Midwifery Sub Specialty SS4 on the morning of June 26 as we plan our next steps and determine a strategic direction for midwives and maternity care in Canada.

Federation of Medical Women of Canada Fundraising Gala

*You are cordially invited
to attend the Federation of
Medical Women of Canada
Fundraiser Gala
for
Maude Abbott Research Fund*

Saturday, June 23, 2007
Colonel By Room, Ottawa Congress Centre
55 Colonel By Drive
6:30 p.m. – 1:00 a.m.
Tickets: \$100 each

(a charitable donation receipt will be given for part of the ticket fees)

To order your tickets call 613-569-5881 (Ottawa)

or toll free 1-877-771-3777 or by email at fmwcmain@fmwc.ca

Black tie event

Evening events include a photographic presentation by photographer Helene Anne Fortin entitled *The Family of Woman*, accompanied by music. You will have a chance to bid on a wide variety of beautiful artwork produced and donated by some of FMWC members, their friends and patients, during a silent auction.

Dance music will be provided by Music Magic DJs.

The evening will include many more surprises.

The Maude Abbott Research Fund has been established as an extension of the capital fund formed with Dr. Abbott's bequest in her will in 1940. This fund allows the FMWC to distribute grants to women physicians who undertake clinical research in their offices. Research topics can relate to the broad array of women's health issues. The results will be widely disseminated to the public as well as the medical profession.

Charitable # 88347 9875 RR 0001

JOIN US IN OTTAWA for the *Igniting the Spirit Gala!*

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



Date: Thursday, June 21st, 2007 (National Aboriginal Day)

Time: 6:00pm to 9:00pm

**Place: Government Conference Centre - Main Hall
(2 Rideau Street, Ottawa)**

Auctioneer: Dave Smith

Price: \$ 95 per ticket

The gourmet cocktail party will include:

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

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

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

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

My time in ZIMBABWE

The *SOGC News* is pleased to present excerpts from a report of the reality of life and work at the Howard Hospital in Zimbabwe, prepared by **Dr. Clarissa Bambao**. Dr. Bambao traveled to the Hospital with the support of an Elective Fellowship Grant for International Women's Health, presented through the SOGC's Foundation for the Promotion of Sexual and Reproductive Health.

...

Nothing in my training or life experience could have prepared me for what I was about to experience as I stepped through the doorway into Howard Hospital in Zimbabwe for the first time. There was activity all around - a mixture of the clatter of work and everyone speaking the native Shona language. I was led into the Labor and Delivery ward - one of the three wards I was to manage. Chipped paint, old stained mattresses and well-worn bedding were signs of the hard times Howard had survived over the years. The ward consisted of six assessment beds in triage, two delivery rooms, one neonatal resuscitation bed and two ultrasound machines. Fetal monitoring was done with a Pinard Horn (fetoscope) - the old-fashioned way. Stoicism replaced epidurals as it was not an option for labouring women. In fact 'options', I soon would learn, were a luxury at Howard - a luxury that was unfortunately a rarity.

Howard Hospital is part of a community Institute consisting of a primary and secondary school, nurses' training school, vocational training school and the hospital facilities. The Institute also provides housing and lodging for hospital workers, their families and volunteers from abroad.

The Hospital is structured as an open concept, much like a field hospital. This district hospital is capable of offering a full range of medical and surgical services. Despite the economical hardships now consuming Zimbabwe, medical staff have found innovative ways to make use of supplies. The Hospital continues to live by its mission 'to serve all those who come to their door seeking medical care'.

Women travel for hours on foot or by vehicle to be assessed at the Hospital - at times delivering



in the back of a dirty pick-up truck as they drove through the gates of the hospital. Traditional birth attendants living in the villages perform home births when families cannot afford medical care. Complications from these home births, such as post-partum hemorrhage, are brought to the hospital where treatment is often too late (due to the long distances traveled). African oxytocin (traditional herbal medicine) is also given by traditional birth attendants, which increases the risk of post-partum hemorrhage - the cause of the only maternal death I saw at Howard. This is just one of the consequences of the tension between traditional Shona beliefs and western medicine.

The patriarchal structure of their society became painfully clear when I admitted a patient with severe pre-eclampsia. Her husband was adamant to have her discharged to keep the household chores in order, despite being told of the risks to the wellbeing of his wife and unborn child. She eventually left against medical advice due to her husband's persistence. This type of patriarchy has grave implications with the rising prevalence of sexually transmitted infections and HIV.

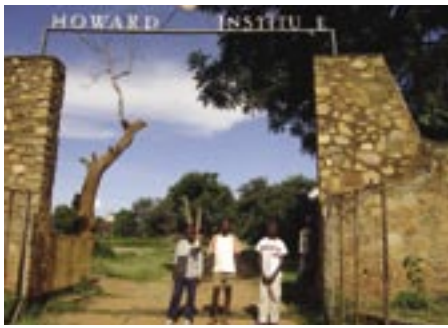
With the cultural differences in mind, I took the opportunity to respectfully educate women with regards to protecting themselves from sexually transmitted infections and HIV, and make them realize that their voices had worth. The culture of the Shona people is deeply embedded in their upbringing... I believe that the brief encounters

spent educating the women at Howard about their choices and rights is the first step to empowering them.

I was in charge of the neonatal unit and the maternity ward. The NICU had six incubators, some held together with tape and sheer ingenuity. There was an indescribable smell to the NICU that I will unfortunately never forget. There were no mechanical ventilators - midwives manually ventilated babies when needed. Formula for neonates with failure to thrive was not affordable by the families or the hospital and was the cause of the remaining neonatal deaths that occurred while I was at Howard. The maternity ward housed antenatal and post-natal mothers where there was a constant battle to keep patients in hospital despite their insistence of leaving due to the hospital fees, no matter how minimal.

... Nothing goes to waste at Howard Hospital. Through poverty they have been forced to improvise for even the barest of essentials. Treatment options were limited not only by a lack of personnel, but also by a constant shortage of basic supplies - supplies that fill hospital storage rooms in developed countries. The options I could offer my patients were dictated by the always diminishing number of N fluids bags, the fluctuating supply of antibiotics and the usually non-existent supply of common analgesics.

From my residency training in Toronto, I was accustomed to practicing in an environment



A NEW DIRECTOR for the IWHP Program

With the recent expansion of the International Women's Health (IWH) team, the SOGC is pleased to welcome Astrid Bucio as the new Director of the IWH Program. Ms. Bucio comes to the SOGC with over a decade of experience in development. Having recently worked for the Inter-American Development Bank in Mexico and Paraguay, Ms. Bucio's wide variety of experience and expertise includes maternal and child health, gender issues and reproductive health, and women in development. She has substantive experience with project management, as well as human resource and financial management. She is trilingual, and speaks English, French and Spanish fluently. With her arrival, Liette Perron moves into the new position of Project Manager for the SOGC Partnership Program.

Ms. Bucio will be in attendance at the International Women's Health Symposium in June 2007 in Ottawa, so members will have a chance to meet her. In the interim, if you'd like to reach Astrid email at abucio@sogc.com or by telephone at (613)730-4192 ext 267.

that had seemingly endless treatment choices. My first few weeks at Howard left me frustrated and feelings of despair threatened my own sense of hope - that is until I opened my eyes and saw through the chipped paint, stained linen and overcrowded wards. . . . Within the deteriorating walls of Howard Hospital hope radiates brilliantly. Each morning nurses in every ward sing lively hymns of hope and thankfulness. The Shona people and their culture truly exemplify perseverance, inner strength and hope that I felt privileged to witness.

Hope is also what Howard Hospital is trying to give to its people through the Tariro ('hope' in Shona) Clinic. In September 2004, the Tariro Clinic opened, making the hospital one of the first HIV/AIDS treatment centers in rural Zimbabwe. It is involved in identifying and managing individuals suffering from HIV/AIDS. The Hospital has also been running an Education and Information Dissemination Program as well as a Home-Based Care program to provide support and education for palliative HIV patients and their families. The Tariro Clinic continues to expand and enroll more patients in its ARV program and is increasing its number of mobile clinics out in the villages.

The insight and life tools I have gained from working at Howard Hospital are invaluable and amount to more than what I ever could have provided medically. The strength of spirit and generosity of the Shona people are inspiring and have been infectious. I have been given

the luxury of 'options' - a luxury I will not take for granted. Having practiced medicine with just the 'bare essentials' will definitely have an impact on my utilization of health care resources. I am excited to bring what I have gained through this elective to my relationships with my patients, colleagues and to the advancement of women's health.

CALL FOR VOLUNTEERS

The International Women's Health Program is seeking volunteers for a series of ALARM International Courses being offered in Haiti in the fall of 2007. The courses are part of the ongoing collaboration with the *Société Haïtienne D'obstétrique et de Gynécologie* (SHOG), the Haitian Ministry of Public Health and Population, and UNICEF.

A needs assessment course and several AIP courses were conducted in the earlier phases of the project during the fall of 2006. SHOG and the Ministry of Health have provided ongoing supervision and follow-up. Three AIP courses are planned for the fall. Two of the courses are scheduled for September and October, and the third course will take place in either August or November.

The IWHP will require two Canadian volunteer ALARM International Instructors for each of these courses. The language of instruction in Haiti is French and, ideally, the teams of two will be comprised of a midwife and a physician, either ob/gyn or general

practitioner. Preference will be given to volunteers who have one or more of the following: has taught AIP previously; participated in AIP professional development held in April 2006; has successfully completed ALARM Canada; or are ALARM Canada Instructors. All applicants are encouraged to indicate their interests.

The courses are five days, but volunteers are encouraged to schedule seven or eight days in their schedule to allow for travel and preparation time. If you are interested in being involved in this initiative please to contact the ALARM International Program Project Manager, Moya Crangle at mcrangle@sogc.com.

Tentative Course Dates

August : dates unknown
September : September 17 – September 21
October : October 29 – November 2
November : dates unknown

SAFE MOTHERHOOD FOR ALL: An SOGC Leadership Initiative

By Caroline Laroche, Erin Adams & Samantha Collins

This past March, the SOGC International Partnership Program organized an International Leadership Workshop for Young Health Professionals in Kampala, Uganda, through CIDA sponsorship. This event drew residents and young ob/gyns from Guatemala, Haiti, Burkina Faso, Uganda, and Canada together to explore and enhance our roles as leaders in advocating for safe motherhood and reproductive health both domestically and internationally.

Uganda, a former British colony, is unfortunately famous for the devastating reign of dictator Idi Amin Dada, whose story is told in the recent Hollywood movie *The Last King of Scotland*. However, it is one of the few African countries that has enjoyed a stable political situation over the past several decades, and where HIV prevalence has actually declined – to approximately 6%. This being our first experience in Africa, we were eager to witness the reality of Ugandan life with our own eyes.



Our encounter with the country's luscious vegetation was brief, as we spent most of our time in Kampala, the capital city. Kampala seemed to be in full expansion with many constructions underway and unbelievable traffic. But not far from the fancy hotels, the majority of Ugandans were living in crowded and unsanitary conditions.



During hospital visits, we witnessed the inadequate infrastructure and lack of resources. The inequalities between the private and public health services—services often provided under the same roof—shocked our Canadian sensibilities. Our colleagues from the other delegations confirmed that these issues are hardly unique to Uganda.

Despite the challenges, many initiatives – such as free HIV testing and ARVs for pregnant women – showed the definite will to improve maternal and newborn health. Another

partnership program of sorts between Canada and Uganda aims to do just that. Dr. Jean Chamberlain, of McMaster and Uganda Christian Universities, has created a Master's program in Public Health Leadership specifically geared to "Save the Mothers." The program takes in professionals from varied backgrounds, from journalists to Members of Parliament, and teaches them how to promote awareness regarding safe motherhood and to raise funding. This includes the multifaceted aspects of the problem unlikely to be solved by physicians, such as roads, infrastructure, community beliefs, and the status and self-determination of women in society. The program is about to graduate its first class and there have been multiple successes already. The idea has also generated considerable interest among the participating countries.

The workshop itself covered an ambitious agenda. The esteemed panel of lecturers included Professor Florence Mirembe, one of the first female gynaecologists in Uganda, Dr. Emmanuel Ojala, the Minister of State for

Health of Uganda, Dr. Anthony Mboyne, the Assistant Commissioner of Reproductive Health of Uganda, Dr. Romeo Menendez, president of the Asociación de Ginecología y Obstetricia de Guatemala, and our own Canadian contingent: Dr. André Lalonde, Dr. Jean Chamberlain, and Dr. Guylaine Lefebvre.



The specific challenges to reproductive health and Safe Motherhood and Newborn Health in each of the aforementioned countries were presented by their delegates. The clinical problems encountered by these doctors on a daily basis are shocking to those of us practicing in Canada. The Guatemalan group has had to enlarge the age bracket of maternal deaths to account for the 10 and 11-year-old girls who have died in childbirth. A young, lone obstetrician in rural Burkina Faso rarely has access to blood that could save lives. Drug stock-outs of oxytocin and antibiotics are a daily reality throughout Uganda.

Workshops also included clinical management of postpartum hemorrhage, sessions on leadership skills, and advice on how to carry out morbidity and mortality audits. The role of the individual physician and professional memberships in advocating for women's health were also explored in detail. Based on the week of collective discussion and information sharing, a series of goals and recommendations was submitted to each country's professional body and to the SOGC, from the junior members. Resoundingly, there was a call for a professional network of junior members / young practitioners both within and between professional associations to share information, advocate together, and learn from each other's successes in striving for improved sexual and maternal health for all women.

Fortunately, the program had already accomplished the beginnings of this formidable task by bringing together the wistful enthusiasm of young reps from the five countries and tempering it with the experience and inspiration of our current leaders. The energy was contagious, and there were plenty of role models to be found.



Despite cultural differences and proceedings in three languages, friendships and partnerships were formed amongst the young representatives through discussion of common challenges, brainstorming sessions (some of them poolside), and social outings. Together we experienced a night of traditional Ugandan dance, a Ugandan craft market, fabulous wrap-up celebrations, and the source of the great Nile River, as well as the requisite nights of not-so-traditional dancing! All that, and we also managed to form an international young leaders steering

committee to accomplish the mutual goal we devised in our week together — continuing the work that has already been started! We hope the program will be the first of many successes to come.



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ALARM INTERNATIONAL PROGRAM: OB/GYNS and Midwives Working Together in Ukraine and Haiti

In April 2007 the International Women's Health Program sent Canadians to partake in ALARM International Programs conducted in the Ukraine and Haiti. Both of these courses were unique in their relatively high levels of participation and collaboration with midwives.

The first of the two April courses took place in Donetsk, Ukraine, from April 17-21 and was delivered as part of the Ukrainian Association of Obstetricians and Gynecologists' (UAOG) FIGO Safe Motherhood and Newborn Health project. The Canadian delegation comprised of Dr. François Beaudoin, Chair of the ALARM International Program Committee, and Moya Crangle, RM Project Manager of the ALARM International Program, audited the course and provided feedback to the 11 Ukrainian faculty members. The instructors in the Ukraine were enthusiastic and proved themselves to be well-versed in evidence-based medicine and in the principles of adult learning.

The faculty team was exceptional and included nine members of the UAOG and two midwives who were involved in the instruction. This distinctive composition reflects a broader collaboration trend between obstetricians and midwives that became evident throughout the training—of the 54 participants, 24 were midwives and 30 were ob/gyns. In the Ukraine, it is considered quite unusual for midwives and obstetricians to teach and learn together. Midwives who have instructed and participated in ALARM have found that since taking the course they have gained more respect from obstetricians.

While in the Ukraine, Ms. Crangle had the opportunity to meet with the local midwives to discuss their experience with the ALARM International Program and to provide encouragement with respect to the creation of a professional association. Not having been previously familiar with the International Confederation of Midwives (ICM), the midwives were very interested to learn more and were keen to develop some connections with the



while Ms. Crangle, who joined the International Women's Health team in January, was an active course participant. Suzanne Plourde, Project Manager of the International Women's Health Program's new QUARITE project also traveled to Haiti to act as a faculty member. The dynamic group of 21 skilled practitioners included Marie Hatem and Dr. Jean Lankoande, a representative from the *Société des Obstétriciens et Gynécologues du Burkina Faso* (SOGOB). His participation comes as the SOGC Partnership Program is being extended to Burkina Faso in the coming months.

The SOGOB is hoping to host the ALARM International Program, possibly as early as November 2007. Marie Hatem is a Midwife-Researcher from the Université de Montréal, and will be working as a member of the new QUARITE project. The course was an excellent opportunity to expose our new partners to the clinical and programmatic content of ALARM International Program.

midwifery associations active in Latvia, Estonia and Russia that are represented within the ICM. It is hoped that the Ukraine midwives will contact their Russian-speaking counterparts to gain a broader understanding of the benefits of autonomous professional representation at home and internationally.

Following the Ukrainian course, Dr. Beaudoin and Ms. Crangle traveled to Port-au-Prince, Haiti to participate in the April 24-28 ALARM International Program, a component of the SOGC Partnership Program. Dr. Beaudoin served as a faculty member

In Haiti, the six day Train-the-Trainers course was also delivered, creating a pool of 12 new instructors, four of them Haitian midwives that participated in the course. This is a dramatic increase over previous midwife participation and is reflective of the increased collaboration between SHOG and its peer midwives.

April marked a successful month of training in both the Ukraine and Haiti. The training reflects the SOGC's mandate of promoting the collaboration of ob/gyns and midwives at home and abroad.