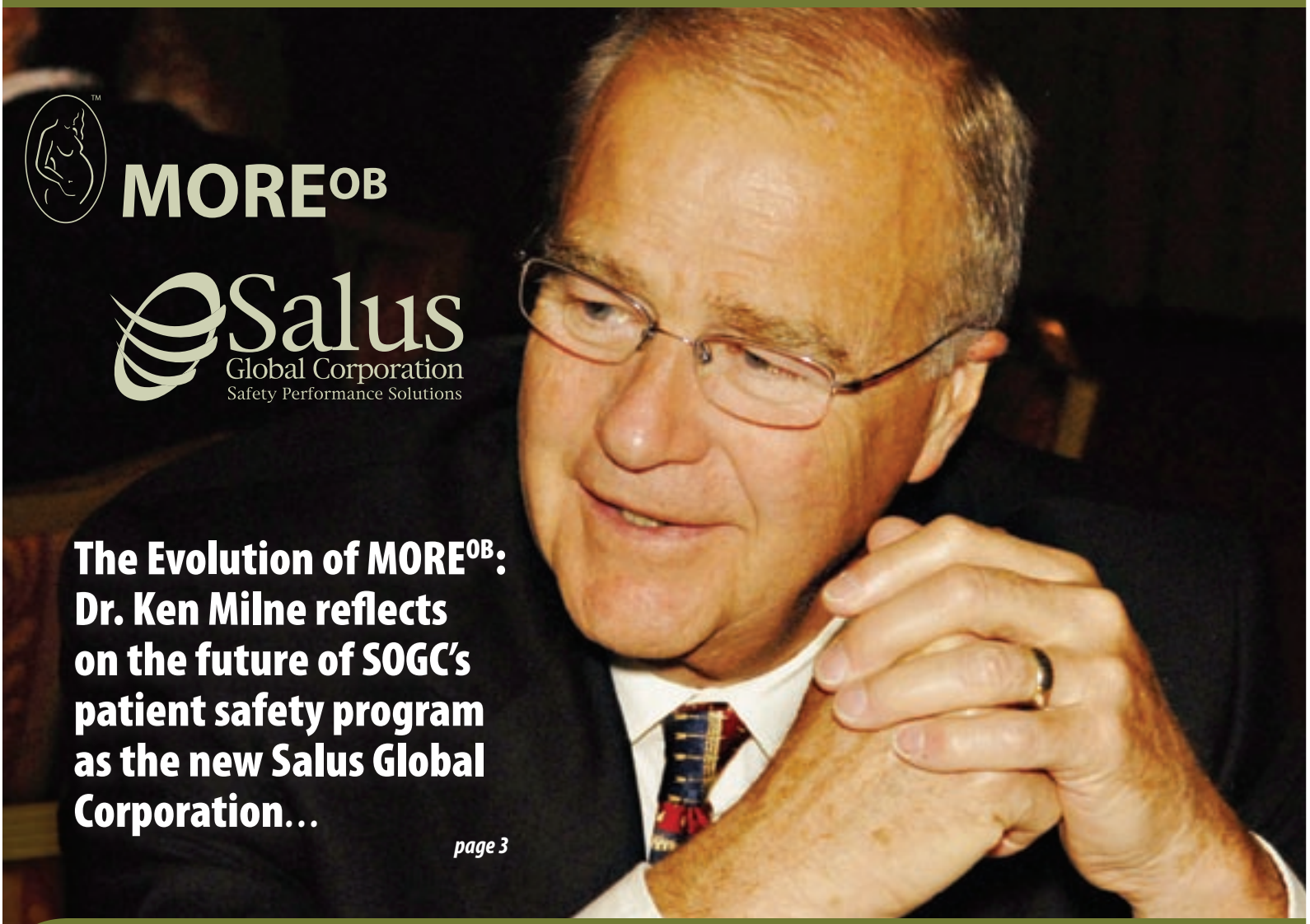
collaboration education research leadership

SOGC NEWS

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

SEPTEMBER 2007



MORE^OB

Salus Global Corporation
Safety Performance Solutions

The Evolution of MORE^OB: Dr. Ken Milne reflects on the future of SOGC's patient safety program as the new Salus Global Corporation…

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COMING SOON to Your Inbox: The *SOGC Evidence-Based Review*

Are you overwhelmed by the ever-increasing volume of information in obstetrics and gynaecology? Do you want to be able to identify only what is truly important? Watch for the release of the *SOGC Review : Evidence-based Research* this fall! This service will provide links to selected, expert-identified summaries and critical appraisals of evidence-based research developments in the field of obstetrics and gynaecology. Important regulatory updates, methodology discussions and other issues of interest to SOGC members will also be highlighted.

Items will be organized under broad categories, thereby allowing users to directly target their area(s) of interest.

The information is derived from a variety of ongoing monitoring services, including but not limited to BMJ Updates (McMaster), the Centre for Reviews and Dissemination at University of York, the Cochrane Database of Systematic Reviews , Medscape, the National electronic Library for Medicines, the U.S. National Guideline Clearinghouse, SOGC's internal table of contents service, as well as important records identified from customized search profiles run periodically in various databases.

The service has been piloted by a select group of SOGC staff and members, and ad hoc feedback has been extremely positive.

The *SOGC Review : Evidence-based Research* will be circulated monthly. We look forward to receiving your feedback!

NEW REGULATIONS address consent in assisted human reproduction

The Federal Government has recently enacted new regulations regarding Assisted Human Reproduction in Canada. The new regulations pertain to Subsection 8 of the Assisted Human Reproduction Act, which concerns the consent of donors who provide human reproductive material or an in vitro embryo. The new regulations detail the consent requirements of donors, and include pertinent information for healthcare professionals involved in AHR treatment or research, as well as those involved in the collection of human reproductive material for the purpose of creating an embryo. The new regulations will come into force on Dec. 1, 2007.

For the complete list of new regulations, please consult the *Canada Gazette*, Part 2, Vol. 141, no. 13 (Registration: SOR/2007-137). These regulations are available online at http://canadagazette.gc.ca.

Reward grows following SOGC donation to Kelly Morrisseau murder investigation

In June, the SOGC pledged $10,000 in support of the investigation into the murder of Kelly Morrisseau, an Aboriginal mother of three living in Ottawa. Morrisseau, 27, was seven months pregnant when she was fatally stabbed in a parking lot in Gatineau Park last December. The SOGC, which adopted Aboriginal Health within its mandate in 2006, garnered city-wide and even national media attention through its donation, raising attention to a largely overlooked crime and to the issues of Aboriginal and women's health in general.

At the time, the SOGC's $10,000 donation raised the total reward to $14,000. Following the SOGC's donation, additional community members, businesses and organizations have come forward with contributions, raising the reward to over $20,000. Others have pledged funding to establish an educational fund for Ms. Morrisseau's three young children.

The response to the SOGC's financial reward has been tremendous. The SOGC's national office has received many letters of thanks and support from its members, healthcare professionals, and women's and Aboriginal groups. The Native Women's Association of Canada even brought the issue to light at its annual conference in Corner Brook this year, calling on participants to address this issue, and to help contribute to an even higher reward.

"We cannot sit idly by and allow violence to occur against any woman, no matter what their race or colour," said Beverley Jacobs, President of the Native Women's Association of Canada, in a letter of support sent to the SOGC. "As Aboriginal women, we stood shoulder to shoulder in saying, 'Enough is enough.'"

"This began with a terrible crime, one that, sadly, went largely unreported here in Ottawa," said SOGC Executive Vice-President Dr. Andre Lalonde. "But it has been really heart-warming to see the response from the community, and to see that there are many people out there who are not willing to just let this young woman's story fade away."

THE EVOLUTION of MORE^{OB}

By Dr. J.K. Milne,
President and CEO of Salus Global Corporation

From its inception, the SOGC's Managing Obstetrical Risk Efficiently (MORE^{OB}) program has proven more successful than anyone could have hoped. Since May 2004, the program has expanded from the initial 33 pilot hospitals to its current level of 141 participating hospitals in Canada, with 6,380 participants. Riding on the success of its pilot hospitals, the program was expanded into the United States for the first time in the fall of 2005, where it is currently offered to 145 American participants in two hospitals.

Now, it is my honour to announce that MORE^{OB} has reached a new and exciting milestone in its evolution.

In July, SOGC and the Healthcare Insurance Reciprocal of Canada (HIROC) successfully completed negotiations that will expand the success of the MORE^{OB} model to new levels. The new partnership includes the creation of a new company, the Salus Global Corporation, which will expand the MORE^{OB} program and begin the introduction of a broader hospital patient safety program called 9+one. This new program will address safety issues in other clinical and non-clinical units with the hospital framework.

The SOGC and HIROC saw the merit of keeping the current MORE^{OB} team together. With this decision, the entire Patient Safety Division of SOGC has been transferred to Salus Global Corporation, and I personally have transferred from my position as Associate Executive Vice-President of SOGC to take on the role of President and CEO of the new Salus corporation. This will help maintain the continuity, consistency, innovative drive, administrative and operational experience of the existing support structure of MORE^{OB}. Joining this team are additional personnel required to meet the needs of the new company. This smooth transition makes us well positioned to deliver on the high expectations of our founding partners.

Even during its inception, those of us who have worked on MORE^{OB} could immediately see its potential to improve patient safety in obstetrics. The mission of the program was to create a model of care where patient safety is the priority and everyone's responsibility. Today, I am optimistic that under the umbrella of Salus Global Corporation this program will continue to grow and flourish in its mission to improve patient safety in Canada.

In designing MORE^{OB}, we saw the need for a unique continuous patient safety training program. The idea was for a program that could be delivered to thousands of healthcare professionals - professionals from multiple disciplines involved in obstetrical hospital care on an ongoing basis. To achieve a culture of safety, we recognized the need to emphasize that safety is everyone's responsibility. Furthermore, it was important for all participants to understand the importance of having shared goals and values.

The principles of High Reliability Organizations had proven pivotal to improving and sustaining a safety culture in other work environments. We felt this should be a cornerstone of the MORE^{OB} program. The MORE^{OB} team has added a performance assessment enhancement tool to this, which we have worked to integrate as "the norm" in the practice environment.

The effects of the program on patient safety have been substantial. Interim results demonstrate the ability of the program to:

- Engage large numbers of participants in a multidisciplinary process to improve patient safety;
- Shift existing cultures to a more focused patient safety culture as measured by the program's Culture Change Assessment Tool (CCAT) with all elements showing improvement;
- Improve the obstetrical core knowledge of participants in all disciplines and in all environments;
- Reduce incurred costs of labour and delivery claims in participating hospitals as reported by claims data provided by the Healthcare Insurance Reciprocal of Canada;
- Facilitate CCHSA accreditation process.
- Facilitate a process for measuring the impact on the work environment (the social infrastructure).

The huge success of the program to date has generated significant interest from several stakeholders (hospitals, liability providers, specialty societies) looking to transfer the principles and tools of the program to other clinical programs in the acute care setting. It was this interest that encouraged myself and the SOGC to begin exploring partnerships to help expand the success of the MORE^{OB} Program to other clinical care areas.

The SOGC's partnership with HIROC is a perfect fit. Both partners have shown their commitment to improving patient safety performance. Having worked closely with the leaders of both the SOGC and HIROC in bringing the MORE^{OB} program to life, I can now attest to their pride and optimism in founding the new Salus Global Corporation. The new company - named after both the Roman goddess of health and prosperity and the Latin word for "health, wellness, prosperity, good wishes and safety" - will benefit from the common interests and unique strengths in patient safety that these organizations bring to the table.

As for its structure, Salus will operate under a Board of Governors made up of representatives from the two parent organizations and other respected members from the healthcare field and the private sector. The clinical content for MORE^{OB} will continue to be developed by the SOGC, and all national, provincial, hospital and individual participant data related to the program will remain under the custodial care of the SOGC.

The MORE^{OB} program will continue to be the primary obstetrical program product within the new company and our team will execute our responsibilities with the same dedication to supporting our participating hospitals. The MORE^{OB} program team members, as always, continue to be leaders in patient safety and team performance and I am privileged to work with the depth of expertise they bring to their jobs every day. The formation of this new company has provided exciting opportunities to reach for new horizons, to address unresolved challenges, and to continue to set the yard stick for patient safety performance.

Upcoming Meetings

SOGC Meetings

19e FMC du Québec
September 20–22, 2007, Québec, Québec

3rd Quebec CME in Obstetrics
November 15–16, 2007, Montréal, Québec

26th Ontario CME Program
November 29 to December 1, 2007,
Toronto, Ontario

ALARM Program Schedule

Location	Date
Kelowna, BC	September 21–22, 2007
Toronto, ON	December 2–3, 2007

(in conjunction with the 26th ON CME)

Other Meetings

18th National AWHONN Canada Conference. October 18 – 20, 2007, Halifax, NS. For more information visit www.awhonn.org (click on the Canada section).

Thomas & Alice Morgans Fear Memorial Conference on Voiding Dysfunction & the Aging Population. (Multidisciplinary). Dalhousie University Division of Urology, Halifax, Nova Scotia. October 27-28, 2007. For information contact: Debbie Lewis-Boyce. Debbie.lewisboyce@cdha.nshealth.ca Phone: 902-473-5853

Canadian Association of Midwives (CAM) 7th Annual General Meeting, Conference & Exhibit. November 1 – 3 2007, Vancouver, BC. For more information visit www.canadianmidwives.org

Pregnancy and Birth: Current Clinical Issues, Annual Conference, Maternal, Infant & Reproductive Health Research Unit (MIRU). December 14th, 2007. Toronto, Ontario. For further details contact: Judy Cardwell - phone: 416-323-6501 mailbox # 3781 or email: miru@wchospital.ca. Full program available at www.utoronto.ca/miru.

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

SOGC Fall Programs 2007

19th Quebec CME Program

In conjunction with the *Association des obstétriciens et gynécologues du Québec* (AOGQ)

September 20–22, 2007
Le Château Bonne Entente
Québec, Québec

(This program is offered in French)

Don't miss your chance to participate in this exciting conference!

To Register
Fill out the registration from you received with the preliminary program or visit the SOGC website at: http://www.sogc.org/qc2007/site.shtml to complete the online form.

Hotel Reservation
Contact: Le Château Bonne Entente, 3400, chemin Sainte-Foy, Québec (Québec)
Telephone: 418-653-5221 or 1- 800-463-4390
SOGC Special Rate: starting at $ 170 per night, single/double occupancy (Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference).

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

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

November 15-16, 2007

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

The deadline to register and reserve your hotel room is fast approaching: Friday, October 19, 2007
Take the time to register for this exciting conference!

To Register
Fill out the registration form you received with the preliminary program or visit the SOGC website at: http://www.sogc.org/cme/events-qcme2_e.asp to complete the online form.

Hotel Reservation
Contact: Marriott Château Champlain, 1, Place du Canada, Montréal, QC
Telephone: 1-800-200-5909 or (514) 878-9000, SOGC Special Rate: $ 159 per night, single/double occupancy (Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference).

For more details regarding the category of hotel rooms, please consult the hotel web site at: www.marriott.com

(This program is offered in French)

SOGC Fall Programs 2007

26th Ontario CME Program

November 29 to December 1, 2007

Join us in Toronto, Ontario for our 26th Ontario CME in association with the *Ontario Society of Obstetricians and Gynaecologists (OSOG)*

Hurry… Deadline Date to Register is Monday, October 29, 2007!

To Register
Fill out the registration form you received with the preliminary program or visit the SOGC website at: http://www.sogc.org/cme/events-qcme2_e.asp to complete the online form.
Note: Limited space for the ALARM Course. Please check availability before registering!

Hotel Reservation
Contact: Toronto Marriott Downtown Eaton Centre
525 Bay Street, Toronto, ON
Telephone: 1-800-905-0667
SOGC Special Rate: $ 149 per night, single/double occupancy
Group Code: SOGC
Reserve before: Monday, October 29, 2007
Don't miss your chance to benefit from this amazing hotel rate… call today! Rates will not be available after the deadline date and/or once the room block is sold out.

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

(This CME program is offered in English)

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA
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Members' Corner

Stay in Touch with the SOGC Online Membership Directory

To better serve our membership, the SOGC recently instituted a new Online Membership Directory. The members-only service is a great way to locate colleagues in ob/gyn or related fields, or to just stay in touch with friends old and new. Inclusion in the new directory is free and completely voluntary. If you would like to have your name included in or removed from the new directory, please email Linda Kollesh, Membership & Subscription Services Officer, at lkollesh@sogc.com with your request.

Congratulations, DR. GOODWIN!

The SOGC would like to congratulate SOGC Life Member Dr. James Goodwin on the recent publication of his book "Our Gallant Doctor - Enigma and Tragedy: Surgeon Lieutenant George Hendry and HMSC Ottawa, 1942". In the book Dr. Goodwin tells the story of Dr. George Hendry, who died during the sinking of the destroyer HMSC Ottawa by a German U-boat. Congratulations on the publication, Dr. Goodwin!

WELCOME NEW MEMBERS

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

Member Ob/Gyn: Dr. Shahnaz Ziaei

Junior Member: Dr. Shamsa Mohammed Alhinai, Jr.; Dr. Andrée-Anne Bérubé; Dr. Stacy Ghislaine Deniz; Dr. Karthika Devarajan; Dr. Genevieve Gagnon; Dr. Karine Gagnon-Gervais; Dr. Harmony Andrea Ho; Dr. Paula P. Mallaley; Dr. Deanna Marie Murphy; Dr. Oshadhesa Naidoo; Dr. Christy Lynn Pylypjuk; Dr. Andrea Seime; Dr. Kathryn Swan; Dr. Monica Torres

Junior Member – Family Practice: Dr. Anne Aubé; Dr. Mireille Baron

Associate Member – MD: Dr. Entesar M. Almadani; Dr. Chris de Villiers; Dr. Nathalie Desbois; Dr. Lisa M. Forster; Dr. Arkadiusz Norbert Jaroni

Associate Member – RM: Ms. Tonya Ann MacDonald, RM; Ms. Lisa Nussey, RM; Ms. Patricia Ann Steele, RM

Associate Member – RN: Ms. Janie Hazelwood, RN; Ms. Susan Taylor-Clapp, RN

Member - Students in Healthcare Training: Mrs. Sarah Barkley; Ms. Melissa Holowaty; Miss Marieve Pellerin; Ms. Janine Zajdner

DON'T FORGET — 2008 MEMBERSHIP RENEWAL

It's that time of year again! Watch for your 2008 SOGC membership renewal to arrive in your mailbox in early October. Or, you can log on to www.sogc.org to renew your membership quickly and easily online. While you are renewing, don't forget 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.

Did You Know?

The SOGC has not raised its membership or registration fees in more than 18 years!

GOING ON SABBATICAL? MATERNITY LEAVE?

SOGC members on special leave, such as maternity leave or prolonged educational/sick leave, may be eligible for reduced membership fees. Special considerations may be made on an individual basis.

For additional information/details, please contact Linda Kollesh, Membership & Subscription Services Officer at lkollesh@sogc.com.

University of Ottawa Report: **2007-2008**

Tragically, Dr. Carl Nimrod, the chief of the department here at the University of Ottawa, passed away this past fall. His absence has been felt by all. Dr. Douglas Black temporary replaced him as chief of the department, until Dr. Wylam Faught took over the reins this summer. Dr. Faught is a specialist in Gynecologic Oncology who has worked previously in Ottawa, and we welcome his return.

In memory of Dr. Nimrod, a new learning lounge (CAN Learning Centre) for the ob/gyn residents at the General Hospital has been named in his honour. The lounge includes a number of up-to-date textbooks, computers, and a comfortable couch, and is a special tribute to Dr. Nimrod's contributions to our program.

In other faculty news, our program director, Dr. Andree Gruslin, is now in her second year at the university, where she continues to be a wonderful asset to our program.

I am also pleased to announce that our new resident newsletter, entitled *The Speculum*, has been tremendously well received.

On a social note, our mentorship program continues to be a big success, and we have added a number of new residents joining our program. We are pleased to have welcomed Dr. Shamsa Deeb, who graduated from her ob/gyn residency in Libya and also completed a Women's Health Fellowship in Ottawa prior to joining our group. We have also welcomed Dr. Amr Shabaan from Egypt, and Dr. Tarek Arab from Saudi Arabia. Finally, Dr. Andy Narine was accepted into PGY-2 as a transfer from Memorial University in Newfoundland. We have also opened an additional training spot this past CaRMS match and have accepted five residents into the PGY-1 year.

We also wish the best for our four residents sitting for the upcoming Royal College exam: Dr. Amira El-Messidi, Dr. Asia Al-Shaikh, Dr. Edith Valcourt, and Dr. Stephanie Krackovitch. As of July, Amira will be starting an MFM Fellowhip in Ottawa; Edith has accepted a position at the Montfort Hospital in Ottawa; Stephanie will be covering locums for the Civic group and then having her fourth child in the Fall; and Asia is heading home to Saudi Arabia. We wish you all the best in your coming careers.

The Urogynecology& Reconstructive Pelvic Surgery fellowship program has seen its first fellow, Dr. Ghadeer Al-Shaikh, finish year one of two years. This fall, the university will hold a competition to fill the fellowship spot for the academic year starting in July 2008.

All in all, a successful year, with a large group of happy residents, fellows and staff.

McGill residents enjoy some downtime at a resident picnic.

LEARNING from my patients

By Dr. Kristine Mytopher

Early this year, the SOGC encouraged all junior members to take part in our 2nd annual Junior Member Writing Contest. Participants were asked to answer the question "What have you learned from your patients that you could not learn in the classroom?" The SOGC received many great entries and we thank all of those who participated. Below the SOGC News *is pleased to present the winning entry, submitted by Dr. Kristine Mytopher:*

In medicine we are often taught to respond automatically. We learn to recognize patterns in clinical presentation and standard approaches to management of diseases. We spend years mastering the interpretation of NSTs, the correct doses of hundreds of drugs and the staging system for gynecologic malignancies. We learn to do all of these things, and much more, rapidly and efficiently. This is necessary, because you never know when a patient with a severe antepartum hemorrhage or fetal bradycardia will present and require your immediate attention. We are constantly triaging and multitasking just to complete the "routine" work of our day. It works pretty well.

Last week, I was running the chief resident clinic and it was a typically hectic day. Like so many of my colleagues, I was woefully behind and I noticed several of my ladies with fatigued looks in their eyes, their pregnant bellies spilling over their legs. I was annoyed at myself for being late, though simultaneously I was planning what to serve my family for supper, deciding whether or not I would make it to my practice OSCE session at the end of the day, and thinking about how I was going to manage that difficult patient I saw earlier with chronic pelvic pain. I called my next patient in – a woman similar in age to myself working to complete her thesis in toxicology. I hurriedly apologized for my tardiness and assured her that I would rush and address her problem and get her on her way. This seemed reasonable to me. However, her next comment stopped me in my tracks. "I would much rather you take your time and help me properly than rush through it because you're late". Wow. It doesn't get more real than that. I stopped my major multitasking

(Continued on page 8)

Learning from my patients (continued)

(continued from page 7)

(pick up milk on the way home for the baby, email residents about funding for the new endoscopy course, finish abstract for research day…) instantly and sat down. My patient, deservedly so, now had my full attention.

I have maintained throughout my short medical career that it is not the academic part of medicine that makes being a physician difficult. It is all of the other stuff. Medical school and residency do an excellent job of preparing physicians academically. However, you can only teach so much this way. How do you teach passion, empathy, kindness, honesty, responsibility? These are the aspects that our patients teach us. On this day, my patient has reminded me that when I am with her she *must* be my priority. I am a little horrified because my patient and I are not so different – young, educated, and a bit demanding. I, too, would expect my physicians' full attention; especially after she has made me wait. I have learned many lessons about the art of medicine this same way. A wise resident once told me to always think of my patient as if she were my mother, grandmother, sister, cousin, aunt or best friend. I have never forgotten that. I often think that it is the most important thing that I have learned as a physician. It is a guiding principle in my day-to-day interaction with patients. I now have so many "extra" family members that I have lost count. It is these acquired relatives that remind me that, while it is essential to sort out the diagnosis and management, it is often more important to think about the little things. So, when a blind little old lady with advanced ovarian cancer calls me "nurse dear" and asks me to butter her toast – I do it. When I get asked by an exhausted husband to try to find an extra pillow and blanket, so he can stay with his wife who just had a stillbirth – I do it. I have emptied colostomy pouches and cleaned up leaking foley catheters. I have gone in search of missing family members. Why do I do all of this? "It's not my job" – or at least that's what many of my colleagues say. I suppose that is true. However, I continue to hope that if it really were my mother lying scared and alone in that hospital bed – that someone would take a minute to show her some kindness. I expect that my patients would agree.

I remind myself every day that I am fortunate to do what I do - even when I am tired and overbooked and wishing I could just take an hour and go for a pedicure. I will continue to happily plow through my days - assessing, diagnosing, treating and multitasking. But I reserve a special spot in my mind for the "other" stuff, to ensure a smooth and satisfactory experience for my patients. It is these ladies and their stories, in the end, that continue to teach me to take a moment. It is they who remind me that the medicine part is the easy part – it is the rest that we must all continue to develop.

SOGC/CNGOF Junior Member Exchange

The SOGC would like to congratulate Dr. Alexandra Sebastianelli, winner of the 2007 SOGC/CNGOF Junior Member Exchange Award. As this year's winner, Dr. Sebastianelli will be given the opportunity to participate in the annual meeting of the *Collège National des Gynécologues et Obstétriciens Francais* (CNGOF), which will be taking place December 12-15 in Paris. Dr. Sebastianelli was presented the award as part of the SOGC Annual Meeting in Ottawa.

NEW PARTNERSHIP TO DEVELOP
Aboriginal Contraception Awareness Project

In Canada, up to one million people of all ages develop a sexually transmitted infection (STI) every year. Métis, Inuit, and First Nations women are more likely than their non-Aboriginal counterparts to become infected with a sexually transmitted disease.

(1996, NIICHRO report)

Statistics like this have moved the SOGC and the National Indian and Inuit Community Health Representatives Organization (NIICHRO) to recognize the need to address the issue of sexual health in Aboriginal populations. Now, under a new partnership, the groups will work together on the Aboriginal Contraception Awareness Project, a new initiative to develop sexual health education and resources tailored to an Aboriginal audience. The new project will build upon the successful formula of the SOGC's existing Contraception Awareness Project, which has won international awards for its sexual health website www.sexualityandu.ca.

With more than seven years of experience in producing sexual health education for a general audience, the Contraception Awareness Project provides a strong foundation of content and resources to be adapted for the Aboriginal project. This new content will reflect the needs, issues and concerns of Aboriginal audiences.

In order to make the project a reality, financial support has been provided by Health Canada's First Nations and Inuit Health Branch (FNIHB). The funding will assist in the conceptual design of promotional materials, the development of a steering committee, and for an initial meeting to identify priority sexual health topics that should be addressed by the project. Like the SOGC's sexualityandu.ca site, the content will be targeted to teens, adults, parents, teachers, and healthcare professionals.

Importantly, the educational materials will recognize the need to create a supportive environment, in which Aboriginal girls and women may receive the information they need to make informed decisions about contraception and sexual practices.

It is imperative that educational materials developed for an Aboriginal audience must be culturally appropriate, and must respect that reproductive health issues, in particular, can be very sensitive.

For a contraception awareness program to be successful in Aboriginal communities, it must be developed and implemented by Aboriginal people themselves. This concept remains paramount in the development of this program.

It is our hope that, through the unique strengths of SOGC and NIICHRO, the Aboriginal Contraception Awareness Project will provide trustworthy sexual health information to Aboriginal communities, while employing a culturally appropriate and sensitive approach.

SOGC SIGNS MEMORANDUM
of understanding with NAHO

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)

On July 25th, the SOGC signed a memorandum of understanding with the National Aboriginal Health Organization (NAHO). The memorandum is an agreement by the two organizations to work together to improve the reproductive health of Aboriginal women in Canada. This partnership comes following the SOGC's adoption of Aboriginal Health as an official strategic direction in 2006.

Under the new agreement, NAHO and the SOGC intend to collaborate on specific projects to advance culturally safe health and healing for Aboriginal women, improve patient safety, increase awareness of the health issues affecting Aboriginal women, and promote access for all Aboriginal women to obstetrical and gynaecological care.

This memorandum of understanding marks an important preliminary step in this new partnership. The SOGC and NAHO are currently investigating areas for collaboration in promoting Aboriginal health. More details of the partnership will be made available through this newsletter and on the SOGC website, www.sogc.org.

New CIHI reports highlight birth trauma, LOW BIRTH WEIGHT RATES

In July and August, the SOGC took part in the release of two new reports from the Canadian Institute for Health Information, providing expert spokespeople for media commentary on the report findings.

The two reports, both of which garnered national media attention, focused on obstetrics care in Canada. The first and larger of the two reports, titled *Giving Birth in Canada: Regional Trends From 2001–2002 to 2005–2006*, identified a rising number of low birth weight babies, Caesarean-sections, and epidural use in Canada. In particular, the report identified that the number of low birth weight babies had risen steadily over the past five years, although the rate had previously declined between 1997 and 1999.

The second CIHI report, titled *Patient Safety in Canada*, focused on hospital trauma, including birth and obstetric trauma. The report found that in Canada (excluding Quebec), approximately one in 141 babies experience birth trauma each year, and approximately one in 21 women experience obstetric trauma, such as lacerations of the cervix, vaginal wall or sulcus, or injury to the bladder or urethra. The report does not provide context for how these traumas occurred, nor does it provide international comparisons or year-over-year data with which to rank Canada's progress. This data, however, will provide an important role in the future for evaluation of patient safety policy and initiatives.

COMING SOON: SOGC's Human Resource Study in Obstetrical Care

This fall, the SOGC will begin field work on a new pan-Canadian research study investigating the health human resources (HHR) for intrapartum emergency obstetrical care. The research will provide critical data to identify the challenges presented by a shortage of obstetrical care providers. In addition, the study will provide a clear picture of Canada's obstetrics workforce, improving our understanding of who is providing this care, and where it is being provided. This information is crucial to identifying discrepancies in care across the country, and to identify the areas where these shortages are having the most acute effects.

The new research is funded by Health Canada and guided by a steering committee of experts in HHR, obstetrics, and health care. One component of the research will be to conduct a census of all ob/gyns across the country, to gather information on the existing state of intrapartum care and its providers.

Please watch for information in your email and on the SOGC website in the coming months. The process for completing the survey will be easily accessible from email and, of course, participants who wish to fill out the survey in a paper format will have the option of doing so.

There is an immediate need to gather current data on workload, demographics, and working environment specific to the ob/gyn specialty. Broader spectrum physician resource surveys are helpful for setting the stage in general, but cannot target the specific concerns of the ob/gyn specialty, particularly the issues surrounding intrapartum emergency obstetrical care. Having a complete understanding of the issues and activities of this community will provide the foundation necessary to correctly estimate the supply and demand for health resources now and in years to come.

We need your input in this survey to develop a clear picture of obstetrics care in Canada. Your contribution is essential to represent this specialty now and in the future.

Three Provinces Announce Plans for **HPV IMMUNIZATION PROGRAMS**

In August, three provinces - Ontario, British Columbia and Newfoundland and Labrador - announced plans to implement publicly funded HPV vaccination programs in schools.

Both Ontario and Newfoundland and Labrador announced plans to begin school-based publicly funded programs this fall. In British Columbia, Provincial Health Officer Dr. Perry Kendall announced recommendations to implement an immunization program for girls beginning in September 2008.

On Aug. 2, the Ontario Government announced its plan to provide publicly funded vaccination against HPV, the virus that causes cervical cancer, to about 84,000 young women in Grade 8. The province has committed to an investment of $117 million over three years for the program. In particular, the Ontario program is a landmark step for prevention of cervical cancer in Canada - each year, about 500 new diagnoses and 140 deaths occur in Ontario. These numbers represent almost one third of the numbers for Canada as a whole.

"The HPV vaccine is a very important medical advance that will further reduce the toll of cervical cancer," said Dr. Joan Murphy, Head of the Divison of Gynecologic Oncology for the University Health Network, in the province's news release. "Cervical cancer is a virtually preventable disease. By getting every at-risk woman screened and by allowing all Grade 8 females the opportunity to be vaccinated against the HPV virus, we have a real chance of eliminating cervical cancer in Ontario."

The new Ontario program will be school-based and administered by public health nurses. The vaccination is entirely voluntary; Ontario parents and guardians will be provided with information about HPV and the vaccine as well as consent forms prior to the vaccination.

In Newfoundland and Labrador, the province has chosen to offer HPV vaccination to girls entering Grade 6. This year, the province plans to provide the vaccine to approximately 2,800 girls starting in September 2007. As in Ontario, participation in the program will be voluntary. To further reduce the burden of cervical cancer and HPV, the government has also recently expanded its screening program to encourage more women to undergo regular Pap test screening.

In British Columbia, if the recommendations of its provincial health officer are implemented, the province will begin a program to immunize approximately 50,000 girls in Grades 6 and 9. The grades were chosen to complement existing vaccination programs in place in the province, and to provide "catch-up" vaccinations for girls in Grade 9 for the first three years of the program. In media coverage of the recommendations, Dr. Kendall has stated that the province had originally looked at implementing a program for the 2007-2008 school year, but that it would have proven difficult to get a program off the ground that quickly.

In addition to Ontario, B.C. and Newfoundland and Labrador, Prince Edward Island and Nova Scotia have also officially stated plans to implement publicly funded vaccination programs, both of which are to begin this year.

VOLUNTEERS WANTED
for ALARM International Courses in Haiti

The International Women's Health Program is seeking ob/gyn volunteers to help instruct a series of ALARM International courses offered in Haiti this fall.

The courses are part of the SOGC's ongoing collaboration with the *Société Haïtienne D'obstétrique et de Gynécologie (SHOG)*, the Haitian Ministry of Public Health and Population, and UNICEF.

The ALARM International course, offered through the SOGC's International Women's Health Program, is a five-day training program offered to healthcare professionals in low-resource countries. The course provides training in emergency obstetrical care, focusing on the clinical causes of maternal and neonatal mortality. Since 1998, the program has been delivered in over 20 countries to approximately 1,000 healthcare participants.

Three ALARM International courses are planned for this fall. The SOGC's International Women's Health Program will require two Canadian volunteer ALARM International Instructors for each of these courses. Ideally, the teams of two will be comprised of a midwife and a physician (either ob/gyn or general practitioner). The language of instruction in Haiti is French.

Preference will be given to volunteers who have one or more of the following attributes:

- have taught AIP previously,
- participated in the AIP professional development held in April 2006,
- have successfully completed ALARM Canada,
- are ALARM Canada Instructors.

Nevertheless, all interested individuals are encouraged to contact the SOGC to indicate their interest in participating.

Each ALARM course is offered over a five-day period; however, volunteers are required to devote seven or eight days in their schedule to allow time for travel and preparation. If you are interested in being involved in this initiative you are encouraged to contact the ALARM International Program Project Manager, Moya Crangle, at mcrangle@sogc.com.

ALARM Course Dates

First Course: Week of October 29th
Second Course: Week of November 12th
Third Course: Week of December 3rd

SPECIAL DELIVERY:
Fourth edition ALARM International Program Manual now available

The new 4th Edition ALARM International Program was developed as a collaborative effort between midwives, obstetricians and our partnering professional associations.

The SOGC's Alarm International Program is in a constant state of evolution. Since its inception in 1998, the program - a five-day training and mobilizing tool focusing on the clinical causes of maternal and neonatal mortality - has developed in manifold ways. In the past 10 years, we have delivered the program in over 20 countries to more than 1000 health care providers, and we have learned much from this experience. This knowledge provides a critical foundation upon which we continue to improve upon the ALARM International formula. It is in this spirit that the International Women's Health Program is pleased to introduce the 4thEdition ALARM International Program Manual as well as the revised Instructors Manual. The objective of this revision has been to update the manual to address the realities of promoting evidence-based medicine in resource-constrained countries. It also introduces new technologies to help achieve the program's primary goal – to ensure safe childbirth for mothers and newborns.

Another goal of the program is to sensitize health care providers to working within a sexual and reproductive rights framework. This goal is prioritized in the new edition of the manual, with each of the manual's 23 chapters containing recommendations on the incorporation of sexual and reproductive rights into clinical practice. The manual also includes the latest clinical practices in emergency obstetrical care for HIV/AIDS positive women. Other new additions include information on how to use the non-inflating anti-shock garment (NIASG), Misoprostol, the tamponade and other surgical techniques such as compression sutures.

The production of the 4th Edition has been a collaborative effort. Taking the same approach as the AIP course, the manual was developed as a collaborative process between midwives, obstetricians and our partnering professional associations. Feedback from our partners and participants was also considered in the development of the new manual, including the comments received from a survey of nine ob/gyn associations involved with the program. The manual and its revisions have been entirely reviewed by the SOGC's ALARM International Committee and the International Women's Health Committee, as well as many collaborators from our partner countries: Haiti, Uganda, Guatemala and Ukraine. In addition, SOGC staff have been diligent in their efforts to compile this important resource.

The SOGC would like to thank all those who have devoted their time, efforts and expertise to this collaborative effort.

THANK YOU CFWH Donors

The Canadian Foundation for Women's Health (CFWH) would like to thank all those who generously donated to the foundation at this year's annual clinical meeting in Ottawa. In particular, the CFWH wishes to offer a special thanks to McMaster University, for their contribution in honour of Dr. Larry Loopstra, a valued faculty member in the university's Department of Obstetrics and Gynaecology. In addition, the CFWH would also like to thank the following individuals for their generous contributions to the foundations:

Dr. Nicolette Caccia
Dr. Gillian Graves
Dr. Dan Farine
Dr. Michael Helewa
Dr. Jason Dodge
Dr. Barry Rosen
Dr. Jocelyn Martel
Dr. William Fraser
Dr. Sandra de la Ronde
Dr. Lucy Gilbert
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Dr. Elaine Herer
Dr. Douglas Black
Dr. Kevin Baker
Dr. Jeff Nisker
Dr. Christiane Kuntz
Mr. John Bouza
Dr. Jennifer Blake
Dr. Lynn Murphy-Kaulbeck
Dr. Dorothy Shaw
Ms. Maureen McTeer

Welcome CFWH BOARD OF DIRECTORS

The SOGC would like to welcome the incoming board of directors for the relaunched Canadian Foundation for Women's Health, Canada's leading national fundraising foundation for women's health with a focus on reproductive issues:

Chair: Jennifer M. Blake, MD
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Barry Rosen, MD
Vyta Senikas, MD
Marlene Shepherd

Welcome NEW PARTNERS

The Canadian Foundation for Women's Health is growing! The CFWH is pleased to announce its new list of partners:

- Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery (CSURPS)
- The Association of Professors of Obstetrics and Gynecology (APOG)
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
- The Society of Gynecologic Oncologists of Canada (GOC)
- Society of Canadian Colposopists (SCC)
- The Canadian Fertility and Andrology Society (CFAS)

Founded in partnership with the SOGC, the CFWH is Canada's premier reproductive health foundation, supporting innovative new research and international women's health. The foundation would like to thank all its partners for their continued support of women's health research.

The Canadian Foundation for Women's Health has a new website! Visit www.cfwh.org

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Product Monograph available to physicians and pharmacists upon request.

References: 1. MIRENA® Product Monograph. December 22, 2005. **2.** Data on file, Berlex Canada Inc.

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CMAJ COMMENTARY AND *MACLEAN'S* ARTICLE
draw controversy to HPV vaccination programs

In August, the SOGC released issued a position statement voicing its concerns over a recently published *Canadian Medical Association Journal* (CMAJ) commentary by Dr. Abby Lippman entitled "Human papillomavirus, vaccines and women's health: questions and cautions". In the statement, the SOGC expresses disappointment with the commentary, stating that the arguments expressed in this commentary lack grounding in scientific evidence. The *CMAJ* commentary garnered national media attention, and contributed to a cover story in *Maclean's* magazine entitled "Our Girls Aren't Guinea Pigs". The *Maclean's* article created substantial controversy for its claims regarding the safety and effectiveness of hpv vaccination. In a written response from Ontario's Chief Public Health Officer David Butler-Jones, who described *Maclean's* approach to the article as "inappropriate" and "one-sided".

The SOGC supports the implementation of publicly funded HPV immunization programs, and voiced its concerns to both the *CMAJ* and *Maclean's* magazine.

Below is an excerpt from the SOGC's written response to the *CMAJ* commentary:

The SOGC stands by its contention that Canadian governments have made exactly the right decision in moving quickly to provide immunization against the human papillomavirus (HPV) for young girls and women. This country's 1,600 obstetricians and gynaecologists, the professionals who provide daily medical care and guidance to Canadian women, strongly believe that the institution of this nation-wide immunization program is one of the most important health care initiatives of this century. It will protect the health of the next generation of Canadian women and prevent unnecessary disease, health complications and death. In support of this approach, the SOGC issued clinical guidelines on the diagnosis, treatment and prevention of HPV, published in August in the *Journal of Obstetrics and Gynaecology Canada* (JOGC).

Canada has taken this bold, and appropriate, step forward based on science. The research behind the development of this vaccine and the careful work of the National Advisory Committee on Immunization reinforces the science that tells us that immunization of women between the ages of 9 and 26 will protect them from strains of the HPV virus responsible for approximately 70 per cent of cervical cancers. And let us be clear, cervical cancer poses a serious threat to the lives of women in this country. The SOGC is dismayed that the authors of this article chose to dispute this reality, without the use of science, or even quality epidemiological evidence, to support their contentions.

The Gardasil vaccine being used for this immunization program is one of the most extensively tested vaccines to ever come to the Canadian market. Over 25,000 women participated in carefully monitored top quality clinical trials, and over a decade of research and development has now gone into this vaccine. Following extensive consultation with health care experts, the Canadian Federal Government concluded that publicly funded immunization programs are the best way forward, allocating $300-million in its 2007 Budget to support provincial immunization programs.

The facts clearly line up in favour of a national, publicly funded HPV immunization approach. It is a fact that:

- Cervical cancer is the second most common cancer in Canadian women between the ages of 20-44 and world-wide is the second leading cause of years of life lost. In Canada, about 1,350 women will be diagnosed with cervical cancer this year, and another 400 will die from the disease. Thousands more women will be diagnosed with pre-cancerous conditions, and approximately 400,000 women will receive abnormal Pap smear results. Still others will acquire genital warts, another outcome of HPV.
- The new vaccine can prevent HPV types 16 and 18 which are responsible for 70 per cent of cervical cancers, as well as types 6 and 11 which cause 90 per cent of genital warts.
- We cannot rely on Pap screening alone to catch cervical cancer early. First, not all Pap tests are 100 per cent accurate (in fact, there is a 15 per cent false negative rate) and despite efforts to increase the number of Canadian women who do get a Pap test, the rate has plateaued at about 80 per cent. Women don't always get their Pap smears, or get them on time. While cervical cancer is known to progress slowly, a missed early diagnosis put women at considerable risk of allowing a cancer to progress. In women with impaired immune systems (e.g. transplant patients, HIV positive women) that cancer can move very rapidly.
- More vulnerable populations such as immigrant women, women in remote parts of Canada and Aboriginal women are less often screened, if at all.
- Unlike breast cancer where survival is increasing, the outcome for women with cervical cancer has not improved.
- HPV is also linked to other cancers in both men and women, such as cancer of the penis, anus, vagina or vulva.
- As women age the transformation zone of the cervix matures, making them less susceptible to cervical dysplasia. The government funded vaccine programs will cover the most vulnerable age when girls have not yet experienced intercourse.
- Canada's National Advisory Committee on Immunization has recommended the use of HPV vaccination for women and girls between the ages of 9 and 26.

If these facts are not compelling enough, the SOGC and its members are of the view that an HPV immunization program must be pursued for a variety of other reasons. These include:

- The cost of the vaccine would be prohibitive for many if the HPV vaccine was not available through a publicly funded program. This is especially true for vulnerable women who for reasons of culture, language, poverty or remote location are already marginalized or disadvantaged in terms of their health care.
- While most HPV infections clear on their own, many women must endure the emotional and physical consequences. They often bear the stigma of having a sexually transmitted infection (STI) and there is pain and discomfort associated with genital warts. HPV is also related to loss of fertility and premature ovarian failure.
- The authors of this article make a disturbing suggestion that somehow this vaccination will encourage early and unprotected sexual activity among young women. SOGC members hold an opposing view. The risk of HPV is not what determines women's sexual choices, and it is insulting to them to suggest that the presence of a vaccine would change their decisions and inspire high risk behaviour. Are teenage girls more likely to practice unsafe sex after a hepatitis immunization? Experience with the hepatitis vaccination program shows that there was no rise in contaminated needle use after vaccinations commenced.

(Continued on page 15)

PRACTICE ELIGIBILITY ROUTE for Subspecialty Certification

The Royal College of Physicians and Surgeons of Canada (RCPSC) offers a Practice Eligibility Route to achieve subspecialty certification. The certification is available to RCPSC certified specialists who have not completed formal accredited postgraduate medical education in the subspecialty because no accredited training programs existed at the time they started practice. Eligible candidates may include: fellows certified in a primary discipline who began practicing in an accreditation without certification (AWC) subspecialty prior to the existence of Royal College-accredited training in their chosen subspecialty; physicians practicing in a new Royal College subspecialty (recognized within the last five years); and physicians practicing in disciplines that have not yet been recognized as Royal College subspecialties.

The Practice Eligibility Route is not open to physicians who have completed accredited training in a subspecialty, or who started practice in a subspecialty after accredited training existed. Among the eligibility criteria, individuals wishing to apply for subspecialty certification must be certified in a primary specialty by the RCPSC, and must have been in practice in the subspecialty for five or more years. Individuals seeking more details, including a complete list of eligibility requirements and information regarding the certification process, please visit http://rcpsc.medical.org.

(continued from page 14)

- When our members prescribe birth control pills to young women we counsel them that they must still protect themselves against STIs. Getting ready for their first HPV vaccination is also a golden opportunity for parents to talk to their young daughters about the risks associated with unprotected sex, unwanted pregnancies, STIs, etc.
- Protection and education can and must go hand in hand. As a society, we need to continue educating everyone that HPV is not all that women need to worry about in terms of sexually transmitted diseases and infections.
- And finally, there is the issue of follow-up. It is true that we don't currently know if more booster vaccinations will be required in the future. But why deny protection today and for the next seven to eight years? Research and study will continue; for the time being we know that this vaccine gives women much-needed protection.

Canada's obstetricians and gynaecologists interact daily with women, young and old. Their reproductive health is our top priority. As a professional society, the SOGC makes its medical recommendations based on quality science, member input and broad-based consultations with other professional groups, researchers and scientists. As a profession, we are unequivocal in our support for a national, publicly funded HPV Vaccination Program. We have responsibly put forward evidence-based clinical guidelines, and we continue to advocate for strong cervical screening programs and registries that gather data and ensure that women are getting the care they need. We applaud the Canadian governments that have already committed to this approach.

NEW RESOURCES

What Older Women Want

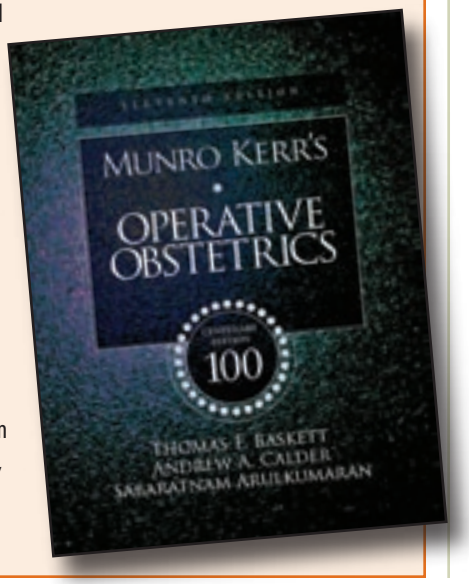
A new website, entitled What Older Women Want, is providing information to women and healthcare professionals about three key health issues for older women – urinary incontinence, memory loss, and exercise. Developed in partnership by the Canadian Women's Health Network and the *Centre de recherche de l'Institut universitaire de gériatrie de Montréal*, the site builds upon the work of the 2005 WOW Health study, which asked 2,500 older women in Canada to identify which of their health needs they felt were not being met. The survey identified urinary incontinence, memory loss and exercise among the most commonly unmet needs. Available in English and French, the bilingual site includes unique sections geared towards health professionals and the public. The What Older Women Want site is now available online at http://www.wowhealth.ca.

Munro Kerr's Operative Obstetrics – 11th Edition

By Drs. Thomas F. Baskett, Andrew A. Calder, and Sabaratnam Arulkumaran

A highly illustrated, practical book covering the obstetric and surgical procedures used in intrapartum care - the focus of medico-legal and clinical audit attention.

Includes commonly used procedures such as assisted vaginal delivery (forceps and vacuum delivery) and more rare techniques such as major vessel ligation, uterine tamponade and internal podalic version. The authors take a step-by-step approach to each technique and include 'tips' and 'pointers' that only an experienced obstetrician could describe. The book is enlivened by the inclusion of short, relevant 'historical highlights', which readers should find enlightening and entertaining, providing a link with the original Munro Kerr text. Completely re-written from the 10th edition – new authors, and crisp approach, using short paragraphs and bullet points.



RM Report

By Michelle Kryzanauskas, RM

Among the issues discussed at the RM advisory committee meeting in June, two key concerns stand out. The first is our need to focus on ensuring that all Canadian women and families have access to publicly funded midwifery services. This is particularly true in provinces like Alberta, where midwives are regulated and work in hospitals and communities, yet women must pay privately for their services, even when they are essential. Midwives across Canada offer relief in the maternity care crisis, yet in Alberta this is only possible for the select few women who can afford midwifery services. This is a true barrier for women and their families that should be addressed both provincially and federally.

Another important issue that arose at this meeting was the issue of representation on the RM Advisory committee. It is our goal to continue to work to ensure that all midwife members of the SOGC have representation at our committee, and we will continue to reach out to northern Canadian midwives.

Important issues for midwifery in Canada were also discussed at the midwifery subspecialty meeting at the SOGC's Annual Clinical Meeting. Two presentations were given on the topic "Midwifery – Expert Maternity Care Panels in Canada and Where We Go Next!" We were pleased to have Kris Robinson, RM, clinical midwifery specialist for the Winnipeg Regional Health Authority and Chair of the Canadian Midwifery Regulators Consortium, present summary information from the Manitoba Ministerial Review on Maternal and Newborn Services. In addition, Elana Johnson, RM, president of the Association of Ontario Midwives, presented the findings of the Ontario Maternity Care Expert Panel. Both reports were generated in response to the growing shortfall in maternal and newborn care providers, and it was notable that both presented many similar recommendations. These included: the establishment of central provincial bodies responsible for planning and maintaining maternity care services; birth as close to home as possible; and promoting collaborative models of maternity care.

Also discussed at this meeting was a proposed mechanism permitting baccalaureate-prepared nurses and midwives to "fast-track", an education process that would allow nurses to also be registered as midwives, and midwives to be registered as nurses. Following lively and thoughtful discussion, the group agreed that this process should be investigated further. A proposal has been submitted for funding to conduct a nursing and midwifery meeting in early 2008 to discuss and develop this approach in multi-disciplinary education.

In other news, our committee said goodbye to MaryAnn Leslie after her term as the Ontario Regional Representative. Her contribution has been greatly appreciated and we wish her good fortune in the future. The new Regional Representative Kathi Wilson is from London, Ontario. Kathi is currently an active member of the SOGC Clinical Practice Guidelines Committee for Obstetrics, and has been with the committee for many years now. We look forward to her participation on the committee.

Women Deliver Conference – **OCTOBER 18-20**

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

It is with great pleasure that I invite you to attend the Women Deliver conference, hosted October 18th to 20th, 2007, in London, UK. This global conference, hosted once every ten years, is truly a landmark event in international women's health. This year's conference will mark 20 years since the Nairobi Conference, where the world's top global health and development organizations launched the safe motherhood initiative, vowing to cut by half the number of women and infants dying needlessly during childbirth. Sadly, today the numbers remain virtually unchanged – in 2007 alone, a half-million women will die during childbirth. The good news is that we have the knowledge and expertise to prevent almost all of these deaths.

I implore each of you to attend this important conference in women's health, and to show your support for ending this preventable tragedy.

For more information or to register online, please visit www.womendeliver.org.