Working for Change in Antigua – International Women’s Health and the SOGC’s International CME

Don’t miss our 64th Annual Clinical Meeting

Bill C-484: A letter from SOGC’s President

Society launches new public education video series
What the SOGC is doing in RESPONSE TO BILL C-484

Bill C-484 is a proposed private members bill entitled “Unborn Victims of Crime Act”. This bill proposes changes to the Criminal Code. It has been suggested that if this bill is passed into law, it could threaten not only women's reproductive rights but also compromise the ability of healthcare professionals to care for the pregnant woman.

The SOGC clearly understands that this issue is an important one for women's health in Canada. For this reason we are taking the necessary time and are investing the necessary effort to conduct a serious and comprehensive review of the content of this bill to assess and respond to the significant issues and impact this bill would have on women's health and the practice of obstetrics and gynaecology.

Our strategy for sharing our position will involve engaging Parliamentarians of all political parties in the House of Commons and the Senate to oppose this bill. The SOGC has asked to be heard at the Justice Committee meeting where this bill will be studied in detail before it returns to the House of Commons. At the present time, no fixed date has been set for the Justice Committee meeting on this matter. Therefore, we do not anticipate that this bill, in its present form, will obtain committee approval anytime soon.

We appreciate your support as we address this issue within our mission to advance the care of women through advocacy.

Sincerely,
Dr. Guylaine Lefebvre,
President, Society of Obstetricians and Gynaecologists of Canada (SOGC)

CSURPS changes its name to the Canadian Society for Pelvic Medicine (CSPM)

The Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery (CSURPS) has recently passed a motion to change its name to Canadian Society for Pelvic Medicine (CSPM). The change was felt necessary to highlight the role played not only by urogynaecologists surgeons but also by general gynaecologists, urologists and colorectal surgeons, as well allied medical professionals such as (but not limited to) nurses, continence advisors, nurse practitioners or physiotherapists involved actively with the management of pelvic floor dysfunctions such as incontinence, genital prolapse and anal incontinence.

HELping OUT IN HAITI: Your support for Haiti’s mothers is necessary

In Haiti, one in 29 women dies due to complications related to pregnancy and childbirth. Haiti is one of the International Women’s Health Program’s partnership countries and the SOGC is calling on you to provide some important support.

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 equipment needed to furnish the delivery room and operation theatre. The equipment 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 equipment 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.

(Continued on page 15)

Summer HOURS

From July 1st until September 1st, 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
DON’T MISS
our 64th Annual Clinical Meeting, June 25th to 29th
By Dr. Vyta Senikas
Associate-Executive Vice-President

Continuing education is, and will always be, an integral part of the practice of obstetrics and gynaecology. As our specialty continually evolves, the wisdoms we share along the way improves the quality of care we offer our patients, and helps shape the way we practice, and determines the professional satisfaction we take from our work. It is in this spirit that we have developed our 64th Annual Clinical Meeting, held June 25th to 29th at the Telus Convention Centre in Calgary.

We’ve adopted a new format for this year’s meeting, based on your feedback from recent years. The idea is to offer a CME experience of the high-caliber you expect, but in a more condensed and flexible schedule. Some of this year’s highlights include:

World-Class Scientific Program
SOGC has brought together a cast of leading speakers from Canada and abroad, to present an exemplary scientific program this year. The event is a great opportunity to hear from those working at the forefront of science and the practice, and to exchange ideas and collaborate with your colleagues in attendance – a diverse group of obstetricians, gynaecologists, midwives, nurses, MDs, family practitioners, residents, students and more. I encourage all of you to visit our website at www.sogc.org to explore the fascinating lineup of topics we will be presenting this year. Over the years, through feedback on our conferences, we have adapted a wide range of formats for our sessions to meet a variety of tastes. We offer small and interactive best-practice sessions on a wide variety of specialized topics, as well as large-scale presentations from renowned keynote speakers at our international, breakfast and luncheon symposia. We also offer a wide selection of subspecialty sessions, post-graduate courses, and a program of sessions uniquely developed for our resident and student participants.

International Women’s Health Symposium
This year the SOGC will be celebrating a very special anniversary at the conference – 2008 marks the 10th anniversary of our commitment to improving the sexual and reproductive health of women around the world. Our conference this year will begin with our day-long International Health Symposium, a fascinating look at the global picture of sexual/reproductive health, and at the work of the many men and women in ob/gyn and related fields who are rising to address this challenge. The symposium will include some special highlights to celebrate our 10 year anniversary, and is always a profoundly thought-provoking day. I greatly encourage all of you to attend.

Research and Innovation Program
Another popular event at the ACM each year is our Research and Innovation program, showcasing some of the leading edge research your colleagues have been conducting in Canada and abroad. A must for anyone involved in research or who likes to stay abreast of the latest work to advance our specialty.

Cannell Lecture
We are proud this year to welcome a remarkable lineup of keynote speakers and presenters, each a leading expert in his or her field. Each year, we (Continued on page 15)

For complete details about the 2008 Annual Clinical Meeting, visit our website at www.sogc.org.

Executive Committee:
• President:
  Dr. Guylaine Lefebvre, Toronto, ON
• Past-President:
  Dr. Donald B. Davis, Medicine Hat, AB
• President-Elect:
  Dr. Scott A. Farrell, Halifax, NS
• Executive Vice-President:
  Dr. André B. Lalonde, Ottawa, ON
• Treasurer:
  Dr. Mark Heywood, Vancouver, BC
• Vice-Presidents:
  Dr. Michel P. Fortier, Quebec, QC
  Dr. Ahmed M. Ezzat, Saskatoon, SK

Regional Chairs, Alternate Chairs and Other Representatives:
• Chair, Western Region:
  Dr. Sandra de la Ronde, Calgary, AB
• Alternate Chair, Western Region:
  Dr. Stephen Kaye, Vancouver, BC
• Chair, Central Region:
  Dr. Margaret Burnett, Winnipeg, MB
• Alternate Chair, Central Region:
  Dr. Annette Epp, Saskatoon, SK
• Chair, Ontario Region:
  Dr. Charmaine Roye, Brantford, ON
• Alternate Chair, Ontario Region:
  Dr. Myriam Amimi, Sault Ste-Marie, ON
• Chair, Quebec Region:
  Dr. Diane Francoeur, Montreal, QC
• Alternate Chair, Quebec Region:
  Dr. Corinne Ledercq, 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. Maureen McTeer, Ottawa, ON
• Junior Member Representative:
  Dr. Christina Dollhaniuk, Edmonton, AB
• Associate Members (MD) Representative:
  Dr. Owen Hughes, Ottawa, ON
• Associate Members (RN) Representative:
  Ms. Margaret Quance, Calgary, AB
• Associate Members (RM) Representative:
  Ms. Michelle Kryzanauskas, RM, Collingwood, ON
• APOG Representative:
  Dr. Patrick Mohide, Hamilton, ON
• Corresponding Member:
  The Hon. Lucie Pépin, Senator, Ottawa, ON


3May • 2008

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Public Representative:
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Junior Member Representative:
Dr. Christina Dollhaniuk, Edmonton, AB
Associate Members (MD) Representative:
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Upcoming Meetings

SOGC Meetings

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

27th Ontario CME
December 4–6, Toronto, Ontario

ALARM Program Schedule

Location ................................ Date
Calgary, AB .................. June 23–24, 2008
(in conjunction with the 64th ACM)
St. John’s, NL .......... Sept. 21–22, 2008

Other Meetings


18th World Congress on Ultrasound in Obstetrics and Gynecology. Hosted August 24-28, 2008, at the Navy Pier, Chicago, USA. To register or to find out more visit www.isuog.org. For inquiries, email congress@isuog.org.

Seventh International Scientific Meeting - Royal College of Obstetricians and Gynaecologists (in conjunction with SOGC and ACOG). September 17-20, 2008, Fairmont Queen Elizabeth Hotel. Montreal, Canada. For complete details visit www.rcog2008.com

Register Now!

This program is offered in English with French simultaneous translation for the International Symposia.

Conference Site: The Annual Clinical Meeting will be held at the TELUS Convention Centre.

Accommodations:

Marriott Calgary, 110 9th Avenue, SE, Calgary
Note: The Marriott is attached to the TELUS Convention Centre.
Standard Room: $199 single/double occupancy; Tel.: (403) 266-7331 or 1-800-228-9290
Group Code: SOGC

The Fairmont Palliser, 133 9th Avenue, SW, Calgary
Note: The Palliser is connected to the TELUS Convention Centre by an above ground, covered walkway.
Fairmont Room: $199 single/double occupancy; Tel.: (403) 260-1230 or 1-800-441-1414
Group Code: SOGCC

Visit our website at www.sogc.org.
Welcome New Members

The SOGC is pleased to welcome some of the newest members of our society:

**Member Ob/Gyn:** Dr. Lina Azzam; Dr. Charles Alfred Huyser; Dr. Achraf Ezzat Kamel Zakaria

**Junior Member:** Dr. Claude-Emilie Jacob

**Junior Member – Family Practice:** Dr. Tejal Patel

**Life Member:** Dr. Saadaat Syed

**Associate Member – Ph.D.:** Helene Vadeboncoeur

**Associate Member – RN:** Ms. Julie Chevalier; Ms. Sarah Valois

**Associate Member - Students in Healthcare Training:** Miss Joanna Marie Baxter; Ms. Kathleen Louise Broad; Miss Lulu Bursztyn; Ms. Anna Cameron; Mr. Jason Alexander William Chaulk; Ms. Michelle Chow; Miss Alyson Crawford; Miss Emilie Desrosiers; Katryne Dore; Miss Chelsey Louise Ellis; Ms. Leathia H. Fiorino, II; Miss Mylene Marie-Lise Gagne; Stephanie Gaulin; Ms. Audrey Gilbert; Mr. Tamas Gotz; Ms. Aleisha Kirstin Hatakka; Mrs. Shelby Jenkins; Miss Susan Jia; Mrs. Jennifer Ann Jocko; Ms. Cynthia Kadoch; Ms. Christina Katopodis; Valerie Kingsbury; Ms. Tamara Kuzma; Maryse Larouche; Ms. Sarah Armstrong Lea; Ms. Morgan MacKenzie; Ms. Rosa Magalios; Ms. Elke Mau; Ms. Karli Laura Mayo; Ms. Lisa McMahan; Ms. Rachel Nassif; Miss Leslie Po; Dominique Roy; Miss Kristen Karen Rylance; Miss Sapna Sharma; Miss Talya Shaulov; Ms. Anita Simone Smith; Ms. Cindy Taillon; Ms. Krystal Meghan Thorton; Miss Jackie Lee Thurston; Ms. Enrica Tse; Ms. Karine Vallee-Pouliot; Ms. Yarra Vostrcil; Mrs. Joanna Zorzitto.

Have you been or are you a committee member involved in making revisions to prenatal records? If so, we’d like to speak to you!

With funding from CIHR, we are conducting a study to better understand how research evidence about smoking and alcohol use is integrated into prenatal records in Canadian provinces and territories. We would like to contact you by telephone to tell you more about our study and to seek your interest in participating.

If you are interested in learning more about the study, please contact Renée Nossal, Research Assistant, University of Ottawa (RNossal@health.uottawa.ca)

The SOGC would like to congratulate Dr. Christopher Cowan of Brantford, Ontario. Dr. Cowan was selected at random as the winner of SOGC’s completion prize for responding to our recent Health Human Resources Study survey. As winner, Dr. Cowan will receive complimentary registration, travel and accommodations to participate in a future SOGC CME event. On behalf of the entire SOGC, congratulations Dr. Cowan, and thank you to all of our members who participated in our Health Human Resources Survey. Stay tuned for the results of this study, which will be made available later this year.

The Society of Obstetricians and Gynaecologists of Canada (SOGC)

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**NOTICE to All Voting Members**

**SOGC Annual Business Meeting**
Saturday June 28, 2008 from 7:30 am to 8:30 am at the TELUS Convention Center
We invite all voting members to attend this meeting. A hot breakfast will be served.
André B. Lalonde, MD, FRCSC, FRCOG, FSOGC, FACS, M.Sc.
Executive Vice-President
The Society of Obstetricians and Gynaecologists of Canada (SOGC)

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**NEW MEMBERS**

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**CONGRATULATIONS, Dr. Cowan**

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The year 2008 arrived with a bang in St. John’s, and the pace hasn’t slowed down yet.

In the last year, our program has welcomed a new program director, Dr. Timothy Strand, and seen the retirement of a long-time faculty member, Dr. Donald Tennent. We also welcomed a new laparoscopic gynaecologist, Dr. Krisztina Bajzak.

Many of our residents have come and gone on electives this year, travelling from as near as Grand Falls to as far as India. Dr. Samantha Collins participated in the International Leadership Workshop for Young Health Professionals in Uganda, a forum bringing together representatives from Canada, Haiti, Uganda, Guatemala and Burkina Faso to learn about safe motherhood initiatives and how other professional organizations are tackling them.

There have also been some new changes this year to our program format as well. This past fall, all residents received 24-hour access to a new laparoscopic practice laboratory in hospital, to help hone our skills and master control of the instruments. We also had the opportunity to participate in a laparoscopic pig lab, allowing intensive practice in small group sessions.

Our program currently sits at sixteen residents in the program. We are proud to announce four of our graduating residents have already secured full-time positions in St. John’s for next year and one resident is planning to pursue his career in Greece. We wish Drs. Krista Brown, Colleen Cook, Theodore Kabisios, Robert Kennedy and Joanne White luck and look forward to working with them for years to come.

Our resident retreat this year gathered us all on the curling rink, for many of us a first time mastering the rocks and brooms. The retreat also included several sessions on time and stress management, starting up a new practice and general tips for financial planning at all levels of training. A fun time was had by all and many have great stories and a few bruises to remember.

As 2008 moves on we look forward to welcoming new faces, new staff and continuing to build traditions and friendships in the program!

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Junior Members, DON’T FORGET TO RENEW YOUR SOGC MEMBERSHIP!

This is a friendly reminder to all Students in Healthcare Training/Research, Junior Member and Junior Member – Family Medicine Residents that your 2008-2009 membership fees are due. Your membership will expire on June 30th, 2008. Look for your renewal notices and change of status forms in the mail or, for your convenience, please visit our website www.sogc.org and renew online. Thank you to those of you who have already submitted your renewals.
Vagifem® was demonstrated not to raise plasma estrogen levels outside the range seen in post-menopausal women (clinical significance of this finding was not established).1 In atrophic vaginitis, this locally applied treatment eases vaginal dryness, soreness and irritation, and has been shown to improve painful intercourse1 with virtually no systemic absorption.1,2 And because Vagifem® is a vaginal tablet, patients preferred its comfort (~92% vs. ~50%), ease of use (~93% vs. ~66%) and overall acceptability (~77% vs. ~25%), p ≤ 0.001, vs. conjugated estrogen vaginal cream.1,2 Prescribe Vagifem®. Because symptoms of atrophic vaginitis don’t have to compromise intimacy.

Vagifem® (estradiol vaginal tablets) is indicated for the treatment of the symptoms of atrophic vaginitis due to estrogen deficiency. Addition of progestin is not recommended. The experience of treating women older than 65 years is limited. Vagifem® is generally well tolerated. Although no clinically relevant systemic absorption was observed, breakthrough bleeding; spotting; change in menstrual flow; dysmenorrhea; vaginal itching/discharge; dyspareunia; endometrial hyperplasia; pre-menstrual-like syndrome; reactivation of endometriosis; changes in cervical erosion and amount of cervical secretion; breast swelling and tenderness have been reported with the use of Vagifem®. Vagifem® is contraindicated in women with known or suspected estrogen-dependent malignant neoplasia, endometrial hyperplasia undiagnosed abnormal genital bleeding, known, suspected, or past history of breast cancer, active or past history of confirmed venous thromboembolism (such as deep vein thrombosis or pulmonary embolism) or active thrombophlebitis, hypersensitivity to this drug or to any ingredient in the formulation or component of the container, known or suspected pregnancy, lactation. Risks and benefits of treatment with Vagifem® should be re-assessed at least annually. Vagifem® should only be continued as long as the benefits outweigh the risks. Vagifem® is a topical, low-dose vaginal estrogen therapy product. The warnings and precautions associated with oral estrogen therapy should be considered in the absence of comparable data with other dosage forms of estrogens.

Full Product Monograph is available upon request.

† Double-blind, randomized, placebo-controlled trial of 164 women: at 12 weeks, 8.0% of Vagifem® subjects vs. 24.4% of placebo subjects reported dyspareunia, p<0.002.
‡ Multi-centre, open-label, randomized, parallel-group study for 24 weeks, n=159. One Vagifem® 25 µg vaginal tablet daily for the first 2 weeks, then twice weekly; conjugated estrogen vaginal cream 2g daily for 21 days out of 28 days.


Vagifem® is a trademark owned by Novo Nordisk FemCare AG and used by Novo Nordisk Canada Inc., under licence. 
Novo Nordisk Canada Inc., 300-2680 Skylark Ave., Mississauga, Ontario L4W 5L6. Tel: (905) 629-4222 or 1-800-465-4334. www.novonordisk.ca
SOGC LAUNCHES new public education video series

With the exploding popularity of YouTube and video sharing websites, Internet users are increasingly turning to videos to get their information in engaging formats. Recognizing this trend, the SOGC is reaching out to this growing audience by producing videos that address women’s health concerns. As a public education vehicle, the medium lets us reach out to wider audiences, providing easy access to health information.

Videos of SOGC members discussing menopause, pregnancy and sexual health (contraception, STIs, and HPV) are now available on www.sogc.org. Over the coming months, the SOGC will continue producing videos on a broad range of topics related to women’s health.

Special thanks go out to the health professionals who lent their expertise and time to the camera and made this possible: Dr. François Beaudoin, Dr. Amanda Black, Dr. Douglas Black, Dr. Jennifer Blake, Dr. Céline Bouchard, Dr. Donald Davis, Dr. Michel Fortier, Dr. Diane Francoeur, Dr. Édith Guilbert, Dr. Guylaine Lefebvre, Dr. Melissa Mirosh, and Anne Lovold.

RM REPORT
By Michelle Kryzanauskas, Chair of the SOGC RM Advisory Committee

The RM Advisory Committee is urgently seeking a midwife member of the SOGC to represent the North of Canada. Each of the five regional midwife members of the committee has the responsibility to identify issues for the northern reaches of their regions. This has grown more arduous and less representative so the committee sought SOGC Council approval for the inclusion of a northern regional midwife representative for Canada to be a member of the RM Advisory Committee. The terms of reference for the committee may be found on the SOGC members’ website. Please send expressions of interest and current curriculum vitae to rm_advisorycommittee@sogc.com by May 31, 2008.

The RM Advisory Committee is also extending an open invitation to all midwives present at the SOGC Annual Clinical Meeting (ACM) in Calgary in June 2008 to attend the SOGC RM Advisory Committee annual in-person committee meeting. Please come and find out about the committee’s ongoing work, accomplishments and strategic plan for the coming year. This meeting will be held on June 25 from 11:00-1:00. The committee has also been working hard to plan the subspecialty meeting on June 26, which will include midwife presenters followed by a joint meeting with the nursing subspecialty group. Don’t miss these two important events at the SOGC ACM in Calgary, June 2008.

The SOGC offered a very exciting program at the 21st International Continuing Medical Education (ICME) event in La Antigua, Guatemala in partnership with the Association of Gynaecologists and Obstetricians of Guatemala (AGOG). Midwives Lisa Morgan, RM, myself, and Maggie Quance, RN, of Nova Scotia were very fortunate to attend the conference. Guatemala does not have a recognized education program for midwives, nor do Guatemalan midwives play a primary care role in hospitals or the health care systems at present. The majority of births are attended by traditional birth attendants, and there are significant barriers to care such as the lack of transportation to care, lack of medical supplies or training in emergency obstetrical care. The Guatemala ob/gyn association (AGOG) expressed support and interest in ensuring midwives in Guatemala are educated and employed.

Three young auxiliary nurses from rural regions presented a video they prepared about the work they were doing in their communities to make birth safer. Foremost, they assisted communities to come together to plan for emergency transportation in labour, birth or the postpartum. This compelling video will be available on the SOGC website. These auxiliary nurses supported and supervised the traditional birth attendants and often walked for a day to do visits over the rugged Guatemalan mountains and raging rivers. They also bring prenatal teaching to communities that include discussions about women’s reproductive rights.

Joint sessions with AGOG and SOGC were interesting and invigorating. The best practice sessions in particular offered opportunities for midwives, obstetricians, gynaecologists, family doctors and nurses from Canada and Guatemala to discuss common interests in their clinical practices and explore further education and learning together.
Unsafe abortion is a leading cause of maternal death. In places where abortion is not legal or adequately provided, women die in large numbers due to botched abortions and the subsequent complications. Women seeking post-abortal care often experience discrimination at the hands of health care providers and have suffered tremendously as a result. It is a professional responsibility to treat all injured women when possible, and a matter of sexual and reproductive rights to provide women with the ability to decide when and how to plan their families. The tragic results of unsafe abortion have devastating impacts on families, communities and nations and deserve the required action to prevent these needless deaths.

The Numbers:

- Of the estimated 42 million abortions that take place every year, only 22 million are done so in a safe and legal environment.
- Almost 80,000 women die each year due to unsafe abortion and millions more are seriously injured.
- In Latin America, 21 percent of all maternal deaths are caused by unsafe abortion.

Considering the clandestine nature of unsafe abortions, it is very difficult to track and report on their frequency. The numbers above are approximates; however, experts consider them to be only the ‘tip of the iceberg’ and that many more unsafe abortions are in fact taking place, resulting in greater numbers of mortality and morbidity.

What Constitutes an Unsafe Abortion:

Unsafe abortions are frequently performed by unqualified and unskilled providers, or are self induced; such abortions often take place in unhygienic conditions, and involve the use of dangerous methods or incorrect administration of medications.’ (World Health Organization). If complications arise, there is often no assistance available.

Health care providers report having treated women whose unsafe abortions have been induced through the insertion of sharp objects such as sticks, hot iron rods, harsh chemicals such as bleach, by drinking various poisonous substances or through severe pelvic pummeling. If complications arise following such a painful and dangerous procedure, women may arrive at the hospital only to experience maltreatment or neglect on the part of health care providers who are against abortion or fear persecution from local authorities. Actions need to be taken to protect health care providers and encourage professional responsibility. Unsafe abortion is not synonymous with illegal abortion and takes place inside and outside the legal framework. Depending on the context, the medical standards and skill of the provider can vary.

Who is affected?

According to reproductiverights.org, every minute 40 women undergo an unsafe abortion, of whom 10 are girls between the ages of 15 and 19. Moreover, 95 percent of all unsafe abortions take place in the developing world.

Disproportionate impact. More than half of the world’s women live in countries where they cannot access safe abortion. In addition, many of these women have limited access to contraceptives and in some cases difficulty in negotiating the circumstances of their sex lives. A quarter of all unsafe abortions are undergone by adolescent women who are more likely to be uneducated about family planning and experience greater shame and stigmatization by becoming pregnant - in some societies being unmarried and pregnant may in fact be life threatening.

Young women are also more likely to take longer in making the decision to access an abortion, only increasing their risks.

Women living in conflict zones, as refugees and as internally displaced persons experience an even harsher reality. They are often cut off from health supplies, including those related to family planning. Adding complexity to this issue is the practice of rape as a weapon of war. In situations of conflict and ethnic cleansing, rape and gang rape can be widespread, with the common consequence being the ostracization of the women from her community due to the violation and the subsequent child. When having undergone an unsafe abortion, these women are also less likely to access post-abortal care. UNFPA has found that 25-50% of maternal deaths in refugee camps are due to unsafe abortion.

Why do women seek unsafe abortions?

It is not a simple choice, if a choice at all. There are many reasons a woman may seek an abortion, perhaps she already has many children; she was assaulted; she cannot afford the cost of raising the baby; or she just doesn’t want a child. In countries like Canada where abortion is not illegal and is practiced by skilled health care providers, it is extremely rare to hear of a woman dying from an abortion. However, in the developing world an unwanted pregnancy can often lead to an untimely death. Before abortion was decriminalized in Canada, women were forced to procure unsafe abortions with devastating consequences.

Rarely do women take the issue of abortion lightly. Depending on the circumstances under which she became pregnant, a woman may realistically perceive that the danger to her from members of her family or community for being pregnant can outweigh the risk of an abortion.

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unsafe abortion. Even in cases where abortion is legal, or legal in specific instances, women may still seek unsafe abortions. High costs, a lack of providers, deficiencies in equipment or an inability to demonstrate or meet the criteria needed to obtain the abortion may contribute to her decision to access an unsafe abortion.

Medical Abortion: The Many uses of Misoprostol

‘Medical Abortion’ is defined as the use of drugs to terminate a pregnancy. It is sometimes also called non-surgical abortion or voluntary interruption of pregnancy. Commonly a regimen involving mifepristone and misoprostol is used; however, if need be, misoprostol can be used alone (it is also significantly cheaper). These drugs cause a woman to miscarry by blocking progesterone (mifepristone) and contracting the uterus (misoprostol). Medical abortions are a non-invasive procedure that can make abortion earlier, more accessible, safer, less medicalized and less expensive. No surgery or anesthesia is involved. Misoprostol is a drug also used to prevent and treat post-partum hemorrhage. While seen by some as a potential partial solution to unsafe abortion, in countries where abortion is illegal, the use of misoprostol may be limited or forbidden in hospitals, clinics and offices.

What is the Mexico City Policy, a.k.a. The Global Gag Rule (GGR)?

“The GGR restricts any US family planning funds to any foreign nongovernmental organization that uses its money to provide legal abortion services or counseling, gives referrals on safe abortion options, provides facts about the consequences of unsafe abortion, or participates in public debate, no matter how informal, that might improve access to safe abortion services. The GGR does not prohibit speech against abortion. The policy applies even if abortion is legal and if organizations use non-US money for any of the activities listed above.” (www.iwhc.org)

The Global Gag Rule was first imposed in 1984 by President Ronald Reagan and, while lifted under Clinton, the rule was re-imposed by President George W. Bush on the first full day of his presidency. The conditional US funds subject to the GGR harm some of the world’s most vulnerable women including victims of rape and sexual violence. This policy has led to the closing of many women’s health centers and projects of which discussing abortion was only a small part of the mandate. The majority of these centers and projects promoted and provided access to family planning services such as sexual health information and contraception as well as pregnancy related information and care. The GGR has also resulted in the inability of organizations to diversify their funding: by accepting money from the President’s Emergency Plan for AIDS Relief (PEPFAR) they are unable to work with or accept funding from organizations that discuss abortion.

What can be done?

Access to Family Planning: A logical first step is aiding women to access the means to control their fertility. Access to family planning including information, contraception and other reproductive health supplies are necessary to ensure that every child is a wanted child.

Training Health Professionals: Train health professionals to provide abortions as well as post-abortal care. This includes the complications that may arise from unsafe abortion as well as the provision of the necessary supplies.

Documentation: Recording incidences of unsafe abortion and documenting the negative impacts through techniques such as maternal death audits can help encourage evidence-based responses on the part of governments and policy makers.

Encourage Research-Based Policy and Programming: The evidence tells us that regardless of legal provision women will seek abortions. It is important for actions and policies in the name of women’s health reflect the evidence.

Abortion is between a woman and her doctor: Advocate to make abortion a private issue between a woman and her doctor, free from state interference.

Protect Health Care Providers: Advocate to enact and develop policies and laws that protect health care workers who provide abortions or post-abortal care.

Advocate: Policies such as the Global Gag Rule are harmful to women. Lobbying governments and decision makers for solutions to the problem of unsafe abortion applies important social pressure, preventing the issue from remaining clandestine.

A Sexual and Reproductive Rights Approach: Sexual and reproductive rights are human rights and deserve priority. Health care providers have a responsibility to care for women regardless of their personal choices and as such are required to provide post-abortal care.

Access for Vulnerable Populations: Considering poor women are most severely impacted by unsafe abortion, efforts should be made to subsidize the cost of the procedure and treatment of complications when an unsafe abortion has been induced.

For More Information:

www.guttmaecher.org
www.who.int/reproductive-health/unsafe_abortion/index.html
www.populationaction.org
www.figo.org
WORKING FOR CHANGE IN ANTIGUA

This year’s International CME was held in March in Antigua, Guatemala, a quaint and picturesque small colonial town situated approximately 45 minutes from the Capital. For the first time in the Society’s history, the congress was jointly hosted by SOGC and its Partnership Program partner, the Asociación de Ginecología y Obstetricia de Guatemala (AGOG). This joint venture provided a unique opportunity for members of both associations to be exposed to women’s health issues from both countries and to discuss progress and challenges in practice of both settings.

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REPORT FROM GUATEMALA: Lessons for Midwives and Nurses

By Michelle Kryzanauskas, RM Advisory Committee Chair and Maggie Quance, RN Advisory Committee Chair

As Chairs of the RM Advisory Committee and RN Advisory Committee we recently had the privilege to attend the ICME meeting in Antigua, Guatemala, March 10-14, 2008. The setting was wonderful and the weather amazing (considering many of our colleagues from Eastern Canada had a terrible time getting through the snow to Guatemala); however, there were several presentations on maternal health care in Guatemala that made us appreciate our situation. In particular, our conversations with three local auxiliary nurses and their two nurse teachers and mentor Dr. Miguel Rodriguez Obstetrician.

In Guatemala, it is not unusual for women to be married between 14-16 years of age. Many of those women have their first infant by the time they are 18 years old. Guatemala is a developing country and has a maternal mortality rate that is only slightly higher than African countries. Haemorrhage is the leading cause of maternal mortality, whether those women deliver in hospital or at home. Well over half of the women who die have no education, and these women are three times more likely to be Mayan. Most Mayan births are likely to be attended by traditional birth attendants. Traditional birth attendants assist with 60% of all deliveries. Between 30-40% of Guatemalan women experience unwanted pregnancies. Contraception is not readily available to poor or indigenous women. Only recently (2005) were legal frameworks put into place that allows equitable access to family planning services. However, in a presentation, Dr. Menendez reported that 30% of the health care budget allocated to maternal-infant services was spent on treatment of illegal abortions. Guatemala has its challenges.

Nursing in Guatemala is conducted in hospital, rather than community settings. One school of nursing is located at the National University in Guatemala City. There, two of the professors at the school of nursing informed us that there are four “levels” of nurses.

“Clinical” nurses have a three year program, with “professional” nurses (who require high school matriculation) needing an additional two years of education. “Master” nurses have another two years of education beyond the professional nursing status. It was unclear due to the language barrier as to the differences in the work performed by these various levels. There appears to be a base nursing program, to which specialties such as maternity, intensive care, surgery, medicine and epidemiology are added on. Clinical and theoretical content is combined, much like our nursing education programs here in Canada, and all content is taught by nursing teachers.

“Auxiliary” nurses must have primary school education. They are given scholarships for their education, but must speak the local dialect of their region, and promise to return to that region to work. There, they provide supervision to the traditional birth attendants, provide home visits to women (often walking for hours, up and down mountains) and undertake community development work with the men in the villages, training them how to access emergency services for women who develop difficulties during birth. They talk of “saved lives”: women and/or their infants that would have died without these auxiliary nurses. Eighty-eight auxiliary nurses currently work in remote rural areas, every day making a difference in women’s lives.

Midwifery is not yet recognized as a primary maternity care profession in Guatemala, nor are there any recognized midwifery education programs at this time. Midwives from around the world have come to work in Guatemala with the traditional birth attendants and the women of the many rural communities. Midwives from Canada have worked through the SOGC and many other organizations, and the future looks hopeful for developing the midwifery profession in this country. In fact, Dr. Miriam Bethancourt, President of the Association of Gynaecologists and Obstetricians of Guatemala, talked with enthusiasm about the possibility of developing a professional midwifery school in Guatemala.
THE 21ST INTERNATIONAL CME IN GUATEMALA: A huge success

This year the SOGC, together with the Guatemala ob/gyn society (AGOG), had the distinct honour of hosting the 2008 International CME event in Antigua, Guatemala. From all accounts of our staff and participants, the March conference was one of the best SOGC CMEs on record. Everyone at the SOGC is extremely happy with the way this year’s event unfolded, and we would like to thank everyone who participated in this outstanding conference.

Without question, the event had a more unique and exotic flavor than any we have hosted before. Here are some of the highlights from this year’s meeting:

Welcome Ceremony at the Convento de Las Capuchinas
This year, we had the luxury of hosting our welcome reception in the exquisite setting of the Convento de Las Capuchinas. Built in 1736, the former convent (now a museum) exemplifies the city’s wonderful historic architecture. Nearly 200 participants attended the event, which included live music, food and wine.

Fascinating Scientific Program
Though it is certainly easy to be distracted by the beautiful setting, this year’s scientific program was extremely well received. The four half-day sessions offered covered a wide range of interesting topics. This year, we were pleased to welcome some foremost Canadian experts at the event, and, thanks to the SOGC’s close ties with the Guatemalan ob/gyn society, we were particularly lucky to offer many sessions presented by local speakers. In total, 14 local Guatemalan health professionals presented sessions at the event.

A One-of-a-Kind Adventure Program
Participants who joined us for our “adventure program” had the opportunity to take in two of the most wonderful natural scenes Guatemala has to offer. Over 100 participants took part in our trip to Lake Atitlan, which lived up in every way to its billing as one of the most beautiful lakes on Earth. Nestled between volcanoes, and at over 150 metres above sea level, the lake is one of the most spectacular natural sights. Our second trip gave our participants the once-in-a-lifetime opportunity to stand next to the lava flows of an active volcano. The sight is breathtaking, and was so popular amongst our participants that a second tour had to be arranged. We have received excellent feedback from our participants on these two fun and exotic events.

The Casa Santo Domingo Hotel
The five-star Casa Santo Domingo Hotel was the perfect venue for this year’s CME. From service to décor, this hotel was one of the most beautiful venues for a conference that could be imagined.

The SOGC Partnership Program in Action
Despite the exquisite surroundings and natural beauty, Guatemala’s health system faces tough challenges to improve maternal health in the country. The SOGC, through its International Women’s Health Program, has built a strong partnership with the Guatemala ob/gyn society to help improve the safety of pregnancy and childbirth. For many of our members, this event provided an on-the-ground look into the (Continued on page 13)
situation in Guatemala, and the work that, the SOGC, is doing abroad.

The venue also provided an opportunity for SOGC to conduct some work relating to this international partnership. Our executive council had the chance to visit the Solola Hospital, and to witness the work of traditional midwives. Currently, SOGC is involved in a project to help improve care through renovations and expansion of the Solola Hospital, and many of our members have donated graciously to this project to help improve this necessary facility. In addition, SOGC executive and members had the opportunity to attend several meetings related to the Society’s international work, including joint meetings with our Guatemalan partners, as well as a meeting arranged with Maureen McTeer and Canadian Ambassador to Guatemala, Kenneth Cook. Finally, SOGC delegates with our Guatemalan partners met Guatemala’s Vice-President, Dr. Rafael Espada, to present the details of the SOGC’s partnership program in Guatemala.

Closing Activities

A special banquet was held to close out the 21st International CME. The event was infused with wonderful presentations displaying the local culture of Guatemala, as well as some dancing, food and drinks with friends. It was a tremendous event.

A Wonderful Surprise

Finally, in a surprise gesture, the City Hall of Antigua presented our participants with a small token of gratitude, declaring each of them an honourary “citizen” of the city.
WHY ATTEND MAKEOVER MEDICINE: An Evening of What to Wear? Because it’s Time to Own Your Fashion!

By Dr. Jennifer Blake, Chair, Canadian Foundation for Women’s Health

It is probably fair to say that most of us spent our critical young career years buried behind piles of books and racks of test tubes, getting a medical education. All the while, others our age were spending time honing their career and personal fashion, finding their unique “style”.

Well, the Canadian Foundation for Women’s Health is here to help with Makeover Medicine, an evening of great food, drink and fashion that is all about you. If you feel intimidated when you walk up to a make-up counter or sales clerk in a clothing store, then this night is for you. If you need to try on three outfits before figuring out what to wear for a special meeting or occasion, then this night is for you. And if you still have suits from the ’80s getting heavy rotation in your closet, then this night is definitely for you!

Even if you are the rare fashionista amongst us — the ones reading this thinking, “finally, some of my colleagues might move into the 21st century” - well, come and enjoy the show. Better still, volunteer and share your tips! And if your idea of a fashion event includes a parade of near-anorexic size zero models, then come - but be prepared to have your assumptions challenged.

Makeover Medicine is for men and women and is a fun night to celebrate who we are and how to look our best. Our very own Dr. Lalonde, Dr. Wylam Faught and Dr. Diane Francoeur will be some of our makeover participants, and many recognizable members will be our models. It is about feeling and looking great, about taking fashion and turning the tables, putting it to work for us, so we are in charge. Learn what to wear in clinic, business travel and black tie events.

I invite you all to come out to this event, spend some time with friends from the past, make some new ones, and have a laugh or two over good food and drink. All the while, we’ll be raising money for your foundation, the CFWH - the only national foundation dedicated to the women we care for and their sexual and reproductive health.

We look forward to seeing you and your guests at Makeover Medicine: An Evening of What to Wear, June 28th. Be sure to book your pre-event makeover at the SOGC Annual Clinical Meeting. Visit the CFWH booth on site for details.
If you were invited to a fashion show, **WOULD YOU ATTEND?**

If you were invited to a fashion show, would you attend? Most likely not. Your response would not be surprising. Not many of us can relate to the models on the runway. We live in a world where the average female fashion model is a size zero and the average Canadian woman is a size fourteen.

The Canadian Foundation for Women’s Health is changing this fact. On June 28, the group is hosting an evening of food, drink and fashion that will not only reflect you, it will feature you. We are calling upon our guests to be our runway models, to show great clothes on great people. We need you to breathe energy, spirit, and character into the clothes to make the fashion show real.

You can show that beauty does not have a static and narrow definition; it is fluid and complex.

From the whalebone corsets of 19th-century Europe to the bound feet of ancient China, oppressive forms of fashion have rightly been toppled. The woman who posed for what is regarded as the West’s most beautiful and enduring female sculpture, the Venus de Milo, is too short and too curvy to be a model today.

It seems that beauty ideals have gotten off track and it’s time to get them back. It’s time for fashion to get real. Be a leader, attend this event, raise money for your foundation and have fun. Isn’t that what fashion should be? Visit www.cfwh.org for more information.

Ben Barry, Board Member, Canadian Foundation for Women’s Health
Founder & CEO, Ben Barry Agency, Inc.
Columnist, Globe and Mail

**DON’T MISS** our 64th Annual Clinical Meeting, June 25th to 29th

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also offer our special Cannell Lecture – named in memory of Dr. Douglas Cannell – which is presented by the Canadian Foundation for Women’s Health. The lecture is a special highlight to our scientific program and is always a favourite amongst participants. This year’s lecturer is Dr. Dorothy Shaw, President of the International Federation of Obstetrics and Gynaecology. Dr. Shaw will be presenting on the topic of “Preventable tragedies in Women’s Health?”

**ALARM Pre-Conference Course**

Prior to the conference, on June 23rd and 24th, we will be offering our two-day Advances in Labour and Risk Management (ALARM) training course. The course features accredited, hands-on workshops that explore the latest advances and clinical recommendations in high-risk conditions during pregnancy. The course is designed for specialists, family physicians, midwives and nurses. Visit www.sogc.org for full details about this course and for information on registration.

**Special Events**

There is more to the Annual Clinical Meeting than just science and lectures. It is also an excellent opportunity to catch up with old friends and colleagues, and to network with your peers. All participants are invited to join us for these and other entertaining events presented at the 2008 conference:

**Opening Reception:** Always a favourite among participants, we will be hosting this year’s evening reception and gala at the Fairmont Palliser’s elegant Crystal Ballroom. The event offers a spectacular night for all, as we kick off our conference in luxury and style.

**SOGC Awards Show:** Join us in an exciting evening of celebration, as we recognize those who have made outstanding contributions to ob/gyn and related fields. At the event, we also invite you to welcome our incoming President, Dr. Scott Farrell, and celebrate the achievements and dedication of our outgoing President, Dr. Guylaine Lefebvre.

**Stump the Professor:** A panel of ob/gyn experts try to solve unusual cases presented by our Junior Members. The event is always full of humour and fun, as our panel is presented successive clues designed to Stump the Professor.

**Makeover Medicine:** This year, we will be offering a special evening of great food, drinks, fashion and fun at our Makeover Medicine: An Evening of What to Wear event. The event will be hosted by the Canadian Foundation for Women’s Health, and all proceeds will go towards this great cause. For more details or to register, visit www.cfwh.org.

On behalf of the entire SOGC, I would like to invite you to attend our 64th Annual Clinical Meeting. I hope to see you all there.

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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 acknowledged in our SOGC publications, and on a plaque which will adorn the entrance of the maternity care centre. I encourage you to get together with your colleagues and make a joint commitment.

**Donations can be made 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 K1S 5R7.** Please specify on the cheque that your donation is to support the Croix-des-Bouquets initiative in Haiti.

Helping out in Haiti
A total of 150 delegates participated in the event, of which approximately 40 percent were specialists from Guatemala. AGOG faculty presented fascinating sessions on maternal health, endometrial cancer, family planning, hormone replacing therapy, postpartum hemorrhage, abortion, sexual and reproductive rights and cervical cancer in Guatemala. Delegates were also exposed to innovations in the maternal health sector, employed as part of the country’s commitment to improve maternal and infant health outcomes within the indigenous population. These included presentations on: the Active Management of Third Stage of Labour for the prevention and treatment of postpartum hemorrhage (one of the main causes of maternal mortality in Guatemala); the use of misoprostol in low resource countries; the Sololà District Hospital traditional midwives program which seeks to diminish cultural barriers to care by integrating, within the hospitals’ maternity ward, traditional indigenous midwives; and a presentation by three young Mayan midwives - the first graduates of a new Guatemalan program to upgrade the skills of Mayan auxiliary nurses in midwifery. Once trained, these young health professionals return to their communities where they assist in ensuring greater access to skilled attendance for birthing women.

While in Guatemala, AGOG and SOGC had the opportunity to meet with the Vice-President of the country, Dr. R. Espada. This meeting, organized by the Canadian Ambassador in Guatemala, Mr. K. Cook, permitted both associations to present the work of the SOGC’s Partnership Program. More importantly, the meeting was an opportunity to discuss the potential technical support AGOG and its members could provide in the Government’s efforts to reduce maternal mortality and morbidity in the poorest regions of the country.

SOGC’s Partnership Program, funded by the Canadian International Development Agency, aims to strengthen the capacity of partner professional associations to assume leadership in the promotion of women’s sexual and reproductive health and rights. SOGC’s current partners include the ob/gyn associations of Burkina Faso, Guatemala, Haiti and Uganda.