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SOGC NEWS



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

MAY/JUNE 2009

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Upcoming Clinical Practice Guidelines

SOGC TO RELEASE New Recommendations on Breech Vaginal Delivery

By Dr. André Lalonde, SOGC Executive Vice-President



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

June 2009

- Vaginal Delivery of Breech Presentation

The feature SOGC guideline in the June 2009 JOGC will be on Breech Vaginal Delivery. Since the Hannah study on trial of labour for breech birth, many countries have reviewed their own statistics and experiences. These reviews have led many countries to reconsider their recommendations stating that Cesarean sections should be offered for all breech presentations at term.

The SOGC Maternal Fetal Medicine Committee deliberated for many months to arrive at a very balanced guideline. It is important that Canadian ob/gyns offer a choice to women who want to attempt vaginal breech delivery.

Informed consent is important in every aspect of our practice, but most notably when an element of risk exists. The MORE^{OB}, ALARM International, and Canadian ALARM programs have continued to teach breech vaginal delivery, which still occurs daily in Canadian hospitals. It will be important that each hospital review these new guidelines, and work toward establishing a group of physicians on staff who can help train the new generation to feel comfortable performing breech vaginal delivery.

Following the no-touch approach and respecting the normal progress of labor without intervening can allow for a safe

breech vaginal trial of labor. Women should feel a part of the decision-making process, and that they were allowed to labour without interference. In the end, if labor fails to progress or the breech fails to descend properly, they would readily accept the proposal for a Cesarean section if necessary.

Breech vaginal delivery is part of our strategic plan to reassure Canadian women that we view pregnancy, labor, and delivery as a normal process, and that we are there to accompany them in a safe delivery. There is a fine ethical line between the rights of a woman to request a vaginal or Cesarean delivery and the rights of the physician to feel comfortable with the process. However, if we allow the spontaneous onset of labor, we will see a decreased number of breech births, as many of these presentations will have reverted spontaneously to a cephalic presentation. We can also offer external version of a breech presentation and allow the normal process of labor to progress.

The SOGC will meet with APOG and the Canadian midwifery associations to review our teaching modules so that we can offer undergraduate, postgraduate, and practicing ob/gyns relevant teaching experiences for breech vaginal delivery.



Knowledge is power.

Menopause can be a challenging time of life for some women. So many changes and, understandably, so many questions.

The **menopauseandu.ca** website was created by the Society of Obstetricians and Gynaecologists of Canada (SOGC) as a reliable, reassuring source of information. Complete and clinically approved, it details the symptoms of menopause and perimenopause and offers practical management strategies.

Downloadable fact sheets on key topics such as lifestyle, sexuality, bladder health, cancer, osteoporosis, and hormone therapy are available.

Empower your patients: menopauseandu.ca

NEW INVESTMENT Offer for SOGC Members

The Federation of National Specialty Societies of Canada, of which the SOGC is a founding member, and Sprott Asset Management (SAM) have formed a strategic partnership, and recently announced the launch of the FNSSC-Multi Manager Fund. Offered exclusively to Canadian specialists and their families, the objective of the Fund is to provide long-term capital growth in a diversified approach by investing in five of SAM's existing mutual funds.

"We believe our partnering with SAM will improve the universe of investment options for Canadian specialists," said Dr. Morris Freedman, President of FNSSC. "We decided to partner with SAM largely because of the superlative long-term track records of their highly experienced management team."

To learn more about this exciting new partnership and the FNSSC-Multi Manager Fund, visit www.fnssc-sprott.com and enter the following information: Account Name: FNSSC; password: Sprott. You may also contact Andrew Morris at (416) 943-6480 or toll free at (866) 299-9906.



MRS. SARAH BROWN Joins the Fight for Safe Motherhood

By Dr. André Lalonde,
SOGC Executive Vice-President

Recently, Mrs. Sarah Brown, a public advocate and wife of UK Prime Minister Gordon Brown, instituted a campaign to raise the profile of maternal health in low resource countries. She is lending her personal support to the cause of women and children and has called for a scaled up action to reach Millennium Development Goal 4 on child survival and Millennium Development Goal 5 on maternal health. Mrs. Brown has called upon a number of heads of state to advocate for more funding to reduce the worldwide maternal mortality.

The Millennium Development Goals have called for a reduction of 75% of maternal mortality by 2015. It has been nearly a decade since the United Nation member countries committed to achieving these goals, and yet only a handful of countries have reported progress on reducing maternal mortality. Of the 65 low resource countries with high maternal mortality, the great majority have shown little if any progress. In some cases, there has even been an increase in maternal mortality. This is particularly true in countries with government turmoil.

What we do know is that this is not a problem that is going to solve itself. We Canadians can advocate to the Harper government and to the opposition parties that Canada can and should do more for maternal and newborn health.

In 2010, the G8 will be meeting here in Canada. As health professionals, we should prepare for this meeting. We should seize this opportunity, and demand that maternal health be high on the agenda of the G8 discussions.

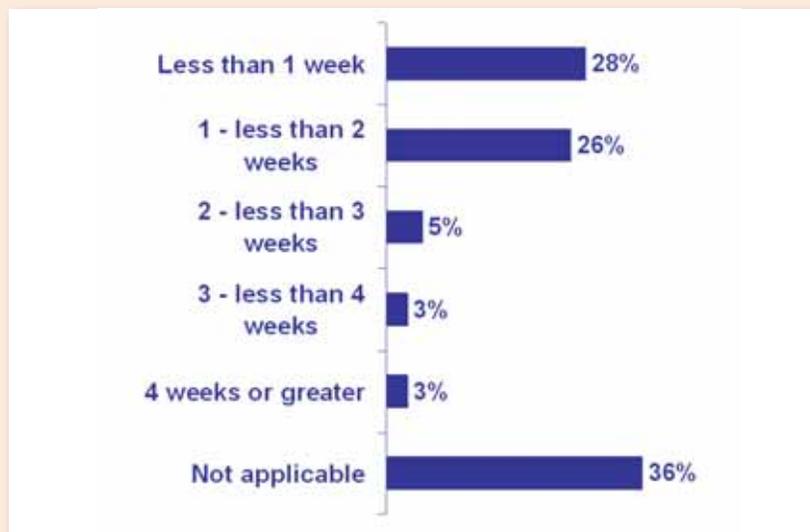
The economic burden of high maternal mortality is well documented. International organizations such as the World Bank understand that maternal health not only

reflects the status of healthcare in a given country, but is also an important economic tool for any given country.

Until these countries can provide safe reproductive health programs, their economic situation will not improve. They need safe and clean deliveries and access to emergency obstetrical care. The SOGC will work to see that this message is not overlooked by our world leaders, but we will need your help. As this meeting approaches, we will be seeking your direct support in contacting your members of Parliament and government officials to advocate for women's health.

WAIT TIMES IN OBSTETRICS

When you have made a decision to perform an elective caesarean at term, how long does the patient have to wait for surgery?



Source: Ipsos Reid Poll for the 2009 Wait Time Alliance Physician Diary Study. Results are based on survey responses from 152 Ob/Gyns, received in early 2009.



In association with *l'Association des obstétriciens et gynécologues du Québec (AOGQ)* and the *Université Laval*

21st QUÉBEC CME

SEPTEMBER 17-19, 2009

CHARLEVOIX, QUÉBEC

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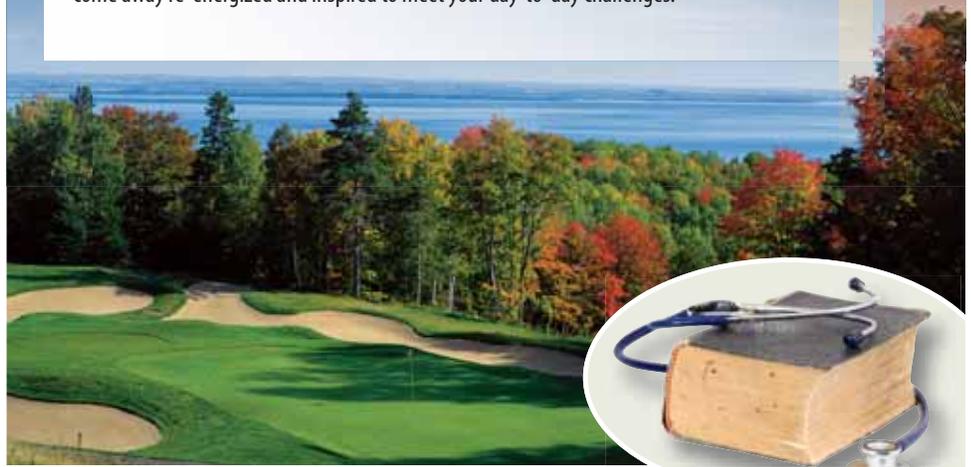
For online registration and complete program information visit www.sogc.org.

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BENEFITS OF TAKING AN SOGC CME COURSE

Our scientific programs keep you up to date with advancements in ob/gyn. The sessions allow you to share new ideas and practices with other top minds in the industry. You will come away re-energized and inspired to meet your day-to-day challenges.





In association with *l'Association des
omnipraticiens en périnatalité du Québec (AOPQ)*

5th QUÉBEC OBSTETRICS CME

NOVEMBER 19-20, 2009

MONTRÉAL, QUÉBEC

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Continuing Medical Education is a cornerstone of the SOGC. Through our wide array of comprehensive training programs in line with best global practices, we strive to ensure every Canadian woman has access to the first-rate obstetrical and gynaecological care she deserves.

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For online registration and complete program information visit www.sogc.org.

Reserve your Hotel Room

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THIS CME PROGRAM IS OFFERED IN FRENCH.



SOGC Meetings

65th Annual Clinical Meeting

June 17–21, 2009, Halifax, Nova Scotia

21st Quebec CME

September 17-19, 2009, Charlevoix, Quebec

5th Quebec Obstetrics CME

November 19-20, 2009, Montreal, Quebec

28th Ontario CME

December 3-5, 2009, Toronto, Ontario



Program Schedule

Location Date

Halifax, NS June 15–16, 2009

(in conjunction with the Annual Clinical Meeting)

Winnipeg, MB September 12-13, 2009

Montreal, QC November 21-22, 2009

(course offered in French)

Toronto, ON December 6–7, 2009

(in conjunction with the Ontario CME)

Other Meetings

Pregnancy and Birth: Current Clinical

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

Prenatal Screening and Diagnosis:

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

The 19th FIGO World Congress of Gynecology

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

AWHONN Canada – 20th National

Conference. Hosted October 15-17, 2009 at The Fairmont Hotel in Winnipeg, Manitoba. For additional information, please visit www.awhonncanada.org.



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

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SOGC PAST-PRESIDENT Named President of BC Women's Hospital



SOGC Past-President Dr. Jan Christilaw has been named the new President of BC Women's Hospital and Health Centre. Dr. Christilaw has been serving in the role since last December, but has recently had her "interim" title removed. For the past seven years, Dr. Christilaw has worked at BC Women's, which is one of Canada's busiest and largest maternity hospitals. Previously, she held the position of Vice-President of Medical Affairs.

On behalf of the entire SOGC, we wish to congratulate Dr. Christilaw on this prestigious appointment.

CONGRATULATIONS Millennium Fellowship Winners

The SOGC would like to congratulate winners of this spring's millennium fellowship awards, Dr. Laurie Neapole and Tanya Baker, RM.

Dr. Laurie Neapole



Laurie Neapole completed medical school at McGill University in 1989 and then moved to British Columbia to do a rotating internship at St. Paul's Hospital. She finished her residency in Obstetrics and

Gynecology at the University of British Columbia in 1997.

She currently works at the Royal Columbian Hospital, providing general gynecology and tertiary care obstetric services. She has a special interest in infertility and she plans to expand her practice to include working at a busy fertility centre in Vancouver and in Surrey.

Tanya Baker, RM



Tanya Baker is a 2007 graduate of the UBC Midwifery Programme and is currently working as a registered midwife in Nelson, BC. She is vice chair of an international youth organization that advocates

for sexual and reproductive health and rights of young people. Her other areas of interest include rural maternity health and health systems.

The Millennium Fellowship Awards are designed to financially assist SOGC members who would like to acquire further technical knowledge or skills in the areas of obstetrics/gynaecology and/or sexual and reproductive health.

For complete information on all of the SOGC's grants, bursaries and awards, please visit www.sogc.org.

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

Ob/Gyn Member: Dr. Jeannine Simon;

Junior Member: Dr. Melissa Brooks; Dr. William Kim MacDonald; Dr. P. Michele Saxon;

Associate Member - MD: Dr. Kathee Andrews; Dr. Jan Coetzee; Dr. Leah Dettman; Dr. Ginette Fortier; Dr. Cliff Silverthorne;

Associate Member - Midwife: Ms. Erin Croteau, RM; Ms. Morgan Jones, RM;

Associate Member - RN: Ms. G. Lucy Barney, RN, MSN; Ms. Debra Elizabeth Crumme; Ms. Leogene English, RN; Mrs. Jeanette Broderick Queen, RN; Mrs. Amanda Scollan; Ms. Indigo Sweetwater;

Associate Member - Students in Healthcare Training: Ms. Mariko Arial; Ms. Katie Billingham; Mr. Jeffery Campbell; Mrs. Courtney Lynn Carmichael; Ms. Shade Chatrath; Miss Esther Anne Chin; Ms. Elissa Cohen; Ms. Jane Maureen Colish; Mr. David Thomas Collister; Ms. Roxane Croteau; Mr. Paul C. Davies; Ms. Genevieve Ernst; Ms. Dianne Fang; Ms. Amelie Foucault; Ms. Sarah Wing-Han Fung; Mr. Cedric Sebastian Gabilondo; Ms. Rebecca Glassford; Ms. Lacey Mairi Harding; Ms. Chantelle Nicholette Hercina; Miss Marisa Nicole Horniacheck; Ms. Liisa Johnston; Mr. Jason Yong-Joon Kim; Miss Emily Leclair; Ms. Kimberley Louie; Ms. Sarah Maheux-Lacroix; Ms. Audrey Monastesse; Mr. Angus S. Murray; Ms. Brigid Marie Nee; Mr. Kaivon Pakzad-Vaezi; Mrs. Erica Dawn Paras; Ms. Gabriela Pelinska; Ms. Trishia L. Krahn Penner; Ms. Katherine Pernarowski; Ms. Anna M. Piekos; Miss Andra Diana Popescu; Ms. Alexandra Power; Mrs. Joanne Rack; Ms. Weronika Sadej; Miss Sharon Arnavaz Sadry; Mrs. Sarah Saunders; Ms. Rebecca Mary Schaefer; Ms. Bianca Stortini; Ms. Christine Mary Sutton; Miss Lih Yeen Tan; Ms. Okuda Taylor; Ms. Audrey Tetreault; Ms. Shannon Lee Turvey; Ms. Karen Wang; Ms. Jennifer Yamamoto; Miss Cici Ruoxi Zhu; Mr. Philip Zwecker.

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, where we stand as a specialty and where we are headed. We also love to highlight our members' achievements and contributions to the specialty and the health of Canadians. So, if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, we want to hear about it! All of our readers are encouraged to send submissions, articles or story ideas for the SOGC News to Mike Haymes, Editor, by email at mhaymes@sogc.com, or toll-free by phone at 1-800-561-2416 ext. 325.





DR. CHAMBERLAIN-FROESE Recognized with Humanitarian Award

Dr. Jean Chamberlain-Froese, a Canadian ob/gyn and long-time supporter of the SOGC's International Women's Health Program, has been named the 2009 recipient of the Teasdale-Corti Humanitarian Award, presented annually by the Royal College of Physicians and Surgeons of Canada (RCPSC).

Dr. Chamberlain-Froese was presented the award for her outstanding lifetime commitments to reducing maternal mortality around the world. Dr. Chamberlain-Froese spends eight months of the year living in Uganda, where she founded Save the Mothers International, an organization devoted to improving the safety of pregnancy and childbirth.

Dr. Chamberlain-Froese has also been instrumental in developing the SOGC's International Women's Health Program, and particularly the ALARM International training program, which provides emergency



obstetrical training to health professionals in low-resource countries. When she is not in Uganda, Dr. Chamberlain-Froese lives in Hamilton, Ontario, where she is an assistant professor at McMaster University.

For her outstanding contributions to women's health around the world, the Royal College presented a \$5,000 donation to support the Save the Mothers organization in Uganda.

Chamberlain-Froese is the second individual to be awarded the Teasdale-Corti Humanitarian award, which was launched in 2008. The award is given to recognize the work of Canadian physicians who go beyond normal expectations to deliver health care worldwide.

The SOGC would like to congratulate Dr. Chamberlain-Froese on this prestigious award, and thank her for her passion and dedication in making pregnancy and childbirth safer for women everywhere.

THANK YOU Dr. Schuurmans



The SOGC would like to offer its sincere thanks to Dr. Nan Schuurmans for her work as author of the new fourth edition of the SOGC's pregnancy guide Healthy Beginnings. The

new guide is an important resource for women in Canada, providing current and trusted information on all aspects of pregnancy. No doubt, Healthy Beginnings will continue to help guide women through pregnancy and childbirth for many years to come, and the SOGC is extremely grateful to Dr. Schuurmans for her dedication in helping make this new edition a reality.

To help promote this new resource, the SOGC has included a promotional tear-pad with this newsletter. For more information about Healthy Beginnings, please see page 13 of this newsletter.

GET INVOLVED with SOGC's International Women's Health Program

Are you interested in getting involved with the International Women's Health Program (IWHP) at the SOGC, either from home or by volunteering abroad? The IWHP team invites you to join us for a discussion group on *How to get involved*, hosted during the upcoming SOGC Annual Clinical Meeting in Halifax. This session will allow all members to share their ideas and work collaboratively to come up with new, innovative ways to strengthen the professional capacity of our partner organizations, increase advocacy efforts here in Canada, raise funds for mothers in need, and promote awareness of a woman's right to safe motherhood. The Get Involved discussion group will be held on Friday June 19th, 2009 from 10am to 12pm. Please contact cbutt@sogc.org to pre-register or for more information!

Now is the time to raise your voice and GET INVOLVED in the fight for safe motherhood around the world.





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UNIVERSITY UPDATE: Queen's

By Dr. Katy Smallwood

The 2008/2009 school year has been excellent here in Kingston. We said sad goodbyes to our two graduating residents, Vickie Martin and Marianne Pierce, who both went on to fellowship spots, Vickie to gyne/onc, and Marianne to uro/gyn in Halifax. We welcomed three new residents, Kate Pulman from Queen's, and Jaclyn Bernardi and Janine Silver, both from MacMaster.

It has been a productive year, both in and out of the hospital. We added a new gyne onc to our staff, Dr. Julie Francis, who joined our team from London. Our annual Memorial Day conference was held in October, featuring some great speakers from within our Queens community

and elsewhere. J.A. Low Day, our annual resident research day, was held in March, and resident Lynn Shepherd was recognized for her outstanding research project. As usual, residents were very active participants in conferences, both nationally and internationally. Five of our residents attended the SOGC's International CME in Cancun, and residents also attended conferences in Puerto Rico and Las Vegas. A large Queen's contingent will also be attending the SOGC conference in Halifax.

Outside of the hospital, our families have been growing. R5 Derek Fraser and wife Laura welcomed baby Andrew in July, and R3

Kristy Cooke and husband Fred welcomed baby Addison in August. R3 Amber Whitford celebrated her marriage in Canmore in November, and R2 Fiona Liston will be celebrating her marriage in Nova Scotia in June.

As the year rounds to a close, our three chiefs are busily preparing for their Royal College exams- good luck to Marette Lee, Derek Fraser and Kate Munnoch! The new academic year will bring a trial of an exciting new 12-hour call schedule, and we look forward to the arrival of our new residents, Maria Kielly from Memorial, Ruth Ronn from McGill, and Keith Wong from Toronto.

Attention Residents & Fellows

The North American Society of Pediatric & Adolescent Gynecology (NASPAG) offers reduced membership rates to trainees and to those in their first year of practice. For more information, visit the society's website at www.naspag.org.

INDUSTRY NEWS

LadySystem® introduced for treatment of urinary stress incontinence

Duchesnay Inc. has released its new LadySystem® vaginal cone therapy, for treatment and prevention of urinary stress incontinence caused by pelvic floor weakening. LadySystem® is a pelvic floor re-education therapy consisting of five vaginal cones of identical shape but of different weights. These cones help contract the proper pelvic floor muscles and retone the group of muscles and ligaments that, when weakened, can cause urinary stress incontinence. Pregnancy and child birthing are the main causes of pelvic floor weakening, because of the increased abdominal weight and strain on the pelvic floor. For more information on this new therapy, visit www.ladysystem.ca.

Changes to Premarin pricing allow for continued access to Canadians

On April 1, Wyeth Canada implemented a price increase for Premarin, its hormone replacement therapy product. The new price of \$0.98 per day more appropriately reflects the costs and value of the product today, and remains below the national average prescription cost in Canada.

The most widely prescribed HRT available in Canada, Premarin is formulated with a complex blend of estrogen components and is supported by more than 65 years of clinical data. It is a trusted treatment option for thousands of Canadian women dealing with menopausal systems.

Wyeth Canada conducted extensive research among key stakeholders – including medical experts, 60 prescribing physicians and patients – prior to making this decision. The new price remains under one dollar per day of therapy and applies to all formulations, including 0.3 mg, 0.625 mg, 1.25 mg and PremPlus tablets.

According to Statistics Canada, an unprecedented 2.7 million Canadian women – one in six – will reach menopause over the next decade. This increase is a necessary step to ensuring that both prescribing physicians and patients continue to have access to Premarin.

Ergot now manufactured in Canada

Ergonovine Maleate (Ergot) is now manufactured in Canada, and therefore special designation and consent to obtain the product are no longer required. The Canadian drug is manufactured by Bioniche Life Sciences Inc.. For more information on obtaining Ergot, SOGC members are encouraged to check with their individual pharmacy or to contact the manufacturer directly.

EXAMINING Cross-Border Reproductive Care

By Dr. Scott Farrell, President, SOGC

In January, I had the opportunity to represent the SOGC at the First Invitational Forum on Cross-Border Reproductive Care. Representatives from 15 countries representing both healthcare professionals and governmental regulatory bodies gathered in Ottawa at the Chateau Laurier for two days of intensive discussions. The principal goals of the meeting were to provide a forum to exchange information about the current state of Cross-Border Reproductive care and to develop a plan of action.

The meeting discussed the many couples with infertility problems who choose to visit other countries to seek care, often because of reduced cost or to receive services which are not available in their own country because of cultural or regulatory restrictions. Infertility services are widely advertised on the internet and successfully attract patients for treatment, a practice which is lucrative for the provider. Services provided by international clinics run the full gamut of fertility services. Each year, many Canadians travel to the US for anonymous donor eggs used for in vitro fertilization, and fewer patients come to Canada for treatment. Other treatments commonly sought by couples from a variety of countries included sperm donation, embryo donation, tubal surgery and surrogacy. In India, surrogacy is legal and there is a growing industry involving young women who rent their wombs for this purpose.

Information about the extent of cross border reproductive care is incomplete. Providers of such care do not have coordinated mechanisms for sharing patient information between countries. Couples who have received care internationally usually return to their home country to complete their pregnancies. Healthcare providers in their home countries do not typically receive any information about their care abroad, complicating the ongoing care at home, especially when treatments are unsuccessful or complications occur.

Dr. John Collins, the chair of AHRC scientific committee provided a summary of the forum's discussions to wrap up the two-day meeting. Participants agreed that the ultimate goal is to achieve seamless provision of reproductive care worldwide. Processes must be put in place to ensure couples seeking care outside of their home country will be directed to service providers who meet

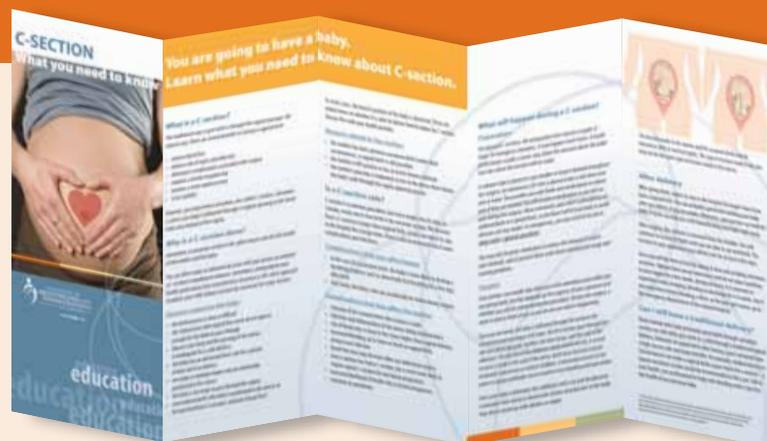
high standards of quality and safety. The international exchange of crucial health information must be facilitated. To this end, the participants set as their first goal the establishment of an international database to help quantify the current demand for cross-border reproductive care. Future steps will focus on a universal reproductive healthcare record, which will facilitate exchange of information between providers.

Assisted Human Reproduction Canada should be congratulated for recognizing the need to address this growing problem and for convening this group of international experts with the ability and the will to grapple with this problem. Notable organizations represented included the World Health Organization, Canadian Fertility and Andrology Society, American Society of Reproductive Medicine, SOGC, the International Committee Monitoring Assisted Reproduction Technologies and the Human Fertilization and Embryology Authority. The event was conceived by AHR President Elinor Wilson, organized by Assisted Reproduction Canada, and chaired by Dr. John Hamm, chair of the AHRC board.



Did You Know?

Did you know that the SOGC offers a complete series of patient education brochures on a wide range of topics in sexual and reproductive health? These brochures are reviewed by expert members, and they are based on the clinical recommendations in SOGC guidelines. In April, the SOGC introduced a new brochure C-section, and many additional topics are scheduled for release in the coming months. Print brochures are available for order, and downloadable versions are available on our website at www.sogc.org. All SOGC members also receive a discount on print brochure orders. For full details on available brochures, or for ordering information, visit our website at www.sogc.org.



SOGC at the National Women's Show

In April, the SOGC participated in the National Women's Show, hosted in Ottawa and Montreal. SOGC staff worked at a display booth handing out public information brochures and promotional items from the society's public education websites: sexualityandu.ca, hpvinfo.ca, and menopauseandu.ca. The SOGC would also like to offer a special thank you to Dr. Francine Léger, who volunteered her time to provide a 30-minute public session on contraceptive options at the Montreal show.



Federation of Medical Women of Canada
Fédération des femmes médecins du Canada

AGM, LEADERSHIP & ADVOCACY WORKSHOPS

September 26-27, 2009

InterContinental Hotel, Montréal, Québec



Photo by Normand Rajotte

Beyond Balance: Achieving Professional and Personal Harmony

- Dr. Alex Ferenczy — HPV Vaccines
- Dr. Bo Miedema — Doc Abuse: What's the Story?
- Janice Stein (PhD) — Conflict and Negotiation skills: A Gender Perspective
- Dr. Yolande Leduc — The Feminization of Medicine
- And more — see website for complete details
- Plus, Saturday Soirée, an exclusive event at the Pointe-à-Callière

Learn more & register online at www.fmw.ca. For details call (877) 771-3777 or email fmwmain@fmw.ca

Join Us in a "Smear" Campaign Against Cervical Cancer

The Federation of Medical Women of Canada (FMWC), the Society of Canadian Colposcopists (SCC) and the SOGC are asking you to join us in October as we take a stand against cervical cancer.

The three organizations are asking Canadian physicians to take part in this year's Pap Test Campaign, during which participating physicians open their doors to provide Pap tests for women who do not have a family doctor or gynecologist. **The campaign will take place during Cervical Cancer Awareness Week, from October 26-30, 2009.** During this time, participating health professionals will allow any woman to book an appointment or drop-in for a Pap test. Participating physicians can open their doors for the entire Cervical Cancer Awareness Week, or for a shorter period if they prefer.

Last year's Pap test campaign by the FMWC saw almost 500 women receive a Pap test, most of which had not had a test in far too long. Increased screening for cervical cancer has led to a tremendous reduction in the number of cases and deaths from the disease each year. Still, far too many women do not receive their regular Pap testing and are dying needlessly from this largely preventable cancer.

HOW YOU CAN HELP

The SOGC is asking its members to help take a stand against cervical cancer, and reduce the number of women who die needlessly from this disease. We're asking you to register to **participate in the 2009 Pap test campaign**, and to open your Pap test clinic to booked appointments or drop-ins from women who do not have a regular family doctor or gynecologist. Please register today at www.fmw.ca.



CFWH MOTHER'S DAY CAMPAIGN Urged Donors to Give a Gift for All Moms

Last month, the Canadian Foundation for Women's Health asked Canadians to forgo the flowers on Mother's Day, and instead give a gift that would benefit moms all around the world.

This year's Mother's Day campaign by the CFWH offered an innovative gift for mothers who have everything. Through the campaign, individuals were encouraged to make a donation in their mother's name for women's health research. In exchange for the donation, the foundation sent beautiful electronic cards to the donor's mother via email, including a personal message. Support for this campaign was graciously provided by Paladin Labs Inc. and Bayer Inc.

"There are many people out there who just don't know what to get their mom, or whose mothers have passed away and they'd like to honour her memory on Mother's Day," said Norma Beauchamp, Executive Director of the Canadian



Foundation for Women's Health. "This campaign was all about letting mom know how much you love her by giving a gift that benefits moms everywhere."

The foundation is administered by the SOGC. Many of the donations received will directly support research designed to make pregnancy and motherhood safer for women here in Canada. In addition, the foundation also supports projects that aim to make pregnancy and childbirth safer in less-developed countries, where childbirth is still a major cause of death. Through

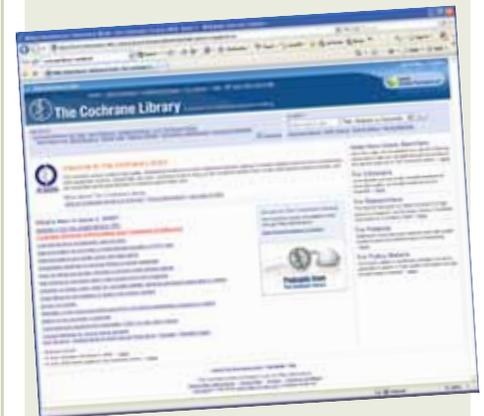
the donations of individuals, the foundation helps provide needed medical supplies and helps to send Canadian doctors, nurse and midwife volunteers into low-resource countries, where they provide training to local health providers on preventing the most common causes of death during childbirth.

For more information about the Canadian Foundation for Women's Health, please visit www.cfwh.org.

PILOT PROJECT Gives Canadians Free Access to the Cochrane Library

Under a new pilot project, all Canadians will have free access to the *Cochrane Library* until December 31, 2009. The pilot project is a joint initiative of the Canadian Cochrane Network and Centre and the Canadian Health Libraries Association.

The *Cochrane Library* is a collection of databases that contain high-quality, independent evidence to inform healthcare decision-making. The library is a valuable tool for health professionals and policymakers, and includes important evaluations of the efficacy and safety of health treatments. Cochrane reviews represent the highest level of evidence on which to base



clinical treatment decisions. In addition to Cochrane reviews, the *Cochrane Library* provides other sources of reliable information, from systematic review abstracts to technology assessments, economic evaluations, and individual clinical trials.

Under this new pilot project, Canadians will join a substantial number of other countries which already enjoy open access to the database. Under existing agreements, six Canadian provinces and territories had full access to the library; however, until now Canada's most populous provinces lacked open access.

SOGC members are encouraged to visit the library's website at www.thecochranelibrary.com to see what the service has to offer. The more individuals who make use of the library during the trial period, the more likely it is that Canada will obtain a permanent license for open access for all Canadians.

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

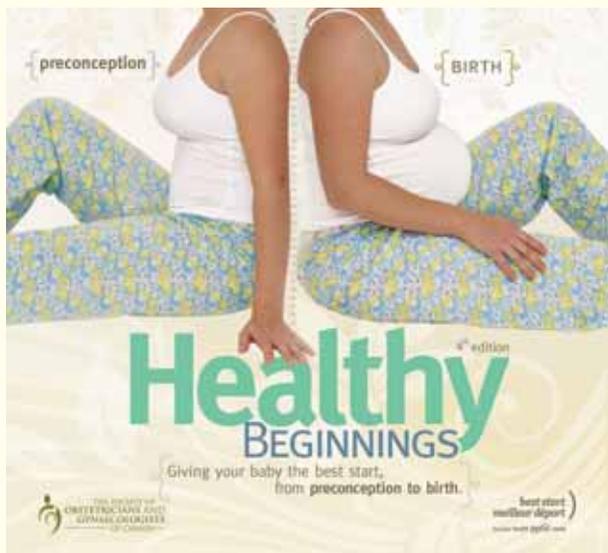
From the web to the waiting room, visit <http://www.myobclinic.ca> today to help you stay connected with your patients.

Free
to SOGC
Members

Healthy BEGINNINGS

{ Giving your baby the best start,
from preconception to birth. }

A must-have for mothers-to-be



Healthy Beginnings is the ultimate step-by-step guide to pregnancy and childbirth. It is a uniquely Canadian resource developed by the **Society of Obstetricians and Gynaecologists of Canada**. From preconception to early postnatal care, *Healthy Beginnings* is an indispensable resource for mothers, mothers-to-be and caregivers. This handbook is an accessible guide with up-to-date, expert information that helps readers better understand how a body prepares for birth and what a growing baby needs. Available online and wherever books are sold.

Available now!

Rédigé par la **Société des obstétriciens et gynécologues du Canada**, ce guide offre aux femmes les renseignements dont elles ont besoin pour exercer de bons choix avant, pendant et dans les premières semaines après leur grossesse.

Version française disponible en automne 2009!



 THE SOCIETY OF OBSTETRICIANS
AND GYNAECOLOGISTS OF CANADA
LA SOCIÉTÉ DES OBSTÉTRICIEUS
ET GYNÉCOLOGUES DU CANADA

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British Columbia Expands Role of Midwives, RNs

In April, the Government of British Columbia announced that it is enhancing the scope of practice for midwives and registered nurses in the province. Under the new regulations, midwives will be authorized to deliver a broader range of services to new and expectant mothers. These services include initiating induction and augmentation of labour, use of acupuncture for pain relief in labour and assisting medical doctors with C-sections. These specialized practices will be performed by midwives who have obtained additional education and certification.

In addition, registered nurses will now be authorized to independently provide a broader range of health services including the management of labour in hospital when the primary care provider is absent. RNs will also be authorized to provide suturing and tuberculosis screening. Registered nurses working triage will now also be able to immediately order diagnostic ultrasounds and X-rays. Additionally, registered nurses will be able to dispense or administer prescription medications in urgent situations including severe allergic reaction, drug overdose, post-partum bleeding and for communicable disease prevention and management.

"Enhancing the scope of practice for midwives recognizes the full range of training and expertise of this profession and supports our goal of ensuring safe and timely care for our clients," said Terry Lyn Evans, president of the College of Midwives of B.C. in a release issued by the province. "The new regulations are great news for the midwifery profession and for the new and expectant moms who choose to use the services of a midwife."

There are close to 140 midwives and 34,500 registered nurses practicing in British Columbia, where midwifery has been a regulated health profession since 1998.

In addition, the province has also increased the scope of practice for naturopathic physicians, allowing properly certified individuals to dispense prescription medications relating to their scope of work.

- With files from a Government of British Columbia Press Release

Midwife Sought to Represent Northern Canada on RM Advisory Committee

By Michelle Kryzanas, RM

Spring appears to have arrived and our work is now focusing on the planning for the Annual Clinical Meeting in Halifax and recruitment of regional representatives for the committee. The committee would like to devote this space to the recruitment of a midwife member of the SOGC to represent midwives in Northern Canada on the RM Advisory Committee. We have developed the following criteria for the candidate for consideration:

1. Current or recent northern, remote or isolated midwifery experience, above the 49th parallel.
2. Good understanding of midwifery practice in First Nations, Métis and Inuit communities.
3. Cultural competence and knowledge of various northern and First Nations, Métis and Inuit settings including understanding of remoteness as a health indicator, impact of Indian residential school system, loss and reclaiming of culture.
4. Understanding of general health and maternity care issues in northern settings for women and their families.
5. Global understanding of the issues northern women face during pregnancy and birth, and issues impacting them, their families and communities, such as evacuation at or near term for all pregnancies.
6. A knowledge base of the existing northern and remote midwifery and birthing programs, including First Nations, Métis and Inuit midwifery education.
7. Knowledge of policy and jurisdictional issues as they relate to the delivery of maternal and newborn care in the northern and remote areas.
8. Understanding of the history of the Canadian North, and First Nations, Métis and Inuit midwifery practices.
9. Access to internet communications, faxes and the ability to meet by teleconference a minimum of five times per year.



Letters of interest and curriculum vitae may be submitted to spaquette@sogc.com for consideration by the RM Advisory Committee and the SOGC Council. The deadline for receipt of letters of interest is June 15, 2009.

The RM Advisory Committee is composed of members representing each of the Society's five regions: West, Central, Ontario, Quebec and Atlantic. The committee has a chair elected by SOGC members and this midwife also sits as associate midwife member at the SOGC Council. The Council supports our committee seeking better representation for midwives of the north. This support will allow midwives of Canada to be better represented at this national organization.

If you know of a midwife that would be a good candidate for this work, you are encouraged to seek them out and make them aware of this exciting opportunity. An interested midwife who is not yet a member of the SOGC is encouraged to join, as the successful candidate must be an active member in good standing at the Society.

The committee members look forward to meeting you all in Halifax at the ACM this June.

Newly Formed Incontinence Coalition Calls on Government to Help De-Stigmatize the Condition and Improve Access to Care

Incontinence Coalition Release

In April, members of The Incontinence Coalition endorsed a letter to Federal and Provincial Ministers of Health urging greater recognition of the prevalent and chronic condition of incontinence. Incontinence affects more than 3 million Canadians and is a chronic condition that carries an enormous stigma.

The newly formed Incontinence Coalition is made up of respected and well-known organizations that represent the voice of many Canadians affected by the condition. These groups include the Canadian Continence Foundation, Canadian Obesity Network, Canadian Paraplegic Association (Ontario), Canadian Prostate Cancer Network, CARP, Easter Seals Canada and the Spina Bifida and Hydrocephalus Association of Ontario.

"Incontinence can impact all parts of a person's life: their social interactions, their sex life, their ability to work, travel, play sports, and participate in community life" stated Jacqueline Cahill, Executive Director of the Canadian

Continence Foundation, in a release issued by the group. "It can be an emotionally devastating condition that causes social isolation, low self-esteem, depression, and a fear of intimacy."

To help de-stigmatize the condition and improve access to care, the Incontinence Coalition encouraged Federal and Provincial Ministers of Health to:

- **Publicly acknowledge the condition.** There is a need to publicly acknowledge the prevalence of the condition and the need for treatment. This will help normalize and de-stigmatize the condition.
- **Improve public education and awareness.** There is a need for the government to take a pro-active role in promoting awareness and education of this condition to the public.
- **Improve access to treatments,** including medications; absorbent products (for community dwelling individuals and those in

Long Term Care facilities); surgical treatments and catheters.

- **Increase the emphasis on incontinence education for general practitioners.** GPs must become more knowledgeable and proactively bring up the subject with their older patients.
- **Ensure access to trained nurses and other supportive care-givers.** Nurses and nurse practitioners who are trained in continence care are needed to help provide support for those individuals living with incontinence in the community and their caregivers.
- **Fund continence care clinics.** These clinics will provide assessment, management, education and referral for people living with incontinence.

The Incontinence Coalition is calling on the public to contact their MPs to voice their support for the Coalition and its recommendations.

Because patients don't always voice their concerns
Because some are reluctant to talk about it
Because there is rarely enough time during a visit



You will find a wide range of resources for you and your patients.



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 YOUR LINK TO SEXUAL WELL-BEING

administered by
 THE SOCIETY OF OBSTETRICIANS AND
 GYNAECOLOGISTS OF CANADA

WORLD HEALTH ORGANIZATION Adds Misoprostol to List of Essential Medicines

UPDATE ON THE QUARISMA C-Section Research Project

By H el ene Langlois, Manager, QUARISMA Project

The World Health Organization has announced that misoprostol will be added to its model list of essential medicines, based on its proven safety and efficacy for the treatment of incomplete abortion and miscarriage. The judgment was made by an expert committee that evaluated available evidence, which includes several guidelines and numerous randomized and comparative clinical trials for this indication.

The drug was chosen for this list of essential medicines based on its safety record, its success rate for treatment of incomplete abortion and miscarriage, and because of the disproportionate burden of incomplete abortion in low-resource countries. In addition, Misoprostol is an inexpensive alternative to surgical treatment, which makes the drug particularly valuable in low-resource settings.

The World Health Organization maintains its model list of essential medicines as a guide for countries and institutions to build their own essential medicine lists. Essential medicines are selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness. The model list also forms the basis for medicine selection in emergency situations, and influences the choice of medicines provided when emergency humanitarian aid is required.

The QUARISMA research project continues to evolve and to meet its expected timelines. The project, which is a joint initiative of the SOGC and the Ste-Justine University Hospital Center, is designed to assess the impact of professional training on the reduction of C-section rates in Quebec hospitals.

The results of the randomization for the project will be available soon, which will identify the 16 Quebec hospitals that will be part of the experimental group.

Each of those hospitals will be given the opportunity to implement the QUARISMA educational intervention. This two-day program includes training sessions on best practices and audit techniques, as well as a workshop on maternal and fetal morbidity. The implementation of the complete intervention takes approximately six weeks. Training is scheduled to begin mid-August, and will continue until the end of September.

The next step will be to identify, within each center where the intervention is being implemented, an ob/gyn opinion leader. This

individual will be chosen by their colleagues in light of their expertise, experience, capacity to communicate and their empathy. One of the first tasks of the opinion leader will be to designate the members of the Audit Committee (which may consist of obstetricians, general practitioners who perform deliveries, nurses, and midwives).

A control group of 16 hospitals will also be selected. No external intervention has been planned for this group. (Centers where a morbidity reduction program has already been implemented have been excluded from the QUARISMA project).

QUARISMA will be provided within the control group hospitals at the end of the trial if the intervention is deemed efficient. The QUARISMA team is confident that the program will be implemented consistently in all centers. A feasibility study has shown that, though some practitioners were unsure as to how to deal with the increase in cesarean rates, more than 90% of them wanted to assess their practice in order to find ways to stop this increase.