SOGC Becomes the Newest Member of the Wait Time Alliance

Exploring Accelerated Training Programs to Address Maternity Care Shortages

QUARITE Program to Measure Effectiveness of SOGC International Work

Innovative Sexual Health Education: Promoting higher learning with Sex U
**Accessibility of Progesterone Caproate for the PREVENTION OF PRETERM BIRTH**

In the January 2008 issue of the *Journal of Obstetrics and Gynaecology Canada* (JOGC), the SOGC released its Technical Update number 202, titled *The Use of Progesterone for Prevention of Preterm Birth*. The objective of this new update was to introduce new information on the use of progesterone to prevent premature labour, and to provide guidance to obstetrical caregivers who counsel women on the merits of this choice.

Currently, progesterone caproate intramuscular therapy is only available in Canada through the Special Access Program (SAP) of the Therapeutic Products Directorate of Health Canada and is provided by Duchesnay Inc.

For information on how to obtain intramuscular progesterone (Proluton Depot), obstetrical caregivers may contact Duchesnay Inc. at 1-888-666-0611 ext 120, or by email at cleduc@duchesnay.com. Caregivers may also contact the Special Access Program directly, by phone at (613) 941-2108, by fax at (613) 941-3194, or by email at SAPdrugs@hc-sc.gc.ca. More information about the program is available on the Health Canada website, at http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogu...index_e.html.

**SOGC JOINS WAIT TIME ALLIANCE**

The Society of Obstetricians and Gynaecologists of Canada has become the newest member of the Wait Time Alliance (WTA). The group, which is comprised of 13 member organizations including the SOGC, was formed out of concern among Canada’s doctors over delayed access to care for their patients. The alliances members work collaboratively with stakeholders to improve wait times in Canada. By joining the Alliance, the SOGC joins other national medical specialty societies whose members are directly involved in providing care to patients.

In conjunction with the SOGC’s new membership in the Alliance, the Society is also releasing new national wait time benchmarks for ob/gyn services. These new benchmarks will address issues such as wait times for consultation, investigation and surgery in ob/gyn, as well as some relating to gynaecological cancers and urogynaecology. The new benchmarks represent one of the first initiatives aimed at managing and monitoring wait times in ob/gyn.

Health professionals in ob/gyn face serious challenges in access to care, particularly since emergency and most non-elective surgery wait times are becoming a problem for practitioners in gynaecology.

To become a member of the WTA, the SOGC had to document wait time benchmarks using level-5 evidence or higher. This criteria has been attained and the results will be published in an SOGC policy statement appearing in the March 2008 issue of the *Journal of Obstetrics and Gynaecology Canada* (JOGC). The statement also states that “access to obstetrical care, in particular, is in crisis in Canada, and delayed obstetrical care is a life and death issue for the mother and her baby”.

The SOGC looks forward to this important new partnership and looks forward to its continuing work to improve ob/gyn wait times for Canadian women. For more information about this new partnership or the Wait Time Alliance, please visit www.waittimealliance.ca. Complete details regarding the SOGC’s wait time benchmarks for ob/gyn are available in the Society’s Policy Statement on Wait Times, published in the March 2008 issue of the *Journal of Obstetrics and Gynaecology Canada*, and available online at www.sogc.org.

**CORRECTION**


The 2008 SOGC Desk Calendar, distributed to SOGC Members, includes a small error relating to the 20th Quebec CME, which will be hosted Oct. 2-4 at the Fairmont Tremblant hotel in Mont Tremblant, Quebec. On the entries for the dates Oct. 2nd, 3rd, and 4th, the calendar incorrectly lists the event as being hosted in Quebec City. (The SOGC apologizes for any confusion this may cause.)

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This month, the SOGC became the 13th member organization of the Wait Time Alliance. The Alliance’s other members include:

- Canadian Anesthesiologists’ Society
- Canadian Association of Emergency Physicians
- Canadian Association of Gastroenterology
- Canadian Association of Nuclear Medicine
- Canadian Association of Radiation Oncologists
- Canadian Association of Radiologists
- Canadian Cardiovascular Society
- Canadian Medical Association
- Canadian Ophthalmological Society
- Canadian Orthopaedic Association
- Canadian Psychiatric Association
- Canadian Society of Plastic Surgeons

Health professionals in ob/gyn face serious challenges in access to care, particularly since emergency and most non-elective surgery wait times are becoming a problem for practitioners in gynaecology.

The Wait Time Alliance reports on the progress made in achieving benchmarks for five key areas, as set out in the 2004 First Ministers’ 10-Year Plan to Strengthen Health Care. These five areas include cancer, cardiac care, diagnostic imaging, joint replacement, and sight restoration.

Since this time, the WTA has expanded its membership and mandate to other specialties, including anesthesiology, emergency care, gastrointestinal, mental health, plastic surgery and, now, obstetrics and gynaecology.


The 2008 SOGC Desk Calendar, distributed to SOGC Members, includes a small error relating to the 20th Quebec CME, which will be hosted Oct. 2-4 at the Fairmont Tremblant hotel in Mont Tremblant, Quebec. On the entries for the dates Oct. 2nd, 3rd, and 4th, the calendar incorrectly lists the event as being hosted in Quebec City. (The SOGC apologizes for any confusion this may cause.)
SOGC needs your help
IN HAITI
By Dr. André B. Lalonde
Executive Vice-President, SOGC

My fellow members, on behalf of the SOGC, I would like to request your support for an initiative that will help save the lives of mothers and newborns in Haiti. The SOGC is actively supporting the International Federation of Gynecology and Obstetrics’ (FIGO) Saving Mothers and Newborns Project in Haiti. This Haitian initiative seeks to improve access to skilled attendance at birth in a suburban community situated approximately 13 km northeast of Port-au-Prince. Currently only pre- and post-natal care is available at the local Croix-des-Bouquets health centre, on an outpatient basis. Through this new initiative, the SOGC will help support an upgrade of this facility to provide basic emergency obstetrical care, with comprehensive services to follow in the next year. The physical rehabilitation of the health center is funded by FIGO’s Safe Motherhood and Newborn Health project and PLAN Haiti, a national non-governmental organization.

In light of the difficulties Haiti is facing in financing new and existing health centres, SOGC has decided to call upon its members for support in raising $30,000 for the purchase of the basic medical equipments needed to furnish the delivery room and operation theatre. The equipments and supplies will be purchased in Haiti or ordered from Miami suppliers with experience dealing in Haiti. It will be coordinated by officials from Haiti’s ob/gyn society, SHOG.

Items needed include: birthing trays, c-section trays, cervical tear repair kits/trays, an autoclave, a delivery bed, examination lights for the delivery room, a newborn suction machine, an infant warmer, and a generator with enough power to provide electricity for a five- to ten-bed health center.

A donation of $1,000 will buy the following:
• the necessary medical equipments and supplies needed to assemble six birthing trays, three c-section trays, and two vaginal cervical tear repair kits; or
• a newborn suction machine and an infant warmer.

A donation of $2,000 will permit SHOG to purchase:
• a refurbished delivery bed for the delivery room, or
• the autoclave needed to sterilize the instruments and linen of the maternity ward.

All other donations will contribute to the purchase of the generator needed to provide power to the health centre.

SOGC will initiate the campaign with an institutional donation of $10,000, and we are calling on the generous support of our members to help contribute to this important cause. All donors will receive a charitable tax receipt for the amount donated, and their generosity will be acknowledge in our SOGC publications, and on a plaque which will adorn the entrance of the maternity care centre.

To open the maternity care centre in April, we need your donation as soon as possible! I encourage you to get together with your colleagues and make a joint commitment.

Donations can be made out to the Canadian Foundation for Women’s Health and mailed to the Society of Obstetricians and Gynaecologists of Canada, International Women’s Health Program, 780 Echo Drive, Ottawa, ON KIS 5R7. Please specify on the cheque that your donation is to support the Croix-des-Bouquets initiative in Haiti.
18th West/Central CME Program

March 27–29, 2008
Rimrock Resort Hotel, Banff, Alberta

Program offered in English.

Back by popular demand:
SCC Colposcopy Workshop
With Dr. Lizabeth Brydon, Dr. Jill Nation and Dr. Christopher Giede
Saturday, March 29, 10:30–12:30

For complete conference details, please visit our website, www.sogc.org

Three ways to register:

- Online: www.sogc.org (credit card payment only)
- Fax: 613-730-4314 (credit card payment only)
- Mail: SOGC, 780 Echo Drive Ottawa, ON K1S 5R7

Conference Site:
The Rimrock Resort Hotel, 300 Mountain Ave., Banff
Tel.: 1-800-661-1587 (Group code: SOGC)

Nestled in a pristine mountain setting above the Banff Townsite, the Rimrock Resort Hotel offers comfort and luxury combined with the most breathtaking mountain and alpine valley views to be found.
4th Gynaecology
ONTARIO CME PROGRAM

April 18–19, 2008
Marriott Downtown Eaton Centre, Toronto, Ontario

Register today to benefit from our Early Bird rate –
Early Registration Deadline: Thursday, March 20, 2008
To register, please visit our website at www.sogc.org.

Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto
• Standard room: $153 per night single/double occupancy
• Reserve before Thursday, March 20, 2008
• Tel.: 1-800-905-0667 (Group code: SOGC)

Upcoming Meetings

SOGC Meetings
18th West/Central CME
March 27–29, Banff, Alberta

4th Ontario Gynaecology CME
April 18–19, Toronto, Ontario

64th Annual Clinical Meeting
June 25–29, Calgary, Alberta

20th Quebec CME
October 2–4, Mont-Tremblant, Quebec

4th Quebec Obstetrics CME
November 13–14, Montreal, Quebec

Program Schedule

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<tr>
<td>Moose Jaw, SK</td>
<td>April 6–7, 2008</td>
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<tr>
<td>Toronto, ON</td>
<td>April 20–21, 2008</td>
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<td>Montreal, QC</td>
<td>May 11–12, 2008</td>
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<tr>
<td>Calgary, AB</td>
<td>June 23–24, 2008</td>
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Other Meetings

CSTAR Hysteroscopy Update 2008 Saturday
April 26, 2008, Course Director Dr. George Vilos, Accredited with RCPSC. London Health Sciences Centre, University Hospital CSTAR. For more information contact Dorace Ramage at 519-663-3111 or by email at dorace.ramage@lhsc.on.ca. To view the full program and to register please visit www.lhsc.on.ca/cstar

18th World Congress on Ultrasound in Obstetrics and Gynecology. 24–28 August, 2008, at the Navy Pier, Chicago, USA. Abstract submission open online until February 24th only. To submit abstracts, register or to find out more visit www.isuog.org. For inquiries, email congress@isuog.org.

Members’ Corner

OBITUARY
Dr. Jean Cohen, 1929–2007

The SOGC is saddened to learn of the passing last summer of Dr. Jean Cohen, a former International Associate Editor for the Journal of Obstetrics and Gynaecology Canada (JOGC). In his native France and internationally, Dr. Cohen was respected as an expert deeply involved in the field of human reproduction, particularly with regard to its ethical aspects and on the role of organizations. Throughout his notable career, he aimed to enhance every possible aspect the research of reproductive clinical science. As a pioneer in both contraception and in vitro fertilization, this French ob/gyn will be remembered as one of the most dynamic and creative minds of his generation. As a role model and teacher, he has helped to stimulate countless young minds through his many years of service in the specialty. His memory will continue to inspire us.

Dr. Cohen passed away on August 4, 2007, in Morocco.

WHAT’S YOUR STORY?

The SOGC News wants to hear from you, our membership! Each issue, the SOGC News publishes articles, profiles, and features highlighting the latest news in obstetrics and gynaecology. We love to hear about innovative new programs or approaches to ob/gyn care, that tell us what’s new in ob/gyn care, or where we stand as a specialty and where we are headed. We also love to highlight our member’s contributions to the specialty, and to 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!

If you have a story that you think Canada’s healthcare professionals in ob/gyn would like to read about, let us know. All of our readers are encouraged to send submissions, articles or story ideas for the SOGC News to Mike Haymes, Editor of Communications and Public Education, by email at mhaymes@sogc.com, or toll-free by phone at (800) 561-2416 ext. 325.

NEW MEMBERS

Welcome New Members
The SOGC would like to welcome some of our newest members to the society:

Member Ob/Gyn: Dr. Alpa Narendrabhai Shah;

Associate Member – Allied Health Professional: Mr. Philip Lawson Hudson;

Junior Member: Dr. Alojaili Asma; Dr. Tessa Chaworth-Musters;

Junior Member – Family Practice: Dr. Tommy Aumond-Beaupre; Dr. Laura J. DiMarzo; Dr. Kerri Hetherington;

Associate Member – MD: Dr. Helene Guillemette; Dr. Fernand Labrie, MD; Dr. Martin Lemiieux; Dr. Abdalrhman A. Shnishah; Dr. Murray Trusler, MD; Dr. Megan Williams, MD;

Associate Member – Midwife: Ms. Jennifer Bowman, RM; Mrs. Mina Sharafbafy, RM;

Associate Member – PHD: Dr. Jean Gekas, PhD;

Associate Member – RN: Mrs. Maggie Convey, BScN, RN; Ms. Rita Cutajar, NP; Ms. Melissa C. Davey, RN, BScN, PNC(C); Mrs. Myrna Avice Edisson; Dr. Viola Polomeno, RN; Ms. Mary Jean VandenNeucker, RN (EC);

Associate Member – Students in Healthcare Training: Mrs. Megan Melissa Arnold; Ms. Stephanie Backman; Miss Jennifer Anne Boyd; Ms. Michelle C. Chan; Ms. Norma Marie Charriere; Ms. Iryna Didyk; Mr. Eric Yiu-Han Fung; Ms. Rose Geransar; Ms. Rayisa Hontscharuk; Ms. Amna Karabegovc; Ms. Jenny JY Lim; Ms. Erin MacLellan; Ms. Leah Mawhinney; Ms. Erin McFadden; Ms. Caroline Maria McGuinty; Ms. Shaylyn Heather Montgomery; Ms. Noel Patten; Mr. Will Pynten; Ms. Meghana Samant; Miss Rainbow Tin;
Can you STUMP THE PROFESSOR?

The SOGC Junior Member Committee invites you to submit cases for the 2008 edition of “Stump the Professor”.

All residents who are members of the SOGC are invited to submit a detailed summary of an interesting case that arose at their centre by April 1st, in the hopes of stumping our panel of ob/gyn experts.

The SOGC Junior Member Committee is calling for entries for the 2008 Annual Clinical Meeting (ACM) that will be held in Calgary, Alberta from June 25 to 29. The winning entries will be selected by a committee, and the individuals who submitted them will be invited to present their case to a panel of distinguished ob/gyn professors at the 2008 ACM.

Since its inception, this event has become a participant favourite at the ACM.

A $1,000 prize is awarded to the Best Obstetrical Case and Best Gynaecological Case to help defray the cost of attending the Annual Clinical Meeting.

Please forward entries to: jpoirier@sogc.com.
Deadline: April 1st 2008

3rd Annual SOGC Junior Member WRITING CONTEST

Have you had on-call experiences that inspired you beyond the expectations you had when you first chose to enter the field of obstetrics and gynaecology?

The SOGC is holding its 3rd Annual Junior Member Writing Contest. This year’s writing contest topic is “Stranger than fiction!...On call experiences of this exciting field”

The purpose of this contest is to give residents a forum to express their satisfaction with their careers and reflect on their decisions to enter the field of ob/gyn. Your stories of triumph help to inspire our peers in the medical community, improve the public image of ob/gyn, and encourage others to enter the field.

Put your thoughts on paper and submit them to us by April 25th, 2008.

Contest Guidelines
1. Essays (French and/or English) must be submitted electronically at jpoirier@sogc.com
2. Deadline for submission is April 25th, 2008
3. Only submissions from the SOGC membership category of “Junior Members” will be accepted
4. First, second and third place winning essays will be published in the SOGC Newsletter and displayed at the SOGC ACM in Calgary
5. The first place winner will be invited to make a presentation to medical students at the SOGC ACM in Calgary
6. The first place winner will receive a maximum of $1,000 dollar stipend (to be used toward travel and accommodation) for the 2008 SOGC ACM
7. Marking criteria: Quality of writing, Quality and originality of ideas, Ability to inspire interest in the field of Ob/Gyn and Overall impression
8. Maximum word count of 1000 words

The purpose of the writing contest is:
• To provide a forum for residents to express their satisfaction with their career choice and reflect on their decision to enter the field of ob/gyn,
• To award ob/gyn trainees that are proficient in story-telling and writing,
• To promote the positive aspects of a career in ob/gyn among medical students, residents and faculty and,
• To improve the image of the ob/gyn field within the medical community and the public.

For more information concerning the 3rd Annual SOGC Junior Member Writing Contest, please email Ms. Janie Poirier at jpoirier@sogc.com.

THE RESIDENT PROFESSIONAL DEVELOPMENT PROGRAM

The SOGC is pleased to announce the Resident Professional Development Program, formally known as the annual Canadian Junior Members Leadership Program.

The program will bring together residents from Canadian universities to participate in the SOGC’s 2008 Annual Clinical Meeting.

Residents will be given the opportunity to take in the meeting’s scientific program, including four sessions specifically designed for the residents. Two residents from each university will be invited to attend the meeting, held in Calgary from June 25-29, 2008.

Participants are chosen at the discretion of each university and their names should be submitted to Ms. Janie Poirier prior to April 1st, 2008 at jpoirier@sogc.com.

For more information on the 2008 Annual Clinical Meeting visit our website at www.sogc.org.
A HALF-DAY in the life of a resident
By Dr. Andrea Skorenki, University of Alberta

Half day—the time we are relieved of clinical duties to meet with fellow residents and learn. Of course, we learn as we work in case-room and on call, but half-day provides structured learning that is very different from the hospital experience. Each ob/gyn residency program has a scheduled half day. The shortest are University of Montreal and McGill at three hours. The University of Western Ontario (UWO) is the longest with a total of five hours of instruction, including grand rounds and teaching rounds, which occur before the regular two-and-a-half hour session.

All programs mandate that half-day is ‘protected time’, and some programs, like University of Calgary (U of C) and University of Alberta (U of A) are able to hire extenders to cover clinical duties while residents are away. The University of Toronto (U of T) does not hire extenders, but has separate half-days for junior and senior residents, which means that there are usually enough residents to cover. In other locations, OB staff doctors cover their own patients during half-day and medical students or other staffs help in the OR. Most programs report that staff respect half-day and residents at Queen’s actually hand over their pagers to the on-call staff! These practices may help resolve the problem faced by many schools when new patients end up waiting until the residents have returned, resulting in a backlog for the person coming on-call.

Most half-days use a lecture based format, with occasional skills and anatomy labs. At U of T, senior residents use mostly lectures and the juniors have a combination of skills labs, lectures and small group interactive sessions. U of C recently had a practical goat lab and U of A runs simulators and pig labs throughout the year to practice laparoscopic skills. McMaster runs an evening surgical skills session that includes knot tying and familiarization with OR instruments. Laval includes Journal Club as part of their sessions. Residents and staff share teaching duties at most institutions. Lectures at McMaster, Montreal and University of Manitoba are mainly taught by staff physicians, whereas residents at Sherbrooke, Laval, U of C, McGill and U of T do most of the teaching. University of Alberta combines both methods. Most schools have a fixed lecture program decided on by either the program director or the chief residents. CREOG and CanMeds objectives are the most common guides for choosing topics.

APPLICATION DATES for Junior Member Grants

The SOGC assists its members with their continuing education by providing financial support for a variety of scientific and educational programs. The application deadline dates for Junior Member Grants are:

May 15, 2008: For electives taking place between July 1st and December 31st, 2008
November 15, 2008: For electives taking place between January 1st and June 30th, 2009

For more information, please visit the Junior Member section of the SOGC website.

MyObClinic.ca

MyObClinic.ca is a web-based tool designed by the SOGC to help busy health professionals create their own websites.

MyObClinic shows you how to:

- Keep your patients in the know via an e-newsletter
- Post maps to your clinic
- Share important health information and updates

From the web to the waiting room, visit http://www.myobclinic.ca today to help you stay connected with your patients.
A fistula is essentially a hole. In both obstetric and traumatic fistula this hole occurs between the women's birth passage or vaginal cavity and her internal organs such as her bladder. Often this causes the woman to leak urine, feces or both. Obstetric fistula is often a result of obstructed labour and is treatable and preventable. If the baby's head bears down against the mother's pelvis for an extended period of time the blood supply is cut off eventually causing the tissue to die and wear away, leaving a hole between her vaginal cavity and her bladder and in some cases her vaginal cavity and her rectum. The implications of this preventable misfortune are manifold.

Not only has she lost her child, and not only is she leaking urine and possibly feces, she may also be abandoned by her family and community due to the unpleasant smell and social stigma.

A virtually nonexistent issue in North America (the last fistula hospital in the United States closed its doors in 1865), there are an estimated 2 million women suffering from obstetric fistula worldwide, with the majority of cases in lower-resource African countries. In these places, access to skilled birth attendants and cesarean sections are low, and rates of young marriage and child marriage are high. It is the most marginalized members of society — the poor, often illiterate women and girls — who are most affected.

While most cases of obstetric fistula can be cured by surgical procedures costing approximately $300-$450, in the developing world, women with fistula may live their entire life with this preventable and treatable condition. Many are unaware that there is a cure and others simply don’t have the financial means or access to the procedure. In many cases, they also lack the most basic of health care services.

We can better educate about the causes of obstetric fistula. While obstetric fistula may be the result of obstructed labour, a root cause of fistula is a lack of sexual and reproductive rights for women.

Things are changing.

Obstetric fistula has gained greater attention in the international women’s health community in recent years. The Hamlin hospitals in Ethiopia, the Fistula Foundation and UNFPA’s Campaign to End Fistula have raised the profile of the issue, giving voice to women who have suffered the devastating consequences of fistula. Treating fistula is not limited to a surgical procedure; Helping women reintegrate into their communities and education about how to prevent fistula are essential. Moreover, most of these women have suffered emotionally and financially due to their condition and require services to help them rehabilitate and reintegrate into society.

There is hope.

Progress has been made in the fight against fistula. In most cases, living with fistula marginalizes women and denies them their human rights. Global campaigns, medical training and greater public awareness have allowed for an increase in services to treat this debilitating condition. No woman should continue to suffer from a condition that is both treatable and preventable. We must all remember that treating obstetric fistula is more than just a surgical procedure; it is a life-restoring act.

(Continued on page 10)
Critical Context
Understanding Women’s Sexual and Reproductive Health and Rights Internationally

Marking Ten Years of the SOGC’s International Women’s Health Program

(continued from page 9)

Preventing Obstetric Fistula:

Postponing marriage. Early marriage often leads to high risk pregnancies. Girls under 15 are five times more likely to die from complications in childbirth and are more likely to develop fistula. Their bodies are often not developed enough for childbirth, causing obstructed labour.

Spacing births and limiting total pregnancies. Enabling women to access family planning services can greatly reduce the chances of developing obstetric fistula. It gives them more control over the ‘when and how’ of their pregnancies.

Access to skilled birth attendants and emergency obstetric care. Aiding women to access adequate and timely medical attention will reduce the incidence of the condition by ensuring that qualified help can perform the necessary medical procedures to prevent fistula.

Developing infrastructure. Transportation systems, medical centers with surgical capabilities and the provision of medical training will help women better access the preventative health services and the potential treatment they need when they need it.

Fighting poverty. Fistula is most common among poor women who cannot access the education and medical services necessary to ensure a healthy pregnancy.

Educating and empowering women and their communities. We see a reduction in maternal injury and mortality when women have access to education and services, and when they are better able to make choices about their bodies and reproduction. Educating communities about preventing fistula and the treatments available will improve the quality of life for women suffering the debilitating condition.

Promoting sexual and reproductive rights. When sexual and reproductive rights are valorized by the state, and when services take a rights-based approach, we see a reduction in maternal death and injury.

Traumatic Fistula

Fistulas can also be the result of direct gynaecologic trauma associated with a violent sexual assault by an assailant(s), or by forced insertion of objects such as gun barrels or sticks into a woman’s vagina. This kind of brutal aggression is unfortunately common in countries at war where such acts may occur with impunity. The effects of the fistula on the women and girls are the same as discussed in the article above; however, their access to health care is all the more challenging given the breakdown of medical services and the possible displacement of populations due to conflict. In this context, the physical and psychological effects of this condition may be even more debilitating.

For more information:
www.endfistula.org
www.fistulafoundation.org
www.walktobeautiful.com
www.fistulatrust.org

Menopauseandu.ca: Healthy living through menopause

The SOGC is proud to introduce menopauseandu.ca, the latest addition to SOGC’s public education and awareness online resources.

menopauseandu.ca is a comprehensive web site based on SOGC’s 2006 Consensus Report on Menopause and contains science-based information written for both the general public as well as health care professionals. Easy-to-read information about menopause that Canadians can trust, written in accessible language, with patient downloads for clinical use. menopauseandu.ca covers all aspects of the diagnosis and treatment of menopause and will provide you with an excellent resource for you and your patients.

Visit www.menopauseandu.ca today!
ATTENTION MEDICAL STUDENTS!

Apply today for the 2008 Medical Student Program at this year’s Annual Clinical Meeting

By the SOGC’s Promotion of the Specialty Committee

Dear Medical Student,

On behalf of the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Promotion of Specialty Committee invites you to attend the SOGC’s 64th Annual Clinical Meeting (ACM) to be held in Calgary, Alberta from June 25th to June 29th, 2008. This year, the SOGC has planned an exciting Medical Student Program, and invites medical students from all sixteen Canadian universities to apply to attend the SOGC ACM.

The Medical Student Program is designed to benefit medical students by exposing them to scientific programs, workshops and seminars that enhance their awareness and understanding of the profession of obstetrics and gynaecology. In addition, students are given the opportunity to mingle with ob/gyn residents. This provides an ideal opportunity for med students to exchange information with residents, who enjoy sharing their firsthand experiences with students considering entering an ob/gyn program.

Planning for this event is currently underway, and look forward to more information.

To those students selected to take part in the Medical Student Program, the SOGC is pleased to offer:

- free registration to the Annual Clinical Meeting.
- free accommodation at the University of Calgary for a maximum of four (4) nights (June 25, 26, 27 and 28 inclusive)
- a travel subsidy based on your departure location (place of residence)

For details on how to submit your application for this program, please visit our website at www.sogc.org/acm2008/english/medicalStudents_e.aspx

The Canadian Foundation for Women’s Health in partnership with Look Good Feel Better® presents:

Makeover Medicine
An Evening of What to Wear

An event promising to infuse fashion into your passion for women’s health

Does your image reflect your expertise? Do you wear your scrubs to the boardroom? Perhaps your favourite t-shirt and jeans are getting too much wear?

This event promises to be more exciting than passing your Royal College Exams! Learn the latest research on how to look great and dress for success. Fashionable scrubs, spiffy clinic wear, black tie, and travel wardrobes – understand it all at this evening of “what to wear” for both men and women.

Martinis, food stations, auctions, and models on the catwalk: A must for the health care professional! Join us for what promises to be a memorable night.

Basics: Saturday, June 28, 2008
Telus Conference Centre, Calgary
(site of SOGC ACM)
4:30 PM to 7:30 PM – pre-event makeovers
7:30 PM to 10:30 PM – main event

Tickets: $125.00 (with a charitable tax receipt for $75.00)
Remember to purchase tickets when registering for the ACM!
**Public Health Agency of Canada Releases New STI Data**

The Public Health Agency of Canada (PHAC) has released new data on the number of reported cases of notifiable STIs in Canada. The new data, released in January, details reported cases of genital chlamydia, gonorrhea, and infectious syphilis. The data provides updated figures for the first nine months of 2007, as well as projections for the rate of reported cases for the year.

For Canada as a whole, the data shows increases in the number of reported cases and projected rate of reported cases for chlamydia and gonorrhea. Syphilis, which is exceedingly rare in Canada, saw declines.

In particular, the new projections show the rate of reported Chlamydia infection rising by over eight percent from 2006 to 2007, from approximately 202 reported cases to 219 reported cases for every 100,000 Canadians. For the first nine months of 2007, this represents an increase of over 1700 reported cases (up to 53,535 reported cases) when compared to the same period in 2006.

These projections, however, are not uniform across the country. Projections for Maritime provinces, Saskatchewan and Alberta predict a lower rate of reported cases for 2007 than in 2006. In addition, projected rates of reported Chlamydia cases rose in 2007 for the Northwest Territories, where these rates are dramatically higher than other regions. For 2007, PHAC predicts that there were approximately 1783 reported cases of genital chlamydia for every 100,000 residents. This rate is more than eight times the National average for projected rates of reported Chlamydia cases, and four times higher than Manitoba, which has the second highest projected rate.

The agency also reports an increase in the number of reported cases of Gonorrhea, which rose from approximately 33 cases to 35 cases per 100,000, for the country as a whole.

The new data on STI surveillance is available online at www.phac-aspc.gc.ca.

**PHOTO CONTEST: Life may be a miracle but sometimes birth needs a helping hand.**

**International Women’s Health Symposium, June 2008**

Once again this year, the SOGC will be having a photo contest as part of its international women’s health symposium. All SOGC members are invited to submit photos that reflect the theme *Life may be a miracle, but sometimes birth needs a helping hand.* The entry deadline is May 1st, 2008 and winning entries will be displayed at the International Women’s Health Symposium.

Please read the contest rules carefully before making your submission. Complete rules and details are available on the SOGC website, www.sogc.org, within the International Women’s Health Program section. We look forward to receiving your submissions!

Winning entries from last year’s international women’s health photo contest. Photos 1 & 2 by Dr. François Couturier, 3 by Dr. Paul Thistle.

**PROMOTING HIGHER LEARNING with Sex U**

The SOGC’s Contraception Awareness Project, best known for its award-winning sexual health website sexualityandu.ca, has unveiled its latest showcase initiative, Sex University.

Building on the success of Sex-Fu Challenge, our highly popular online trivia game for teens, Sex U is an innovative new take on sexual health education for young adults. The new feature tests its users’ knowledge of sex and sexual health through interactive online quizzes. The quizzes aim to educate adults about healthy sexuality in an entertaining and interactive manner. The new site covers a range of subjects, including relationships, pregnancy, contraception, and sexually transmitted infections. The content is witty and fun, and offers increasing levels of difficulty for students who wish to study at the “Bachelor’s” and “Master’s” levels. In addition, as further incentive to learn about sexual health, the new Sex U microsite also offers a contest draw until late March, in which users who successfully obtain their “sexual health diploma” are entered in a draw to win a $250 shopping spree at a local shopping centre.

The new Sex U site is available on the sexualityandu website, www.sexualityandu.ca.
EXPLORING ACCELERATED TRAINING PROGRAMS to Address Maternity Care Shortages

By Maggie Quance, RN, Chair, SOGC's RN Advisory Committee

There has been discussion across the country about the impending shortage of maternity health care providers in Canada, a trend already felt in many rural communities. Providing shortened degree programs in midwifery for nurses, and in nursing for midwives, may be a potential solution to increasing the available maternity care workforce.

There are also questions about the viability of concurrent practice as both a nurse and a midwife, and whether this is a worthwhile goal. Under the auspices of the Office of Nursing Policy, Health Canada, and the leadership of Jennifer Medves (Queen's University) and Judy Rogers (Ryerson University), invitations were sent to members of the nursing and midwifery communities to come together and explore these issues. The goal of this meeting was to provide an opportunity to begin dialogue to identify challenges, common goals, and suggest processes to move forward where there is consensus.

Separate meetings were held in Ottawa on January 28, 2008 with nursing and midwifery educators to consider the feasibility of accelerated education programs for nurses to become midwives and midwives to become registered nurses.

On January 29, other stakeholders joined nursing and midwifery educators and clinicians for discussion and dialogue. Representatives included the Canadian Nurses Association (CNA), Canadian Midwifery Regulators Consortium, provincial nursing and midwifery associations, provincial and federal agencies, the RN Advisory Committee of the SOGC, the Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN Canada), and Health care insurers (HIROC). Topics included crossover education programs, provincial/territorial variations in regulation of RN and RM practice, models of maternity care practice, and regulation and compensation issues.

There was wide ranging and spirited discussion. There was general agreement that accelerated track nursing programs are already available that would prepare RMs to take the national registration examinations for registered nurse licensure. Nursing programs offering specific courses, those that allowed “challenge” to specific courses, and those that had distance education opportunities were thought to be the most attractive to RMs. Accelerated midwifery programs do not currently exist, though there is governmental pressure in some jurisdictions to implement accelerated programs. Participants generally agreed that there will be more demand for accelerated midwifery programs than for accelerated nursing programs; that is, more nurses would wish to pursue midwifery education than midwives pursue nursing education. Nursing and midwifery practices differ in many important areas including regulation, compensation, and models of care. These practices are also quite complex due to the wide variety of practice models in place throughout the provinces and territories. Regulatory bodies for RNs and RMs count hours of practice very differently — RNs consider hours of practice, whereas RMs consider “courses of care”. RNs generally are employees of organizations; whereas RMs may be employees of health regions and/or work in a fee-for-service model.

A major focus of the discussion was the complexities that accompany concurrent practice, i.e., practicing as a registered midwife some of the time and a registered nurse some of the time. Although there are examples of this type of practice which work very well, role definition is critical. Concern was expressed that dual registration may be perceived by other health care providers and potential employers as creating the “perfect” professional. This perception could undermine the need for both RNs and RMs in the perinatal setting and could create a different work environment for health care providers with dual registration.

Questions were raised regarding the RN and RM roles within high volume urban settings as well as rural/remote settings. All agreed that MCP developed a model for interprofessional care that has not been taken up in a meaningful way but has great potential to assist communities exploring new models for collaboration.

All members agreed this meeting was fruitful and that an additional meeting(s) would be useful, with wider representation from RN and RM groups.
A Dedicated NEW TEAM

The Canadian Foundation for Women’s Health is pleased to announce its new team. Kelly Nolan is the new full time Executive Director of the CFWH, and Lynn Chenier is the new full time coordinator. Many SOGC members will know Kelly from her previous role as Director of Communications and Public Education at the Society, and Lynn from her work with the Association of Professors in Obstetrics and Gynaecology (APOG). Look to this space for the latest updates on the Foundation and its supporters. In May, we will be revealing the four members who have agreed to have “makeovers” for the Makeover Medicine Event being held at this year’s SOGC Annual Clinical Meeting — an event you won’t want to miss! Visit www.cfwh.org to learn more.

The SCC Invites You to JOIN US IN CALGARY

By Betsy Brydon MD, SCC Program Director

Postgraduate Course 1 – Colposcopy Update
Society of Canadian Colposcopists
June 26, 2008
08:30 – 16:30

The Society of Canadian Colposcopists has organized an exciting Annual Clinical Meeting, hosted on June 26, 2008, at the SOGC’s Annual Clinical Meeting in Calgary.

Our guest speaker is Dr Mark Spitzer of the United States, President of the American Society for Colposcopy and Cervical Pathology (ASCCP).

A wide range of fascinating topics will be presented, including:

• New ASCCP Management Guidelines
• Treating the adolescent patient
• Triage of Low Grade Lesions
• HPV Vaccination in the clinic — Does it have a role?

We will finish the day with a Joint SCC/GOC symposium to discuss the triage and management of adenocarcinoma in situ and early adenocarcinoma.

For additional information, visit our website at www.colposcopycanada.org. More details will also be published in the April edition of the SCC Newsletter.

We hope to see you in Calgary.

CALL FOR NOMINATIONS - Canadian Association of Midwives

The Canadian Association of Midwives is calling for abstract submissions for its 8th Annual General Meeting, Conference and Exhibit, hosted November 12-14, 2008 in Quebec City. CAM/ACSF invites midwives, researchers and other care providers with special interests in maternal and newborn care to share their expertise and reflections. We welcome both oral and poster presentations, in English and/or French. Presentations could address issues such as: leadership and promotion of normal birth; sustainability in maternity care; clinical research; educational program innovations and program and policy initiatives.

All abstracts must be emailed to admin@canadianmidwives.org by March 31th, 2008 at 5:00pm (EST). Faxed or mailed abstracts will not be accepted. For questions or assistance with abstract content, please contact Patty McNiven at mcnivenp@mcmaster.ca. For more information visit the CAM website at www.canadianmidwives.org.
EVALUATING OUR WORK: IWHP’s QUARITE project put into motion!

“It is time to evaluate the effectiveness of our intervention in terms of improving maternal health and to know whether it meets the needs of health care professionals in the communities where we work”

— M. Crangle, QUARITE Project Manager

How do we know our work makes a difference? How much of a difference does it make? Are there ways we could have a greater impact? Is this a good use of our resources? These questions are important to any initiative, particularly international development. Research and evaluation helps us to improve our programs and better achieve our goals.

This is much of the reasoning behind the project called QUARITE. Funded by the Canadian Institutes of Health Research (CIHR), the study “QUALité des soins, gestion du Risque et TECHniques obstétricales dans les pays en développement” (QUARITE) is a clustered and stratified randomized controlled trial that evaluates the effectiveness of the ALARM International Program (AIP). The AIP is an intervention that aims to reduce maternal mortality and morbidity by improving the quality of maternal health care. This is achieved by training emergency obstetrical skills, introducing sexual and reproductive rights to health care professionals, and implementing maternal death reviews in health care institutions. The study will take place over four years (2007-2011) in both Mali and Senegal.

QUARITE’s principal hypothesis is that the AIP reduces maternal mortality by 30% in referral hospitals located in low-resource countries. Other outcome measures include a reduction in neonatal mortality, improved quality of maternal health care services and increased work satisfaction amongst health care professionals. There is also a concurrent cost-analysis study of the AIP. Inclusion criteria of hospitals in the study include the presence of an operating room; more than 1,000 births a year and consent from the obstetric chief of staff and the hospital director. Twenty-two hospitals in Mali and 24 in Senegal have met the inclusion criteria. If the AIP is proved to be effective, there is a plan for hospitals in the control group to receive the same training.

Moya Crangle, QUARITE Program manager visited Bamako, Mali and Dakar, Senegal in December for initial meetings to set up the AIP intervention as part of the research project. Ms. Crangle met with a number of government officials who are very enthusiastic about the AIP and the study where it is situated. The national GESTA-QUARITE committees are now established in both countries of intervention and they will be collaborating with their Canadian counterparts. SOGC members and GESTA-QUARITE committee members François Couturier, MD and Daniel Blouin, MD were already in Mali and were able to play a very active role in the initial meetings in Bamako. In Dakar, Ms. Crangle worked closely with QUARITE’s principal researcher Alexandre Dumont, MD of the University of Montreal and Centre Hospitalier Ste. Justine. Dr. Dumont presently resides in Senegal and is currently involved in the collection of baseline data for the QUARITE trial. The next steps for QUARITE will be finalizing agreements and terms of reference for the committees, creating an operational manual for the AIP within the context of the study and finalizing budget details. The first AIP course for Mali and Senegal is scheduled for September 2008.

NEW FROM THE SOGC!

The SOGC is adding to its collection of patient education brochures. In February, we added a brochure on Ultrasound in Pregnancy. Visit www.sogc.org for ordering information or to view our full line of printer friendly brochures.