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

September 2008
- Management of the pregnancy at 41+0 to 42+0 weeks
- Fragile X screening in Canada (Committee Opinion)
- Informed Consent to Donate Embryos for Research Purposes

October 2008
- Carrier screening for Thalassemia and Hemoglobinopathies in Canada
- Delivery of breech presentation
- Menopause 2008 (Supplement)

November 2008
- Obstetrical complications associated with abnormal maternal serum marker analytes (Technical Update)

December 2008
- Missed hormonal contraceptives: new recommendations (Committee Opinion)

January 2009
- Content of a complete routine second trimester obstetrical ultrasound (Committee Opinion)
- Initial evaluation and referral guidelines for management of pelvic/ovarian masses
- Immunization in pregnancy
- The option of supracervical hysterectomy
- Policy Statement on Normal Childbirth (SOGC Policy Statement)

NEW RESOURCE


Produced by the World Health Organization, this report examines the nearly 20 million unsafe abortions that took place in 2003, as well as the associated mortality. The report highlights the many issues that contribute to unsafe abortion prevalence, such as the availability of health resources and contraception, as well as domestic abortion laws. In addition, the report details the consequences of unsafe abortion for women, and for society as a whole. The new report is the fifth installment in a series examining unsafe abortion. The first edition of the report was published in 1990.

The complete report is available for download at the World Health Organization website at www.who.org
PUBLIC EDUCATION:
What’s in it for you?

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

While it’s clear that members are the primary focus for all of the SOGC’s work, what may not be clear to everyone is why the SOGC invests so much time and energy in public education. The answer: It increases the public’s understanding of, and support for, what we do. Allow me to explain.

SOGC has worked hard to become a trusted source of information about women’s health, more specifically, sexual and reproductive health. We routinely provide expert input and access to evidence-based resources, so much so that the media and public have come to rely on us for accurate, timely information.

We want this expertise, these resources, to be accessible and useful to you. We understand the significant pressures of a health practitioner’s day. Therefore, when we move ahead on developing and launching education materials, a key “deliverable” for us is to ensure that what we are doing works for you. It may well be that print and on-line materials are designed with the general public in mind, but these tools are also crafted for your use in the office or clinic. If we can save you time by providing a patient hand-out, or a pamphlet referring to a comprehensive website, then we’ve done our job: maximized the value of your time with the patient and provided the patient — through you — with information they can trust.

Currently, SOGC leads four innovative, high-profile public education initiatives:

In contraception education and awareness, the award-winning sexualityandu.ca website will continue to be an area of significant focus. The site provides people of all ages with science-based, non-judgmental information about human sexuality. It also provides health professionals and educators with invaluable resources for use in the clinic or classroom. Each year, its outreach gets bigger and better, the emphasis of this year’s program will be to increase compliance in the consistent and appropriate use of contraceptives, with the goal of reducing the number of unwanted and unplanned pregnancies.

HPV education and awareness continues as a flagship program. With 10 provinces now implementing HPV vaccination programs during this school year, hpvinfo.ca grows in popularity with parents, teachers and teens as they seek greater understanding of the disease and the vaccine. SOGC has contacted public health agencies across the country to offer our support in the successful administration of the vaccine. With the roll-out of this school-based program, it is our hope that we will see a significant reduction in the number of patients presenting with genital warts, cervical cancer, and other types of cancer that require treatment as a result of HPV infection.

The 4th edition of Healthy Beginnings is currently in development with the support of author, past-president and SOGC member, Dr. Nan Schuurmans. Slated for publication in early 2009, Healthy Beginnings will continue to be an important all-Canadian resource for mothers with up-to-date information about pregnancy, from preconception to birth and days afterwards.

A relatively new area of focus for the SOGC is menopause and osteoporosis education and awareness. We are delighted that a Menopause Coalition, comprised of high-profile national organizations involved with women’s health at midlife, are coming together to enhance the information available to Canadian women during this transition in their lives. A dedicated menopause website, menopauseandu.ca, features evidence-based information inspired by our SOGC guidelines. The site focuses on preventing menopause symptoms, and providing women with the information they may need to make good decisions about their midlife health.

In addition, SOGC will also continue, on your behalf, to raise the profile on issues and concerns about the future of women’s health and maternity care in Canada, through projects such as our Health Human Resource Project on Intrapartum Emergency Obstetrical Care and the Society’s proposed National Birthing Initiative for Canada. This is public education too.

As SOGC launches the “new year” of continuing education, I hope to see many of you at the Quebec CME in Mont Tremblant in October, the Obstetrical Update in Montreal in November, and the Ontario Regional Meeting in Toronto in December. These will be excellent opportunities for us to share with each other our knowledge and our passion for excellence in women’s health.

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. Annette Epp, Saskatoon, SK
- Alternate Chair, Central Region: Dr. Margaret Burnett, Winnipeg, MB
- Chair, Ontario Region: Dr. Charmaine Roye, Brantford, ON
- Alternate Chair, Ontario Region: Dr. Myriam Amimi, Sault Ste-Marie, ON
- Chair, Quebec Region: Dr. Corinne Leducq, Victoriaville, QC
- Alternate Chair, Quebec Region: Dr. Diane Francoeur, Montreal, QC
- Chair, Atlantic Region: Dr. Howard Murdock, Fredericton, NB
- Alternate Chair, Atlantic Region: Dr. Joan Crane, St. John’s, NF
- Public Representative: Ms. Maureen McTear, Ottawa, ON
- Junior Member Representative: Dr. Ashley Waddington, Halifax, NS
- Associate Members (MD) Representative: Dr. William Ehman, Nanaimo, BC
- Associate Members (RN) Representative: Dr. Margaret Quance, Calgary, AB
- Associate Members (RM) Representative: Ms. Michelle Kryzanaskus, Rim, Kimberley, ON
- APOG Representative: Dr. Patrick Mohide, Hamilton, ON
- Corresponding Member: The Hon. Lucie Pépin, Senator, Ottawa, ON
Upcoming Meetings

SOGC Meetings

20th Quebec CME
October 2–4, 2008, Mont-Tremblant, Quebec

4th Quebec in Obstetrics CME
November 13–14, 2008, Montreal, Quebec

27th Ontario CME
December 4–6, 2008, Toronto, Ontario

22nd International CME
March 2–6, 2009, Cancun, Mexico

ALARM Program Schedule

Location . . . . . . . . . . . . . . . . . . . . . . . . . . Date
St. John’s, NL . . . . . . . . . . . . . . . . . Sept. 21–22, 2008
Woodstock, NB . . . . . . . . . . . . . . . . . Oct. 4–5, 2008
Vancouver, BC . . . . . . . . . . . . . . . . . . . . Oct. 24–25, 2008
Toronto, ON . . . . . . . . . . . . . . . . . . . . . . Dec. 7–8, 2008
(in conjunction with ON CME)
Toronto, ON . . . . . . . . . . . . . . . . . . . . . . . Apr. 25–26, 2009
Montreal, QC (French course) . . . . . . . . . . . May 22–23, 2009
Halifax, NS . . . . . . . . . . . . . . . . . . . . . . . . Jun. 15–16, 2009
(in conjunction with ACM)
Toronto, ON . . . . . . . . . . . . . . . . . . . . . . . Dec. 6–7, 2009

Other Meetings


8th Annual General Meeting – Canadian Association of Midwives. November 12–14, 2008, Delta Hotel, Québec, QC, Canada. For complete details, visit www.canadianmidwives.org.
COME LEARN IN TORONTO – an intimate metropolis showcasing world-class dining, shopping, creativity, architecture and entertainment.

In association with the Ontario Society of Obstetricians and Gynaecologists

27th ONTARIO CME

DECEMBER 4–6, 2008

Marriott Downtown Eaton Centre, Toronto

Scientific Program
To obtain an updated version of the program, please visit our website at www.sogc.org or email us at events@sogc.com

ALARM Course
Limited space for the ALARM course – please check availability before registering!

Program offered in English

Conference Site: Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto
Standard room: $155 per night single/double occupancy
Reserve before: Monday, November 3, 2008
Tel.: 1-800-905-0667
Group code: SOGC

Take advantage of the hotel rate by booking today! Rates will not be available after the deadline date and/or once the room block is sold out.
2009 MEMBERSHIP RENEWAL
Is Coming to You!

It’s that time of year again! Watch for your 2009 SOGC membership renewal package to arrive in early October. Or, you may log on to www.sogc.org to renew your membership quickly and easily online. While you are renewing, please remember to make any necessary changes to your membership profile to help us serve you better.

Please know that with your continued support, the Society can remain strong, sustain growth and continue to effectively represent you, our members. Our strength is in our membership, and without you, our continued success would not be possible.

The SOGC would like to remind you that special consideration will be given to SOGC members who are:

- on special leaves such as maternity, health, prolonged education or prolonged sick leave
- married/common law individuals where both are physicians

If you have any questions or concerns related to membership or to your subscription to the Journal of Obstetrics and Gynaecology Canada (JOGC), please do not hesitate to contact Linda Kollesh, Membership & Subscription Services Officer at lkollesh@sogc.com.

NEW MEMBERS

Welcome, New Members
The SOGC is pleased to welcome some of the newest members of our society:

**Member Ob/Gyn:** Dr. Hanan M. Al-Ghasham; Dr. Ashot Sirunyan; Dr. Eve Hawa Sow

**Junior Member:** Dr. Khalid Al Wadi; Dr. Fahad Mohammed Algreisi; Dr. Hani Alhalal; Dr. Karine Arseneault; Dr. Melanie Campbell; Dr. Jason Elliott; Dr. Andora Jackson; Dr. Naana Afnia Jumah; Dr. Ola Tajuddin Malabarey; Dr. Cynthia Nair; Dr. Joannie Pelletier; Dr. Alice Trang Pham; Dr. Audrey Estelle Picard; Dr. Lee Mark Schofield; Dr. Neerja Sharma; Dr. Lyana Sisca; Dr. Leslea Angele Walters; Dr. James L. Watson; Dr. Karen Wou

**Junior Member – Family Practice:** Dr. Alison Barfoot; Dr. Jean-Philippe Blais

**Associate Member – MD:** Dr. Genevieve Adam; Dr. Jennifer Burke; Dr. Norma C. Carter; Dr. Alicja Frasinski; Dr. Amin Hasham; Dr. Hillary Lawson; Dr. Valerie K. Lewis; Dr. Unjali Malhotra; Dr. Christine Otani

**Associate Member – Midwife:** Monique Pare; Brangwynne Purcell

**Associate Member – RN:** Heather Bailey; Brenda Gloria Bonner; Melanie Elizabeth Ingram; Patricia Grace Miket

**Associate Member – Students in Healthcare Training:** Elzbieta Bednarska; Valerie Bohemier; Marissa Kate Charbonneau; Shirlene Sze Ling Chia; Mary Celia Coll-Black; Erin Gote; Nicole Desforges; Nadine Moira Doris; Keith David Huber; Miss Zainab Khan; Claudie Lavergne, IV; Genevieve Morin; Annick Orvoine Serra Pina; Nikolett Lee Raguz; Sylvie Saunier

Dr. Scott Farrell wins gold medal for pessary design

A new pessary designed by SOGC President Dr. Scott Farrell was awarded a gold medal at the 2008 Medical Design and Manufacturing East Conference held in New York this past June.

The Uresta™ Conti...
SUPERIOR TRAVEL INSURANCE PROTECTION for SOGC Members

With so many different travel insurance plans available today, we know it can be difficult to decide which way to turn.

That's why we have joined forces with Johnson Inc., one of Canada's leading insurance providers, to offer our members access to the MEDOC® Travel Insurance Plan – a superior travel insurance product that's been designed especially with your needs in mind.

Some key components of the MEDOC Travel Insurance Plan include:

- Comprehensive year-round multi-trip travel insurance coverage, while traveling outside your province or territory of residence.
- All members have access to coverage regardless of age or health status.
- Trip Cancellation, Interruption and Delay insurance automatically included.
- Convenient monthly premium payments.

To learn more about the other great features and benefits of the MEDOC Travel Insurance Plan, please contact Johnson Inc. at 1-866-606-3362 or visit www.johnson.ca/sogc to complete an application online.

There has never been a better time to consider MEDOC Travel Insurance. With the constant improvements being made to the Plan you'll benefit from knowing that you're covered by one of the best travel insurance products available today.

We're very pleased to make this Plan available to our members and we know you'll be impressed with the personal service Johnson Inc. provides.

MEDOC® is a registered trademark of Johnson Inc. MEDOC® is underwritten by Royal & Sun Alliance Insurance Company of Canada and is administered by Johnson Inc. Johnson Inc. and Royal & SunAlliance Canada share common ownership.

WITH 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, or 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 to the health of Canadians. So, if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, we want to hear about it!

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

Correction

The Summer 2008 issue of the SOGC News incorrectly stated that SOGC presented an honourary journalism award to CBC’s Shelagh Rogers. This award was presented jointly by the SOGC and the Canadian Foundation for Women’s Health.

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

The 2008 SOGC Wall Calendar: Due to a typographical oversight, the calendar lacks an entry for the date Monday, December 22, 2008. As such, the dates on the calendar are mislabeled for Dec. 1-21, 2008. The SOGC apologizes for any confusion this may cause.
The Society of Obstetricians and Gynaecologists of Canada (SOGC) was founded in 1944 with the mission "to promote excellence in the practice of Obstetrics and Gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach, and education." The SOGC is a leading authority on reproductive health care and produces national clinical guidelines for both public and medical education.

The SOGC is profoundly troubled by private member’s Bill C-484, entitled the Unborn Victims of Crime Act, and opposes its passage into law. This Bill proposes to amend the Criminal Code to allow for a foetus to have legal standing, while in utero, so that a charge can be brought after its miscarriage against a person who deliberately or recklessly assaults a pregnant woman carrying that foetus while committing a crime. The attacker must either know, or ought to have known, that the woman s/he is attacking is pregnant and must attack her meaning "to cause the child’s death" or knowing that the injury to the woman “is likely to cause the child’s death.”

This Bill can only be interpreted as giving the foetus in utero legal status at conception. That would fundamentally change current Canadian law, but would do so by the back door, seeking to circumvent the direct decision taken by Parliament and the Courts to define legal status and rights as accruing at birth. Supporters of this Bill argue that the changes in Bill C-484 are narrow and specific. That is not the case. The Bill is proposed with a purpose – to change current law to afford new legal rights to the foetus. It stipulates that those legal rights accrue at the moment of conception. Indeed, the use of the term “child” throughout the Bill confirms the intent of the drafter that full legal status will now be created in the foetus “at any stage of development before birth.”

This Bill, then, does more than create new legal rights in the foetus at conception. It begins the process of establishing (criminal) sanctions for doctors, nurses or others, including the pregnant woman herself, whose actions might affect those “new rights”. It sets out specific changes to the Criminal Code for interfering with those new legal rights where a foetus in utero miscarries when a pregnant woman is attacked in the situation set out in the Bill. The impact of this private member’s Bill on the practice of medicine in Canada would be substantial. It creates a new situation where doctors, nurses, and midwives could be charged as criminals simply for providing necessary care to pregnant women and their foetus in utero.

Bill C-484 would prevent doctors and nurses treating pregnant women from meeting their professional responsibilities to their pregnant patients, at least, but not exclusively, in this specific case. Current law makes it clear that a woman and her foetus in utero are treated legally as one person, not two — as one patient for a doctor, nurse, or midwife. To do otherwise would create very difficult medical and personal situations.

Bill C-484 challenges and changes this fundamental principle of women’s autonomy. It would seriously and negatively affect the ability of a doctor, a nurse, or a midwife to care for a pregnant woman, who under this Bill would become a mere carrier for another person with full legal rights. Her treatment would require care-givers and institutions to seek protection for the foetus’ rights through the intervention of a third party separate from, and other than, the pregnant woman herself. Any decision about her treatment would have to take into account the new legal rights of the foetus in her womb. Her own interests, needs, or choices would be considered in treatment decisions, but these would be subject to the rights of the foetus she is carrying, now newly endowed with legal standing and rights. The foetus’ unexpressed wishes would be interpreted by proxy by courts and legislators.

This Bill, then, would have a chilling effect on the practice of Obstetrics and Gynaecology, including, ironically, on new and high risk surgeries performed on a sick or medically affected foetus in utero - even though such high risk surgery, when successful, allows the foetus a chance to survive at birth and develop into a healthy child. As an example, in utero laser surgery is currently used to treat twin to twin transfusion syndrome. In this situation, there would be three individuals with independent rights: the mother and each of the foetuses.

While this Bill deals only with the new criminal sanctions with respect to the specific situation of a foetus in utero, its potential legal impact is far broader. In creating full legal status for the foetus in utero at conception, the Bill opens the door for the further restriction of women’s reproductive and sexual rights and decision-making. Women’s equality is an important Canadian value and that equality is enshrined in Canada’s Constitution in the Charter of Rights and Freedoms. The erosion of any Charter rights should not be undertaken lightly.

This bill would allow an abusive spouse or partner (male or female) to rely on the defence of provocation by the pregnant woman who is assaulted, injured, or killed in “a crime of passion”, where the pregnant woman miscarries as a result. The SOGC firmly opposes any lessening of protection against domestic violence now afforded all women, especially vulnerable pregnant women. Further, this Bill would require the Crown to prove beyond a reasonable doubt that the defendant “knew or ought to have known” that the woman was pregnant. In such acts of violence, no charge

(Continued on page 9)
The past year has brought some exciting new developments to the UBC program.

For example, the PGY-1 year has been modified to include a family planning block and sufficient elective time for a general license, a surgically-focused year, or any other chosen focus.

The minimally invasive surgery and urogynaecology rotations continue to be enjoyed by the residents. The Centre of Excellence for Surgical Education and Innovation (CESEI) also offers a dry lab to improve laparoscopic skills for all surgical residents, which is also supplemented by a gynecoscopic pig lab organized by Dr. Catharine Allaire.

On the obstetrics side, residents now take part in an interdisciplinary Advances in Labour and Risk Management (ALARM) course with family practice residents and midwifery students.

In May, the Branch for International Surgery hosted its annual conference, with FIGO President Dr. Dorothy Shaw as one of the keynote speakers. In addition, several residents had the exciting opportunity to take part in summer electives in Uganda.

Academically, a department journal club is now up and running, with residents presenting three papers monthly in the home of a family member. In addition, resident research was on display this year at the annual department academic day and the 33rd annual D.A. Boyes conference.

On behalf of the program, I’d like to congratulate all of our residents who have recently written their fellowship exams, and offer a warm welcome to the newest members of our team. For more info on UBC’s ob/gyn residency program, check out http://www.obstgyn.ca.
Product Monograph available upon request.
IT TAKES TWO TO TANGO: Men as Partners in Sexual and Reproductive Health

It can be tempting to see sexual and reproductive health (SRH) as a “women’s issue”. After all, women go through pregnancy, not men. Women are typically seen as being responsible for family planning. And since caring for children is still viewed as women’s traditional domain, they often shoulder a heavier burden in the event of contraceptive failure. However, the impact of men on reproductive health is now seen as a critical factor in improving health for everyone.

Women’s (Almost) Equality

Globally, issues of women’s rights continue to be discussed and debated. A total of 185 countries – more than 90% of UN membership – are party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It is the most recognized international treaty on gender discrimination; however, many countries have not ratified critical articles of the Convention, or have failed to enforce laws which, at least in theory, put men and women on equal footing.

The troubling fact remains – in many places, women still struggle for gender equality. The result is that many women are not free to control and protect their own sexual and reproductive health. In these places, even small steps, such as asking a partner to use condoms or asking a doctor for an STI test, can have serious consequences for women. In some situations, the mere act of taking responsibility for one’s sexual and reproductive health can result in a woman being seen as unfaithful or too sexually available, putting her at risk of ostracism or even abuse. When men control women’s access to sexual and reproductive health services, even women who want to take advantage of them may be unable to do so.

Traditional Ideals of Masculinity

In situations where women’s rights are not a consideration, assertions of traditional masculine ideals can quickly become abuses of power. In some countries, women may be unable to access life-saving medical care if their husbands refuse to let them go to the hospital, infringing on women’s basic rights to mobility and health. During conflicts, women are often specifically targeted and subjected to sexual violence.

The United Nations Development Fund for Women (UNIFEM) has found that at least one in three women has been “beaten, coerced into sex, or otherwise abused” in her lifetime, most often by someone she knows. In its State of the World Population 2005 report, the United Nations Population Fund found that “(a)bout one in four women is abused during pregnancy, which endangers both mother and child.” These actions do not merely represent infringements on women’s basic rights. They demonstrate that when women’s rights are threatened, so too are women’s lives. Rigid conceptions of masculinity are dangerous for the women who exist alongside them, and are little better for the men pushed to conform to them. When men are encouraged to seek out sex with multiple partners, while women are discouraged from developing an understanding of sexual and reproductive health, the penalty is high for everyone. Lost productivity and unnecessary healthcare expenses from preventable problems are only the beginning of the social costs incurred. While women’s empowerment remains a vital tool for development, the reality is that men have equal motivation and responsibility to promote sexual and reproductive health – and gender equality. More choices mean greater freedom for women and for men. Luckily, recent steps to integrate men as partners in sexual and reproductive health have proven highly effective.

A Healthy Alternative

When men are involved in sexual and reproductive health decisions and education, the results are both stronger and more sustainable. When men are involved in prenatal education, prenatal care visits increase and perinatal mortality rates decrease significantly. Those men are also more knowledgeable about family planning, and have a better understanding of their partner’s nutritional needs during pregnancy. Men’s knowledge of reproductive health issues and of the process of labour also makes it easier for women to access emergency services.

“Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.”

— ICPD Programme of Action

(Continued on page 12)
obstetric care, if needed; men who are aware of potential problems are more likely to ensure that their partners receive necessary care. As a result, the health of women — and of their newborn children — improves.

Engaging men as partners can also have a significant impact on the spread of STIs and HIV/AIDS. In developing countries, high-mobility jobs, such as truck drivers, are largely filled by men. Those drivers who pay for sex en route can facilitate the spread of HIV/AIDS between communities along trucking routes. Safer sex programs designed to reduce the spread of disease by targeting female sex workers may fail if women are not in a position to negotiate for safer sex. However, safer sex programs that aim to help male truck drivers recognize the health risks of unprotected sex — both to themselves and others — can have a substantial impact in reducing the spread of HIV/AIDS.

A New Conversation

In the end, the most important tool may be engaging men in the discourse on gender equality. An understanding of women as equals who deserve to be healthy, safe and independent is critical to promoting reproductive rights. Experiences from some Latin American countries, where education on reproductive health and gender equality has been instituted in the military, have also shown that engaging men can have benefits for everyone, and can even spill over into wider civilian society. Programs that aim to involve men in dialogue on gender equality and reproductive rights have demonstrated results in the form of increased respect for female co-workers, changes in gender stereotypes, improved relationships between fathers and adolescent children, greater support for women’s reproductive rights, and increased demand for condoms.

While the needs of women should never be disregarded in favour of bringing men into the fold, reproductive health problems cannot be solved by addressing half of the equation. Recognizing the responsibilities men have in safeguarding the health of themselves and their partners is crucial to ensure that everyone’s reproductive health needs are met.

“States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.” — Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

International Women’s Health
SPECIAL REPORT 2008
All Committed to Delivering a Better World

The International Women’s Health Program (IWHP) is proud to announce the release of Special Report 2008, a compilation of articles from experts in the field of sexual and reproductive rights and health that looks at projects carried out in Burkina Faso, Ukraine, Uganda and many other countries.

This report’s release coincides with the 10th anniversary of the SOGC’s International Women’s Health Program. Backed by grants and the in-kind contributions of Canadian health professionals, the program itself has grown from a permanent staff of one to seven as the SOGC has expanded its outreach efforts in Africa and Eastern Europe — proof that with the right approach, positive change is possible in other countries.

“A woman dies every minute from giving birth. Focusing on very basic remedies can turn this figure around,” said Dr. Vyta Senikas, Associate Executive Vice-President of the SOGC. “Everybody thinks you have to bring in the latest technology but it’s the basics that are needed most times — something as simple as having a skilled birth attendant, knowing how to audit your cases, having clean water, and knowing when to leave the village for a more urban area.”

The report also aims to inform Canada’s doctors, midwives, and nurses about the opportunities they have to make lasting improvements to the care women receive in parts of the world where they need it most.

G8 Health Experts Group releases new recommendations from Japanese Summit

In early July, the Group of Eight met for a summit meeting in Hokkaido Toyako, Japan, to discuss global issues, including the achievement of the Millennium Development Goals, a list of eight goals for global development. In late July, the summit organizers released a Framework for Action on Global Health — a list of 30 recommendations agreed to by the G8 delegates.

Although little specific action is tied to the recommendations, the framework does recognize that there has been a lack of progress in reducing maternal and newborn deaths throughout the world.

The framework also highlights the current lack of resources available for achieving MDGs related to maternal, reproductive and child health. “...[F]or progress to be made on maternal, reproductive and child health, and emerging and neglected health priorities, additional resources - from both domestic and international sources - are needed if the health MDGs are to be achieved,” states the report.

The report also includes G8 commitments to scale up child-health interventions, and commitments to work to decrease neonatal mortality, the largest remaining area of under-five mortality.

With regards to maternal health specifically, recommendation number 18 is probably the most pertinent, stating:

“We recommend that the G8 will contribute to support a comprehensive approach to reducing maternal and newborn mortality through investment across the continuum of care to work to improve access to quality antenatal and postnatal care, increasing access to skilled birth attendants and bear in mind the target agreed at the ICPD+5 in 1999, 90% of all births should be assisted by skilled attendants by 2015, backed by access to emergency obstetric care, to reach the MDGs target of a three quarters reduction in maternal deaths during the period 1990 to 2015. An effective approach will maximize the contacts between the health worker and the mother and child and maximize linkages across programs to deliver a range of effective interventions. It will invest in the health workforce, health facilities and culturally appropriate referral systems and tools such as simple and culturally appropriate handbooks for maternal and child health. Reproductive health should be made widely accessible.”

Worldwide, 189 countries have committed to work to achieve the eight Millennium Development goals before 2015. The complete Global Framework for Action on Global Health is available from the summit’s website at www.g8summit.go.jp/eng.

ALARM Canada program unveils NEW TRAINING MANUAL

Following an extensive two-year review process, the Advances in Labour and Risk Management (ALARM) course has unveiled the 15th edition of its training manual. The new edition includes a substantial review of the content for accuracy, as well as significant updates to almost every chapter. This edition also incorporates several new SOGC clinical practice guidelines, including those on hypertensive disorders of pregnancy and fetal health surveillance.

The ALARM Canada program is an accredited, two-day course, which offers case-based plenary sessions, hands-on workshops and a comprehensive examination process. The program is tailored to review, update and maintain competence in obstetrics for specialists, family physicians, midwives and nurses. The ultimate goal of the program is to improve the outcome and process of intra-partum and immediate post-partum care.

The SOGC would like to thank the members of the Obstetrical Content Review and ALARM Committees for their outstanding work to review and update this manual. Please note that the French version of the manual will be available at a later date.

For more information about the ALARM program, or to register for an upcoming course, please visit www.sogc.org.

Upcoming ALARM Courses

2008
St. John’s, NL
September 21-22

Woodstock, NB (special request course)
October 4-5

Vancouver, BC
October 24-25

Toronto, ON
December 7-8

2009
Toronto, ON
April 25-26

Montreal, QC (French course)
May 22-23

Halifax, NS
June 15-16

Toronto, ON
December 6-7
The Society of Canadian Colposcopists
EDUCATION REPORT
By Drs. Betsy Brydon and Jim Bentley

The SCC held its 22nd Annual Postgraduate Comprehensive Colposcopy Course at the SOGC’s Annual Clinical Meeting in Calgary on June 26, 2008. There were over 73 registrants for the PG Course. This was a very good year! Thank you.

The morning started with a thoughtful and very clear presentation by our international guest speaker, Dr. Mark Spitzer on the new ASCCP guidelines, how they have changed from the previous and why. This was followed by Dr. Bentley’s review of the Canadian situation. A lively and helpful discussion followed. Dr. Spitzer was very helpful and practical in his approach. Following this, Dr. Jill Nation presented the status quo with respect to low-grade lesions. She is proposing a study of the colposcopic management of low-grade lesions. Interested units were invited to participate. As a pre-lunch challenge, we visited a few colposcopic slides via touch pad technology.

Over lunch, we had our SCC Annual Business Meeting, which generated lively discussion concerning the future plans for the society.

In the afternoon, we had an opportunity to review three abstract presentations in the area of colposcopy, two by Dr. Laurie Elit and one by Dr. Marie Hélène Mayrand. Dr. Spitzer then returned to the platform for a delightful, provocative and challenging talk on the management of the adolescent patient. This was followed by the team of Drs. Alex Schepansky and Chris Giede who delivered case presentations of glandular lesions in the touch pad format.

We wish to thank Superior Medical Ltd. for their continued support of the SCC courses over the last 17 years and also for donating a $5,000 gift certificate towards the purchase of any office equipment as the door prize. A draw for the gift certificate was held at the conclusion of the PG1 Course and the lucky winner was Dr. Barbara Bodmer from Montreal.

The SCC Program Committee welcomes ideas for our national meeting at the SOGC ACM next June in Halifax. You may send these to the SCC National Coordinator, Judy Scrivener in Ottawa by email at jscrivener@sogc.com, or by phone at 1-800-561-2416 ext. 320.

Looking forward to seeing you all in Halifax!

BECOME A MEMBER of the Society of Canadian Colposcopists (SCC)!

- Do you practice colposcopy?
- Are you a physician who has a particular interest in lower genital tract disease?
- Do you have a scientific interest and want to make a contribution to the field of colposcopy?
- Would you benefit from joining other Canadian colposcopists in sharing information, advances, and innovations in the practice of colposcopy?

If so, we invite you to join our membership. Some of the benefits are . . . .
- Access to continuing medical education courses
- Reduced cost for accredited colposcopy training modules
- Free subscription to the Journal of Lower Genital Tract Disease
- Spring and Fall issue of the SCC Newsletter

For more information and a membership application form, go to the “Become a Member” page at www.colposcopycanada.org or contact Judy Scrivener, the SCC National Coordinator via e-mail at jscrivener@sogc.com.
2008 Canadian Foundation for Women’s Health RESEARCH AWARDS

Each year, the Canadian Foundation for Women’s Health is pleased to present grants to promote new Canadian research in sexual and reproductive health. The Foundation would like to honour our 2008 research award recipients, which were presented at the 2008 SOGC Annual Clinical Meeting in Calgary. For more information about available awards and how to apply, please visit www.cfwh.org.

ALVA Foundation Grant in Neonatal and Newborn Health

2008 Recipient: Dr. Andrée Gruslin for her research on the “Mechanism of Placental Dysfunction in Obese Mothers”

About the Award: The Alva Foundation has established the Alva Foundation Award in Neonatal and Newborn Health at the Canadian Foundation for Women’s Health for an initial three-year period beginning in 2008.

The object of the award is to advance evidence-based research in paediatric neonatology and maternal fetal medicine. Grants may be awarded in a variety of areas related to maternal and newborn health.

Sexual and Reproductive Health Research Grant

2008 Recipient: Dr. James John Petrik for his research on “The Relationship Between Dysglycemia and Ovarian Cancer”

About the Award: The object of the CFWH Sexual and Reproductive Health Research Grant is to help promote sexual and reproductive health.

The Foundation for the Promotion of Sexual and Reproductive Health, administered by the SOGC, launched a national initiative aimed at raising the awareness of the public and in the medical community about contraception and safer sex. Built on three pillars, the Contraception Awareness Project promotes contraception use and adherence; safer sexual practices and; sexual well-being free from coercion.

2008 Resident Researcher Awards

Recognizing the importance of encouraging up-and-coming researchers, the Canadian Foundation for Women’s Health presents an annual award to resident researchers in obstetrics and gynaecology at each of Canada’s university teaching hospitals. These awards, the recipients of which are chosen by their departments, are for the best research projects in women’s health. Recent awards have supported research in prenatal screening in women with challenging pregnancies and variations in treatments for cervical cancer.

Congratulations to the following residents who were chosen to receive the 2008 best resident research project award in women’s health:

- Colleen Cook
  Memorial University of Newfoundland
- Krista Brown
  Memorial University of Newfoundland
- Joanne White
  Memorial University of Newfoundland
- Korine Lapointe-Milot
  Université de Sherbrooke
- Darine El-Chaar
  Ottawa University
- Jason Burrows
  University of British Columbia
- Marilyn Sutandar
  University of Toronto
- Meivys Garcia
  Western University
- Alon Altman
  Dalhousie University
- Al Shukri
  University of Manitoba
- Valérie Hétu
  Université de Montréal
- Jennifer Schnarr
  McMaster University
- Cindy Sorge
  McMaster University

Thank You, Duchesnay!

At the 2008 Annual Clinical Meeting in Calgary, the Canadian Foundation for Women’s Health had the opportunity to honour Duchesnay Inc., for its gracious support of the foundation and its programs over the past 10 years.

To the right, Dr. Jennifer Blake, Chair of the CFWH, presents an award to Eric Gervais, Duchesnay’s Executive Vice-President.
New sexualityandu.ca videos present personal stories on HPV vaccination, STIs, and sexual orientation

“Gay or straight we’re dealing with the same issues,” Kim says, sharing what she has learned about sexually transmitted infections (STIs) from dating other women. “Viruses don’t care who you are.”

This is the message from a clip of one of eight new videos that the sexualityandu.ca website has added to their roster in French and English. The video testimonials feature mostly young adults, discussing sex in an open and honest way that’s easy for others to relate to.

Promoting positive ways to deal with common sexual health decisions that people of all gender orientations must make — such as abstinence and safer sex — the videos are useful tools for counseling patients and educating students.

The subject matter of the clips also deals with several realities about the human papillomavirus (HPV), Canada’s most common STI. Though vaccination strategies in Canada have targeted young women, men can also get HPV. It can lead to genital warts, and in rare cases, it can develop into cancer. The earlier parents choose to vaccinate their daughters against HPV, the better they will be protected.

“My daughter is 11 now, but she’s not going to be 11 forever,” Cathy, a mother concerned about vaccinating her daughter against HPV, tells the camera.

To browse through all 20 videos, visit the multimedia section of www.sexualityandu.ca.

Update on new Screening test for ovarian cancer

Please be advised that OvaSure™, a new screening test for ovarian cancer, is now available in the US, but not in Canada. To assist you in responding to any inquiries you may receive from your patients regarding this new product, SOGC News has reproduced below an announcement from the Society of Gynecologic Oncologists of Canada (GOC).

The SOGC supports GOC in their position that this is an important matter for investigation and that . . . (we do) not recommend this test for routine clinical care.

GOC announcement on OvaSure™ screening test for Ovarian Cancer

Concern: New screening test for ovarian cancer “OvaSure™”

Background: Early diagnosis of ovarian cancer could significantly decrease morbidity and mortality from ovarian cancer.

History: In March 2005 Gil Mor et al. reported on a combined blood test for leptin, prolactin, osteopontin, and IGF-II that could discriminate ovarian cancer patients from controls with a 95% sensitivity and specificity. In February of 2008, the same group reported that adding MIF and CA-125 testing to the panel increased the sensitivity to 95.3% and the specificity to 99.4%.

OvaSure™: Since June 2008, Laboratory Corporation of America has been offering this combination test for ovarian cancer screening to assess the presence of early stage ovarian cancer at a cost of $180-$240 in the United States. The Society of Gynecologic Oncologists (SGO) in the US has commented on it on their website in a document titled “Statement Regarding the OvaSure Product”. The Society of Gynecologic Oncologists of Canada (GOC), in collaboration with Ovarian Cancer Canada, considers this an important matter for investigation and will keep you informed of new developments. Until then, the GOC Executive does not recommend this test for routine clinical care.

Reference
Serum protein markers for early detection of ovarian cancer
Gil Mor et al. PNAS 2005; 102 (21): 7677-82
Diagnostic Markers for Early Detection of Ovarian Cancer