A new sexuality and u:
SOGC relaunches popular sexual health site

New president
Dr. Donald Davis on the Society’s top priorities

HPV vaccine given green light: SOGC and the work ahead

ALARM International “Plus” unveiled in The Ukraine
HEALTH Canada

On June 29th, Health Canada issued an advisory warning Canadian women not to use blood pressure medications containing Angiotensin-Converting Enzyme (ACE) inhibitors during pregnancy, due to a risk of birth defects. The advisory was issued following a study in the New England Journal of Medicine suggesting ACE inhibitors may be associated with a higher rate of birth defects when used during the first three months of pregnancy.

NEW PREGVIT Supplement

Duchesnay recently announced the launch of its new prenatal vitamin-mineral supplement "PregVit\textsuperscript{5}, which contains 5 mg of folic acid. According to a release announcing the new supplement, "PregVit\textsuperscript{5} is "mainly formulated for women planning pregnancy and pregnant women who have had a previous pregnancy affected by a neural tube defect, who have a family history of neural tube defects, have diabetes or malabsorption disorders (e.g., inflammatory bowel disease), who are taking folic acid antagonists (e.g., methotrexate) or anticonvulsant drugs (e.g., valproic acid, carbamazepine), or require a high dose folic acid supplement in the opinion of her physician".

SOGC Council 2006-2007

The SOGC would like to congratulate all of the members of our 2005-2006 Council for their expert representation throughout another busy year for the SOGC. Thank you all for your generous contributions of time and expertise, and for your continued commitment to the work of the SOGC. Without your efforts, much of our successes over the past year could not have been possible.

The SOGC would like to take this opportunity to offer a special recognition of outgoing members of our 2005-2006 Council: Dr. Gerald Stanimir, Past-President; Dr. Douglas Moreton Black, Treasurer; Dr. Tiffany Wells, Junior Member Representative. On behalf of SOGC Council, staff and members, thank you all for your continuing support of the SOGC and the principles that guide our organization.

We would also like to take this opportunity to welcome the members of the 2006-2007 SOGC Council:

OBITUARY — Dr. Carl Nimrod, MB, FRCSC

Dr. Carl Nimrod, Past-President of the Association of Professors of Obstetrics and Gynaecology of Canada (2000-2002) and active member and friend of the SOGC, passed away after battling cancer on July 24, 2006. He was 56. A professor and chairman of the ob/gyn department at the University of Ottawa, Dr. Nimrod served on the Council of the SOGC (2001-2003) and as the former Head of Obstetrics, Gynecology and Newborn Care at The Ottawa Hospital.

“Carl was a true educator and scholar. As a department chair he was an academic role model, a mentor, and a trusted leader. As President of APOG, he was instrumental in taking the association to another level of profile and demonstrated sustained commitment to the mission of the academic ob/gyn community. One of Carl’s favorite ways of ending a conversation was with the word “peace”. We trust, after a valiant struggle, that Carl is now at peace.”

Dr. Wylam Faught, President, Association of Professors of Obstetrics and Gynaecology of Canada (APOG)

A funeral service for Dr. Nimrod was held July 28, 2006. Donations to the Ottawa Hospital Foundation are appreciated.
SOGC WELCOMES DR. DONALD DAVIS
63rd President of the SOGC

SOGC proudly named its 63rd President, Dr. Donald B. Davis, at its ACM in Vancouver. Dr. Davis is an Assistant Clinical Professor at the University of Calgary and a practicing ob/gyn in his hometown of Medicine Hat. An SOGC member since 1979, Dr. Davis has served as the Western Region Representative on SOGC Council from 1991 to 1997, Western Chair from 1992 to 1995, and as a member of the Society’s Medicolegal Committee.

"It is a great honour for the SOGC to welcome Dr. Davis as our President," said Dr. André Lalonde, Executive Vice-President of the SOGC. "As the SOGC begins to implement its new strategic plan, this coming year will certainly present many challenges and opportunities. It’s an exciting time for our society, and without doubt Dr. Davis’ extensive experience and dedication will play a crucial role in helping to realize these goals."

Throughout his career, Dr. Davis has remained a stalwart supporter of professional associations and health initiatives in Alberta. In addition to his many commitments and appointments at the Medicine Hat Regional Hospital, he has served as President of the Alberta Society of Obstetricians and Gynaecologists (ASOG) and has donated his time and expertise to the Alberta Medical Association, where he has served as a district representative and a member of numerous committees. He received his medical degree from the University of Alberta in 1973 and completed his residency training in Obstetrics and Gynaecology at Louisiana State University and at Edmonton’s University Hospital from 1974-1978. Dr. Davis has been providing care in Medicine Hat since 1978, where he practices at the Medical Arts Centre and the Medicine Hat Regional Hospital.

Dr. Davis follows outgoing SOGC President Dr. Michael E. Helewa. Dr. Guylaine Lefebvre was named President-Elect, and will assume the position of SOGC President for the 2007-2008 term.

For more information on Dr. Davis, please visit www.sogc.org

INAUGURAL SPEECH

In his inaugural speech in Vancouver, Dr. Davis accepted the presidency on behalf of his father, a specialist obstetrician and gynecologist, as well as his colleagues and his wife Judy.

In his inaugural speech, Dr. Davis highlighted several priorities for his presidency:

Healthcare funding: "Since the introduction of the Canada Health Act in 1984, healthcare has been under the microscope. This burgeoning program is now so all-encompassing that one no longer needs a microscope to examine it as it has become the largest budget item for every provincial and territorial government in Canada. The alarming increase in government expenditures led politicians and healthcare economists to look at physicians as liabilities and not assets. In fact, they were deemed so costly their numbers were cut, and the remuneration was reduced in the early 90s. This was the answer to the cost problems of healthcare…"

Improving Aboriginal Health: "That more work needs to be done is evident in the statistics. Aboriginal infant mortality is two to three times higher than the Canadian average. Fertility rates in Aboriginal women are two times as high as other Canadian women. There is a strong belief in First Nations, Inuit and Métis people that a crisis must occur before any action is taken…"

Training: "Medical schools have rebounded from a low enrolment of 1,577 students in 1997 to 2,096 in 2003/2004. Postgraduate residency positions however have not increased in sufficient numbers. There is an increasing problem with a lack of "general specialists". A growing trend toward subspecialization has led to a large number of specialists and subspecialists in tertiary hospitals in large cities, but a lack of specialty services in medium sized cities and community hospitals…"

Human Resource trends: "Residents continue to subspecialize and residency numbers overestimate those available to undertake maternity care. A cascading problem occurs. This includes less obstetricians available to do call, less family doctors are doing obstetrics, and midwives are not increasing as quickly as anticipated. Small and midsize communities are affected in a greater proportion as new specialists settle in larger centers. This results in a trend away from community based obstetrics…"

The complete text of Dr. Davis’ inaugural speech is available on the SOGC website www.sogc.org

DR. MICHAEL HELEWA

On behalf of the members and staff of SOGC, we offer our heartfelt thanks to Dr. Michael Helewa for his dedication throughout his term as the 62nd President of the Society of Obstetricians and Gynaecologists of Canada. Under Dr. Helewa’s strong leadership, SOGC has advanced many of its strategic goals related to women’s health, and in so doing, made a tangible difference to women’s health care in Canada and around the world. It has been a memorable year! Thank you!
Speak to your patients about the EVRA* contraceptive patch.

EVRA* showed significantly higher compliance rates vs. an oral contraceptive (Triphasil+) across all age groups. (88.7% vs. 79.2%, n=1,785) p<0.001

EVRA* is indicated for the prevention of pregnancy. Common adverse events have been associated with hormonal contraceptive use such as nausea/vomiting, breast changes (tenderness, enlargement, secretion), headache and dysmenorrhea. The patch may be less effective in women with body weight > 90 kg (198 lbs). If irritation occurs at the application site, a new patch may be applied to a new location until the next Patch Change Day. Only one patch should be worn at a time. Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels. This risk increases with age and becomes significant in oral contraceptive users older than 35 years of age. Women should be counselled not to smoke. Hormonal contraceptives do not protect against sexually transmitted diseases including HIV/AIDS; thus it is advisable to use latex condoms in combination with hormonal contraceptives.

70,000 patches applied, 1.8% of patches were replaced because they detached, 2.9% of patches were replaced because of partial detachment.
† 99% efficacy rate. Pearl Index of 0.88 in phase III clinical trials [n = 3,319]
† The patch is applied once a week for three weeks, followed by one patch-free week.
§ Based on data from two controlled comparative clinical trials. Compliance rate percentages represent EVRA* vs. an oral contraceptive.
+ Triphasil is a registered trademark of Wyeth Canada.
Upcoming Meetings

**SOGC Meetings**
- **18th Quebec CME** - September 28–30, 2006, Mont-Tremblant, Quebec
- **2nd Quebec CME in Obstetrics** - November 16–17, 2006, Montreal, Quebec
- **25th Ontario CME** - November 30–December 2, 2006, Toronto, Ontario

**Other Meetings**
- **The Canadian Association for Continuing Health Education (CACHE) - Innovations in CHE/CPD** - September 9-11, 2006; Delta St. John's Hotel, Newfoundland and Labrador. For more information, visit www.cachecanada.org.
- **The 8th World Congress on Controversies in Obstetrics, Gynaecology & Infertility (COGI)**, September 14-17, 2006, Fiesta Bahia Hotel, Salvador-Bahia, Brazil. For more information, visit http://www.comtecmed.com/cogi/brazil/Default.aspx
- **Canadian Fertility and Andrology Society (CFAS) 52nd Annual Meeting**, November 15–18, 2006, Westin Hotel, Ottawa, Ontario. For more information, visit www.cfas.ca
- **The Foundation for Medical Practice Education**, McMaster University, Ontario. Accredited Small Group/Individual Learning Program, ongoing. Contact Dina D’Ermo (905) 525-9140 ext. 22381 or 1-800-661-3249. For more information visit www.fmpe.org

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**The 18th Quebec CME Programme**
**September 28-30, 2006**
Mont-Tremblant (Quebec)

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

**Conference Site:** Hôtel Fairmont Tremblant
3045 de la Chapelle Rd., Mont-Tremblant QC J8E 1B1
**Telephone:** 1-800-441-1414 (Group Code: SOGC9)
**SOGC special rate:** Fairmont Room: $209.00 single/double occupancy
**Cut-off date:** Monday, August 21, 2006

Be sure to check your mailbox for the programme and mark your calendars! For additional information, please visit our website www.sogc.org. This programme is offered in French.

**The 2nd Quebec CME Programme in Obstetrics: Preconception to Postpartum**
**November 16-17, 2006**

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

**CONFERENCE SITE**
Hôtel Omni Mont-Royal, 1050 Sherbrooke West, Montreal, QC H3A 2R6
- **Hotel Reservations:** (514) 284-1110 or 1-800-843-6664
- **SOGC special rate:** $155.00 per night single/double occupancy (**Note:** to obtain the special rate, please advise hotel staff that you are attending the SOGC conference.)

**Cut-off date:** Monday, October 16, 2006

For additional information, please visit our website www.sogc.org. This programme is offered in French.

**25th Ontario CME**
**Nov. 30 to Dec. 2, 2006**

**Conference Site:** Marriott Downtown Eaton Centre, 525 Bay Street, Toronto, ON MSG 2L2
**Telephone:** 1-800-905-0667
**SOGC special rate:** $149 per night single/double occupancy (Group code: SOGC)
**Cut-off date:** Friday, October 27, 2006

Join us for SOGC’s largest regional CME programme! For more information, please visit our website at www.sogc.org or email us at events@sogc.com.
Earlier this year, the SOGC announced its First Annual Junior Member Writing Contest, calling on Junior Members to tell us in writing what ob/gyn means to them and why they chose to enter the field. The top winners were honoured at the 2006 Annual Meeting in Vancouver. The SOGC News is pleased to publish the winning entries over the coming months. In this issue, 3rd place winner Dr. Tara Singh shares her 3 am revelations on ob/gyn. Stay tuned in coming issues for our 2nd place entry by Dr. Kristine Mytopher, and 1st place entry by Dr. Clarissa Bambo.

It’s 3 am Sunday morning. I have been running around since 8 am Saturday morning, delivering babies, inducing labour, performing cesarean sections, managing gestational hypertension. The pager goes off and I enter Room 7, where this young woman has been pushing for one and a half hours. Her husband, fear, anxiety and excitement in his eyes, holding his wife’s leg while she pushes, turns to me and asks, “How do you do it? Why do you do it?”

Momentarily taken aback, I answer honestly, with the first response that pops into my head, “There is nothing for which I would rather get up at night.”

The more I reflect on my answer that night the more I realize how true it is! In all fields of medicine this has to be the best specialty! Where else does one have the opportunity to deal with adolescents, women of reproductive age, and women entering menopause? Where else does one get to mix both medicine and surgery on an everyday basis? Where else does one get to help bring a life into the world, and to share that experience with the family welcoming that child?

I have to admit, I came by obstetrics and gynaecology honestly. I would even go as far as to say it is in my blood! As a five year old I used to follow my father around the hospital to do rounds on his obstetrical and gynaecological patients. I knew at this tender age where the baby really came from – a fact I do not think my mother appreciated! Patients would stop me in the halls to tell me what a wonderful doctor my father was, and how he had helped bring their child into the world, or performed their surgery. As a young child, I did not grasp the meaning of all the praise, but over the years, I have watched my father and have seen how he impacts the lives of those patients with whom he comes in contact. I went back as a fourth year medical student to my hometown of 10,000 people. I did an elective with one of my father’s partners. Every patient I encountered who established the connection to my father would tell me that they hoped I would one day be as wonderful a doctor as him!

My decision to enter an obstetrics and gynaecology residency was made easier by several physicians I met on electives in medical school. The first physician who played a role in influencing me was Dr. Gill, the program director for obstetrics/gynaecology at Dalhousie University at that time. His friendly demeanour with his patients, and the time he spent listening to them and their concerns, gave me insight into what a truly caring and compassionate physician he was, and how much he loved obstetrics/gynaecology. He spoke highly of the specialty to medical students, and took an active role in making sure medical students became involved in patient care, and were exposed to all aspects of the specialty. Through my medical school years, he was always available to talk to about life as an obstetrician/gynaecologist and to encourage me to follow my passion.

As a third and fourth year medical student, a series of electives in obstetrics and gynaecology took me from Ottawa to Calgary to Kentville, NS. Along the way, several physicians made me more confident in my career. Who would not want to be able to give women back their dignity by improving their stress incontinence with a TVT procedure? Who would not want to be able to help couples desperately trying to have a child? Who would not want to counsel teens and offer them support that they may not get elsewhere when they deal with the challenges of a pregnancy or STI? I was hooked!

As I look back over the last three years of my residency, I see how far I have come, how much I have learned and, yet, how much I still have to learn. I realize that I could not have made a better choice for me. If I had to do it again (yes, even CaRMs!), I would. There is no other field where I can service so many women from different backgrounds, age groups, and with so many different issues. Who else but an obstetrician/gynaecologist has such a varied role in the management of so many different medical problems on a regular basis?

When I stood on my medical school stage on graduation day in May 2003, and my father handed me my diploma, it was like to baton being passed on to me - mine to take and run. I hope when I look back on my career, in 35 years, I will be half the physician my father has been, and will have positively affected those women in whose lives I have been involved. If I can give back some of the knowledge I have received from all the obstetrician/gynaecologists who have come across my path, I will have done my job.

For information on the 2nd Annual SOGC Junior Member Writing Contest, please visit our website, www.sogc.org or email Ms. Janie Poirier at jpoirier@sogc.com.
GREETINGS FROM the University of Saskatchewan

By Drs. Angela Poole and Ciaran Goojha, Department of Ob/Gyn, University of Saskatchewan

Greetings. We are excited to welcome three new PGY-1s in July, and we wish our senior residents the best of luck in their careers.

We’ve seen several changes to our program this year. Our first-year residents are now based out of Saskatoon, making their lives a little less chaotic. In addition, we also now spend several two-month blocks in Regina during our residency, most notably including a dedicated rotation in gynecologic endoscopy that should prove valuable. We also look forward to spending part of this rotation in a new laparoscopic teaching room that will be opening soon.

We’ve also welcomed our program’s new policy of a 24-hour in-house obstetrician. This has been well-received. It has made call less stressful, particularly for junior residents.

Earlier this year, we had many first and second-year medical students spend time with us on Labor and Delivery and in the gyn ORs. It seems that there is increasing interest in ob/gyn and, of course, we’re doing our best to recruit!

UNIVERSITY UPDATE: University of Western Ontario

By Ariadna Grigoriu, PGY-3, Department of Ob/Gyn, University of Western Ontario

The 2005-2006 year was marked by many positive changes in our program, both on the educational and personal levels. The ob/gyn program at Western is fully accredited, and our internal review this past year was quite favorable thanks to our program director Dr. Barry MacMillan. This year, we welcomed four new PGY-1s and two PGY-2s who brought over a lot of new energy and excitement. Currently, we have 19 amazing residents in our program. Three new fellows also joined our department, in urogynecology, maternal-fetal medicine and gynecologic oncology. Last, but not least, Drs. Monique Bertrand (GynOnc) and Barbara deVrijer (MFM) have joined our department from New Brunswick and Holland respectively. Welcome to all our new members!

On the educational side, a new rotation that was added to our curriculum in 2004 has been made mandatory. Now, during the PGY-3 year each resident spends 3 months in Windsor (Windsor Regional Hospital). So far the rotation has received excellent reviews, much thanks to our mentors Drs. G. Hasen, J. Polsky and J. Tomc. This rotation only strengthens our already strong surgical skills that we take so much pride in. Our teaching schedule has also had a new addition: every third Wednesday of each month we have urogynecology rounds, where our senior residents and clinical fellow review important urogynecology topics with help and support from our urogynecologists Drs. B. MacMillan and Q. Chou.

On a personal level, during the past year we have welcomed six new babies to our department. Congratulations to our three residents who became moms in 2005, as well as those on the way in 2006.

During the past year many of our residents have presented and won awards at numerous conferences, and we are also involved in the South Western Ontario Perinatal Outreach Program.

Congratulations and good luck to our PGY-5s Drs. L. Gien and P. Chang who are starting fellowships this summer in gyn/onc and REI, and also to Dr. J. McNaught who is starting his own practice. Thank you for a great year!

Congratulations to the winners of our 2006 “Stump the Professor” competition, held at the ACM in Vancouver. Dr. Jillian Coolen presented the winning obstetrics case, and Dr. Belina Carranza-Mamane presented the winning gynecology case. Log-in to the Junior Members section of www.sogc.org to view the winning entries.
WELCOME new members!

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

**Member ob/gyn:** Dr. Radha Chari; Dr. Khalid Awartani; Dr. Hélène Gagné; Dr. Paula Amato

**Medical Students:** Miss Jacqueline Wood; Mlle Ann-Veronique Roy; Miss Tasleem Murji; Miss Heather Nowosad; Ms. Fahamia Koudra; Ms. Amelie Bertrand; Ms. Desiree Fofi; Mrs. Lucinda McQuarrie; Ms. Tricia Kutnikoff; Ms. Elsa Fiedrich; Ms. Megan Reynolds

**Junior Members:** Dr. Theodors Kabisios; Dr. Charles Hamm; Dr. Hilary Baikie; Dr. Mashael Al-Deery; Junior-Family Practice Resident: Dr. Sivakumar Nagamuttu; Dr. Erin Smallwood

**Associate Midwife Member:** Ms. Gisela Becker; Ms. Lindsay Brimblecombe; Ms. Martha Scroggie; Mrs. Sharon Barber

**Associate Member RN:** Ms. Laurie Stewart; Ms. Shanti Gidwani; Ms. Sue Leddy; Ms. Kellie Kitchen

**Associate Member MD:** Dr. Sarah Chesney; Dr. Keri Closson; Dr. Josee Lesperance; Dr. Kimberly Spacek; Dr. Kathy Foris; Associate Health Care Member: Mrs. Marty Willms

IN MEMORIUM

The SOGC would like to honour members, colleagues and friends who have recently passed away:

- Dr. Albert Goldhar, ON;
- Dr. Jenny T. Hyland, ON;
- Dr. Andre B. Marquis, QC;
- Dr. Jack H. Walters, ON; and
- Dr. Carl Nimrod, ON.

PROFILE: DR. PIERRE MEUNIER
pioneer, gynaecologist, historian

By Drs. Bernard Lambert and Yves Lefebvre

An eighth generation Canadian born in 1910, Dr. Pierre Meunier’s roots in this country run deep. His heritage traces all the way back to another Pierre Meunier, who arrived in Canada as a French soldier in 1665. With such deep roots, it is perhaps no surprise that the now 95-year-old Dr. Meunier continues to enrich the practice of medicine through his passion for writing and history.

Dr. Meunier began his medical career at the Université de Montréal in 1930, and completed his internship and residencies at Notre Dame and Hotel Dieu Hospitals in 1938.

Here, under the mentorship of Drs. William Hingston and Paul Senechal, he gained his surgical prowess and learned the complexities of abdominal gynaecological surgery. He then travelled to Paris, where he mastered the techniques of vaginal surgery. Following his time in Paris, he moved to the “Free Hospital for Women” in Boston under the supervision of Professor Pemberton, where he learned to treat cervical cancer by radium therapy and to do radical surgery with pelvic node excision. In late 1939, he started to practice general and gynaecological surgery at the Hotel Dieu Hospital in Montreal.

Very early in his surgical practice, Dr. Meunier was recognized for his extensive knowledge and skills in Gynaecology. In 1945, he became Professor of Gynaecology at the Université de Montréal, and in 1960 was made Chief of Gynaecology. In 1965-66, he served as the 22nd president of the SOGC, and in 1971 the President of the “Société Francaise de Gynécologie”. From 1964 to 1970, he remained Chief of the Gynaecological Service at the Hotel-Dieu de Montréal.

At the Université de Montréal, Dr. Meunier pioneered the evolution of gynaecology from a service within the Department of Surgery to a full service in the Department of Obstetrics and Gynaecology. He is proud of his contributions, most notably the introduction of vaginal surgery in Montréal. Dr. Meunier retired from private practice in 1985.

A passionate writer, throughout his career Dr. Meunier has written 29 scientific articles and two books—one in 1950 on “La Dysménorrhée” and another in 1966 on “Les diagnostics Gynécologiques”. Since his retirement, Dr. Meunier has not lost his passion for the writer’s craft, and has continued to publish works, including works on the history of Hotel-Dieu.

In 2003, Dr. Meunier graciously donated to the SOGC his collection of vintage medical books, for which the Society is most grateful.

We believe the last word should be left to this energetic pioneer, who, now in his 95th year of life, describes himself simply as “a happy and satisfied man who still likes to read, walk and write”.

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Record breaking registrations and record breaking temperatures combined to make Vancouver one of the most enriching – and dynamic – meetings in memory. And even though the sun came out to welcome SOGC’s ACM delegates every day, meeting rooms were packed for the latest information on the HPV vaccine, continuous-use oral contraceptives, reproductive aging, obesity in pregnancy, fetal alcohol syndrome and rural midwifery.

The week began with the SOGC Council Meeting. The SOGC Strategic Plan for the next five years was approved. In addition to confirming SOGC’s ongoing leadership in continuing professional learning, enhancing women’s health, ob/gyn human resources challenges, and international women’s health issues, Council approved two new priority areas: challenges both on an individual level, as well as collectively through professional associations.

With over 53 learning sessions offered, delegates had unprecedented opportunities to pursue professional development over the six days in Vancouver. Leading experts in obstetrics, gynaecology, midwifery, contraception, infectious diseases, endocrinology and reproduction shared their knowledge with attendees… and the media. This year’s ACM drew record media attention, with SOGC spokespeople being booked for TV, radio and print media daily throughout the ACM. Even before the ACM began, SOGC stories cornered the media market in Vancouver and made headlines across the country, putting women’s health front and center.

Highlights of this year’s ACM included the inauguration of Dr. Donald Davis as President of the SOGC, the recognition of exceptional SOGC Members at the annual awards ceremony, the “once-in-a-lifetime” gathering of 19 Past Presidents of the SOGC, and the unprecedented expansion of the post-graduate program, with many sold out and standing room only.

The International Women’s Health Symposium focused on issues related to maternal and child health and HIV/AIDS. The day included some challenging topics, grim realities, and a solid discussion about the active role that health professionals can take in addressing the

aboriginal health and advocacy. More than ever before, it is important that we strive to raise the profile of women’s health on the public policy agenda, and ensure that appropriate resources are dedicated to women’s health. SOGC’s Strategic Plan and operational framework puts in place a comprehensive approach to make sure that happens. See the brochure enclosed with this issue of the SOGC Newsletter for more details.

ACM ... by the numbers!

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ACM 2006 wrap-up

Hosted in the heart of Stanley Park, this year’s Council Dinner was a night to remember. On behalf of the SOGC, Executive Vice-President Dr. André Lalonde thanked outgoing president Dr. Michael Helewa for his tireless work throughout the year — and for taking all his phone calls, day or night! Dr. Helewa responded with special thanks for the unwavering support of his colleagues on Council, the SOGC staff, and most especially his wife, Anahid, who he credits with seeing him through his challenging and rewarding year as President.

Clearly the “crowning” moment of the ACM was the inauguration of Dr. Don Davis as the new SOGC President. In traditional fashion Dr. Davis was pulled to the stage by former SOGC Presidents to begin his tenure. In moving and impassioned inaugural speech, Dr. Davis paid tribute to his father, who was also an obstetrician and gynaecologist, who taught him the joy of serving others and continues to inspire him in his own practice. As well, Dr. Davis said he was deeply honoured to have the confidence of his SOGC colleagues and pledged to do his best to serve them.

This year, the SOGC was pleased to award honorary membership to three individuals for their dedication to increasing collaboration and the improvement of women’s health.

The SOGC would like to congratulate these individuals for their accomplishments in the field of women’s reproductive and sexual health, and welcome them as honorary members of the SOGC.

**HONOURARY MEMBERS**

- **Dr. Takeshi Maruo**, President of the Japan Society of Obstetrics and Gynecology (JSOG)
- **Dr. Romeo Menendez**, CEO of the “Asociación de Ginecología y Obstetricia de Guatemala” (AGOG) for the Partnership Program with the SOGC.
- **Dr. Sterling Williams**, Vice-President in charge of Education, the American College of Obstetrics and Gynecology (ACOG)
Dr. Davis outlined his priorities for his presidency. Dr. Davis spoke of a developing human resources crunch due to the pending retirements of up to one-third of Canada’s ob/gyns over the next decade, “Birth remains an empowering and transformative experience for families and their caregivers. We must continue to work at giving maternity care the respect and resources that are needed to keep it safe and available. Given the current human resource deficit, it may become unsafe to have a baby in Canada! . . . The time is now for Federal, provincial and territorial governments to address this health human resource deficiency,” said Dr. Davis.

Dr. Davis’s spoke of a second key priority, to advance culturally safe health and healing for Aboriginal women. “Aboriginal infant mortality is two to three times higher than the Canadian average. Fertility rates in Aboriginal women are two times as high as other Canadian women,” said Dr. Davis. “Traditional First Nation’s health is viewed holistically, where healing occurs only with balance between spiritual, mental, physical and emotional forces . . . Healthcare providers need to have the skill and expertise to understand when there are cultural and language issues interfering with the mutual understanding and agreement of the patient’s condition and the course of action to be taken.”

By all accounts, the 2006 ACM was one of the best to date. The SOGC would like to thank all of the ACM Planning committee, presenters, staff, organizers, sponsors, participants, and everyone else who contributed to the ACM’s success. We hope to see you all again next year, for our 2007 ACM in our Nation’s Capital from June 21 to 26!

For more photographs and details on the 2006 ACM, please visit www.sogc.org/cme/events-acm_e.asp
ACM 2006 wrap-up

INTERNATIONAL Women’s Health Symposium 2006

On June 22, as part of a special ceremony of the International Women’s Health Symposium at the ACM, the SOGC was proud to honour Dr. Jean Chamberlain, an international leader and volunteer in maternal and newborn health. Earlier this year, Dr. Chamberlain was also named one of six individuals worldwide to be presented with the International Federation of Gynecology and Obstetrics’ (FIGO) Distinguished Community Service Award. The prestigious honour recognized her unflagging devotion to providing emergency obstetrical care in such places as Yemen, Pakistan, The Congo, Zambia, Zimbabwe and Uganda.

In addition to her accomplishments as an international volunteer and advocate, Dr. Chamberlain is also an Assistant Professor at McMaster University’s ob/gyn department and the founder and Executive Director of the Save the Mothers Program in Uganda. As part of this program, Dr. Chamberlain helped found a Master’s Program in Public Health Leadership at the Uganda Christian University. She is also the author of the book “Where have all the mothers gone? Stories of courage and hope during childbirth among the world’s poorest women”, based on her volunteer experiences around the world.

With the SOGC, Dr. Chamberlain has dedicated her time and passion as a volunteer and advocate of the initiatives of the Society’s International Women’s Health Program.

The 2006 Annual Clinical Meeting of the SOGC got off to a great start with this year’s International Women’s Health Symposium on June 22. Almost 200 participants spent the day exploring this year’s theme: the integration of HIV/AIDS, safe motherhood and newborn health, and sexual and reproductive rights.

The symposium gave participants an excellent overview of the theme, painting a vivid picture of international realities and their inherent challenges and opportunities. Early in the day, Dr. Marc Boucher provided a lively historical overview of HIV/AIDS and its emergence onto the global scene, and the Canadian International Development Agency discussed Canada’s role in this global issue. These two presentations set the scene for a day of informative sessions, provocative discussion and challenging concepts.

Despite the unfortunate absence of a keynote speaker from the United Nations Population Fund, the integration theme was thoroughly explored by many speakers throughout the day, including a panel of representatives from ob/gyn associations in Mexico, USA, Palestine, Uganda, Haiti, Guatemala and Canada. During the panel discussion, each participant was given the opportunity to reflect on the issue of HIV/AIDS and the role their association can play in addressing it. While some associations are already actively engaged, other are simply at the stage of exploring ways to become more active on the issue.

A lunch time viewing of a BBC documentary, Dead Mums Don’t Cry, introduced participants to the reality of maternal care in the international context. As participants digested their lunch and the morning sessions, the film explained how the absence of medications, blood banks and resources impacts the lives of women in Chad, and how innovation and dedication is making positive changes in Honduras.

The closing speaker of the day, Dr. David McCoy, Public Health Specialist and Co-editor of Global Health Watch, presented challenging and controversial concepts that prodded participants to explore the connections between their work as health professionals, and the social and political inhibitors of progress.

Dr. McCoy encouraged all in attendance to contextualize their work within a broader political context, and to take action on all levels to introduce change. Dr. McCoy quoted a thinker from the 19th century who stated “Should medicine ever fulfill its great ends, it must enter into the larger political and social life. It must indicate the barriers which obstruct the normal completion of the life cycle and remove them.”

DR. JEAN CHAMBERLAIN

Thank you to all who contributed to the success of this event, including our sponsors Duchesnay Inc. and the Canadian International Development Agency, our volunteers, our speakers, and all of those who attended the day.
THE SCC Education Report
By Drs. Marie Claude Renaud and Peter Bryson

On June 23rd, over 90 registrants took part in the Society of Canadian Colposcopists’ (SCC) 20th Annual Postgraduate Comprehensive Colposcopy Course, held at the SOGC Meeting in Vancouver.

Morning session featured discussions on management of VIN (Dr. Renaud), the potential use of HPV testing in primary screening (Dr. Tom Ehlen) and a debate on the status of Liquid Based Cytology in current practice. Dr. Terry Colgan debated the pro side and Dr. Dirk van Niekerk took the con side. Dr. Laurie Elit from Hamilton also presented an abstract on “Colposcopists’ agreement on cervical biopsy site”.

In the afternoon, the focus turned to Canadian efforts to provide quality assurance in the practice of Colposcopy, highlighting the colposcopy programs in Nova Scotia and British Columbia and the SCC/SOGC Clinical Practice Guideline on colposcopy training. SOGC Associate Executive Vice-President Dr. Vyta Senikas concluded the session by presenting SOGC teaching modules on linking HPV knowledge to the practice of immunization.

We were very pleased to have an old friend of SCC, Dr. John Sellors, as our guest speaker for the day. Dr. Sellors is a senior medical advisor for the Reproductive Health Strategic Program at PATH (Program for Appropriate Technology in Health) in Seattle, Washington. He spoke from two questions: “Can we learn anything from screening and development R&D in the developing world” and “HPV vaccination – Is this a prevention panacea?” The course ended with excellent presentations by Dr. Cecil Wright on the significance of blood vessel patterns in colposcopy, and Dr. Leslie Sadownik on how to diagnose vulvar ulcerations. The touch pad session was given by Drs. Sadownik, Shier and Bryson.

We wish to thank Superior Medical Ltd. for their continued support of the SCC courses over the last 15 years, and also for donating the colposcopy biopsy instruments and completeLEEP kit door prize, which was awarded to the lucky winner Dr. Susan McFaul of Ottawa. SCC also wishes to thank AMT Electrosurgery, GlaxoSmithKline and Merck Frosst Canada for their support of this meeting.

The SCC Program Committee welcomes ideas for our national meeting at the SOGC ACM next June in Ottawa. You may send these to SCC National Coordinator Judy Scrivener at jscrivener@sogc.com, or by phone at 1-800-561-2416 ext. 250.

ACM 2006 wrap-up

MEDICAL STUDENT PROGRAM
a hit with next-generation ob/gyns

By all accounts, this year’s Medical Student Program at the 2006 ACM in Vancouver was an overwhelming success, with over 68 medical students in attendance.

Organized by the SOGC’s Promotion of the Specialty Committee, the Medical Student Program is designed to increase recruitment into obstetrics and gynaecology. The program increases medical students’ awareness of the specialty of obstetrics and gynaecology by giving them the opportunity to witness scientific programs, workshops and seminars at the SOGC’s annual meeting. In addition, the students are also given the opportunity to socialize and mix with ob/gyn residents, providing them with invaluable first-hand perspectives on ob/gyn.

In addition, each of the participants in the Program is asked to provide the SOGC with a brief report on their experience at the Annual Clinical Meeting. (A copy is also provided to the Department of Obstetrics and Gynaecology at the student’s university). In coming months, these reports will be made available through the SOGC website.

The SOGC would like to thank the Promotion of the Specialty Committee, without whom the Medical Student Program would not be possible. The SOGC and the Promotions of the Specialty Committee would also like to extend a gracious thank you to all the enthusiastic medical students who participated in the SOGC 2006 Medical Students ACM Program.

THE 2006 Journalism Awards

The SOGC and the Canadian Foundation for Women’s Health (CFWH) presented The Journalism Award for Excellence in Women’s Health Reporting at ACM 2006 to recognize Canadian journalists for producing exceptional coverage of women’s reproductive health issues.

This year, the SOGC was pleased to present the awards to Lisa Priest and Dr. Marla Shapiro:

Lisa Priest - The Globe and Mail
“Mother Courage”

In this insightful and moving investigation of women fighting cancer during pregnancy, Lisa Priest gained access to the real life experiences of women who underwent cancer treatment while pregnant, many of whom are still living with the uncertainty inherent in their diagnosis. Ms Priest described the exceptional medical efforts provided to patients with this disease, such as chemotherapy and surgery, while at the same time portraying the strength and courage of the women who struggled with the disease while protecting their unborn babies.

Dr. Marla Shapiro - Parallel Film & Television Productions Ltd., in association with CTV - “Run Your Own Race”

“Run Your Own Race” chronicles the cancer survival story of Dr. Marla Shapiro as she went from high profile doctor to patient after being diagnosed with breast cancer, finding herself on the other side of the desk, as a patient, trying to find answers instead of being the one offering them. Produced by Parallel Film & Television Productions Ltd. in association with CTV, Dr. Marla Shapiro tells her private story from the mammogram that revealed her illness, through her yearlong journey to recovery. The one-hour special openly describes how cancer affected not just herself, but her friends, family and the public.
In partnership with the Society of Gynecologic Oncologists of Canada (GOC) and the Society of Canadian Colposcopists (SCC), the SOGC released a joint-statement welcoming Health Canada’s approval of a new vaccine that can prevent the Human Papillomavirus (HPV).

As many as 80% of Canadian women of reproductive age will be exposed to HPV throughout their lifetime. Transmitted through skin-to-skin contact, HPV is a highly contagious virus that can cause cervical, vulvar, vaginal and other anogenital cancers. Other strains of the virus cause anal and genital warts.

In the July 18 statement, the three societies commend Health Canada for quickly making this vaccine available. In anticipation of the availability of an HPV Vaccine, the SOGC has been working in collaboration with other associations, including GOC and SCC, to draft a clinical guideline that will inform Canadian healthcare professionals on the appropriate usage of an HPV vaccine. This comprehensive guideline will also include information on screening, diagnosis and treatment of HPV and is expected to be published in early 2007.

“Each year 400 Canadian women die of cervical cancer, and thousands more are diagnosed and successfully treated. Until now, our best defence against this kind of cancer was ensuring women had regular Pap tests so we could catch this disease in its earliest stages. Now, with a vaccine available, we can start talking about preventing cancer and other disease, such as anogenital lesions, caused by HPV in addition to continued screening,” said Dr. Donald Davis, President of the SOGC.

While the introduction of a vaccine has the potential to substantially reduce the incidence of cervical cancer in Canada, SOGC, GOC, and SCC all stress that it is very important for women to continue to receive regular cervical cancer screening.

“While the vast majority of HPV infections clear up by themselves, there is a chance that a woman could have a cancer causing strain of the infection and not even know it,” said Dr. Peter Bryson, President of SCC. “We can’t emphasize enough the importance of regular cervical cancer screening and the introduction of this vaccine doesn’t change that. However, now when doctors are counselling their patients about sexual and reproductive health, they will be able to offer a vaccine to prevent HPV infection. That is really good news,” said Dr. Bryson.

To ensure people are aware of the HPV public health threat, the SOGC will be launching a public education campaign about HPV, the importance of pelvic exams, and Pap smear screening for cervical cancer. More information on this campaign will be available in the next issue of the SOGC News. For more information on HPV, please visit www-sexualityandu.ca or www.sogc.org.

The SOGC would like to acknowledge the generous financial support of our sponsors for the 62nd Annual Clinical Meeting. Their contributions (in the form of unrestricted educational grants) helped make this year’s meeting a wonderful success:

**Diamond**

Wyeth Pharmaceuticals

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**Gold**

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Procter & Gamble Pharmaceuticals Canada Inc.

**Bronze**

Ferring Canada Inc.
RBC Royal Bank

SOGC RELEASES joint-statement on HPV Vaccine

THANK YOU! from the SOGC
Six SOGC members and a staff representative traveled to the Ukraine in June to deliver the first ALARM International Program offered in that country. The Program is offered as a joint collaboration of the SOGC, the Ukrainian Association of Obstetricians and Gynaecologists (UAOG), and three project partners: PATH - A Catalyst for Global Health; the Capacity Project; and USAID. While the ALARM program has been delivered in many countries, the SOGC has developed a unique “AIP Plus” program for the Ukraine, containing a specially developed module on family planning.

The intervention included two full 5-day ALARM International sessions in each of Donetsk and Vinnista, as well as supplementary days in both locations to train select Ukrainian participants as instructors. In preparation for the sessions all materials and slides were translated into Russian, and Canadian participants had the support of on-site interpreters.

After the first complete course in Donetsk, which included a supplementary day for instructors, six newly trained Ukrainian instructors were identified from the group to accompany the Canadians to Vinnista for the second round of training. During this round, each Ukrainian instructor was paired with a Canadian and together they ensured the appropriate delivery of the AIP.

With back-to-back 6-day sessions, the Canadian delegation did an exemplary job despite the demanding schedule. Feedback from participants was overwhelmingly positive. Participants responded very favourably to the depth of knowledge of the Canadian instructors, the course content, the quality of the teaching and the open dialogue. Ministry of Health representatives also participated, and expressed gratitude to all involved. They indicated a desire to ensure the AIP Plus program is delivered in all regions of the country to reach as many health professionals as possible.

Also during this visit, Dr. Eileen Hutton, Canadian Registered Midwife, met with the midwives in attendance. They expressed a desire to revitalize their professional associations, and welcomed the support from the SOGC in this process.

The next partnership meeting is planned for early this fall, to be held during the UAOG Annual Meeting. SOGC’s Associate Executive Vice-President Dr. Vyta Senikas and International Program Director Liette Perron will attend. Another AIP Plus course is planned for later this fall. This course will include the participation of two Canadian instructors and will be led by the Ukrainian team trained during the most recent courses.

The SOGC would like to thank the Canadian delegation for their exemplary work: Dr. Francois Beaudoin, Dr. David Caloia, Dr. Nester Demianczuk, Dr. Dean Leduc, Dr. John Smith, Dr. Eileen Hutton, Registered Midwife, and Suzanne Plourde, Director of AIP at the National Office.
The RM Advisory Committee met in Vancouver during the SOGC's Annual Clinical Meeting (ACM). The committee reviewed the Canadian Health Services Research Foundation's (CHSRF) recent “Evidence Boost” titled “Allow Midwives to Participate as Full Members of the Healthcare Team”. The Evidence Boost, a series of essays highlighting evidence-informed management and policy options, can be found online at www.chsrf.ca/mythbusters/pdf/boost6_e.pdf.

At the ACM, well-attended presentations on Birth Centers and Midwifery were delivered by RM Committee Central Region Representative Kris Robinson, RM, and Western Region Representative Diane Rach, RM. Participants shared ideas following the review of the international and national models presented. Canada has birth centers in British Columbia, Alberta, NWT and Quebec.

The model most often linked to quality outcomes was that of a free standing birth facility with the use of midwives, maternity care workers and water for labour and birth. The participants agreed that variations in the birth center model, and the maternity care providers working in them, will depend on the unique needs of each community. Multidisciplinary collaborative primary maternity care practice has the potential to flourish in this type of practice environment for the delivery of low risk obstetrical services.

At the end of the discussions on Birth Centers and Midwifery, participants joined the group attending the Nursing Meeting. Participants from both groups committed to electronic information sharing as the new generation of birth centers evolve and the roles of midwives, nurses and physicians are identified.

Congratulations to Dr. Eileen Hutton, Assistant Professor in the Faculty of Medicine, Division of Midwifery at University of British Columbia who received the SOGC Regional Achievement Award at the ACM this year. The award recognizes the excellence of SOGC members who volunteer at the local, regional or provincial levels for women's health. Congratulations also to Ms. Lorna McCrae, RM, a community based midwife in Victoria, BC, who was awarded the SOGC Millennium Fellowship for Nurses and Midwives. The purpose of the fellowship is to provide financial support to a nurse or midwife.

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A Google Map showing the exact location of your clinic; support for multiple clinics; a photo gallery; a place to upload documents or other files for your patients to download; and a scheduling center that allows you to tell your website and your patients where you will be and when you will be there. You can even create and automatically distribute your own newsletter to patients, who can subscribe from your site.

The SOGC will soon be publishing podcasts and making them available for free via both the iTunes Music Store and the SOGC website. Once up and running, this new service will enable SOGC members to download audio and video recordings of SOGC Conferences, SOGC Media releases, as well as SOGC documents “on tape”. These new SOGC podcasts will provide you with the flexibility to listen to important documents on the go. These audio recordings and video clips will be compatible with any MP3 players (Video iPod or PSP required for video podcasts), and most new cell phones.

NEW WEB SERVICES from the SOGC

MyObClinic.ca
Getting online the easy way
Introducing MyObClinic.ca, a new service from the SOGC that allows members to easily create their own websites online. The service is easy to use and all you need is an Internet connection.

MyObClinic.ca is full of great features for practitioners, including: a Google Map showing the exact location of your clinic; support for multiple clinics; a photo gallery; a place to upload documents or other files for your patients to download; and a scheduling center that allows you to tell your website and your patients where you will be and when you will be there. You can even create and automatically distribute your own newsletter to patients, who can subscribe from your site.

Podcasts
The SOGC in the palm of your hand
The SOGC will soon be publishing podcasts and making them available for free via both the iTunes Music Store and the SOGC website. Once up and running, this new service will enable SOGC members to download audio and video recordings of SOGC Conferences, SOGC Media releases, as well as SOGC documents “on tape”. These new SOGC podcasts will provide you with the flexibility to listen to important documents on the go. These audio recordings and video clips will be compatible with any MP3 players (Video iPod or PSP required for video podcasts), and most new cell phones.
Establishing a New Benchmark for Drug Evaluation During Pregnancy was the focus of the MOTHERISK UPDATE 2006 Symposium, which took place on May 10 during the Third Canadian Therapeutics Congress. The objective of this symposium was to review and discuss scientific and regulatory issues, challenges and solutions to ensure that pregnant women are not excluded from the benefits of safe and effective medications.

"Currently, pregnant women are deprived from advances in therapeutics due to misperception, anxiety of treating expecting mothers and litigious fears” said the host of this symposium, Dr. Gideon Koren, Founder and Director of the Motherisk Program at the Hospital for Sick Children in Toronto. “Drug therapy to be used in pregnancy should be among Health Canada’s top priorities as it affects both the pregnant woman and her fetus, with potential life-long effects on the unborn. It is the health authorities’ responsibility to show leadership and a proactive role in taking all the necessary steps to ensure that pregnant women who require pharmacologic treatment for pre-existing or pregnancy-related diseases have access to proven safe medications.”

"Forty five years after the thalidomide disaster: where do we stand? Has this human tragedy resulted in a more rigorous and more responsible leadership from the Canadian Government in protecting maternal and fetal health?” asked Mercedes Benegbi, of The Thalidomide Victims Association of Canada. While raising these questions, Ms Benegbi, noted that "Health Canada does not have a formal entity dedicated to, and accountable for, issues related to drugs in pregnancy."

At the conclusion of this meeting, it was recommended that Health Canada develop a new drug review strategy and create a scientific advisory board responsible for providing advice and recommending guidelines on drug therapy in pregnancy and breastfeeding. “This advisory board would include participation of government, professional medical organizations, industry and representatives of the public. It would play a critical role in ensuring that any drug to be labelled for use during pregnancy be submitted to rigorous scientific and regulatory standards of safety and efficacy,” stated Dr. Donald B. Davis, FRSC, then President-Elect of the Society of Obstetricians and Gynaecologists of Canada (SOGC). “The collection and analysis of data on fetal safety should be a key part of any drug review standards and/or guidelines aimed at safeguarding the health of pregnant women and their offspring. A postmarketing surveillance system should also be established in partnership with all concerned stakeholders,” concluded Dr. Davis.

Debate about the appropriate time to clamp and cut the newborn infant’s umbilical cord dates back many decades. In particular, there is no information about how Canadian practitioners view timing of cord clamping, or what they do in practice. Establishing a baseline in terms of practice is essential in planning further research on the best timing of umbilical cord clamping and cutting.

You may receive an invitation to participate in a Canada-wide survey of the cord clamping practices of Canadian maternity care providers. The primary goals of the survey are to determine the timing and circumstances of umbilical cord clamping and perceptions of risks and benefits associated with the timing of cord clamping in term and preterm infants.

The principal investigator of this research study is Dr. Eileen K. Hutton, Assistant Professor at the Division of Midwifery, University of British Columbia. Please contact Kathrin Stoll, Research Coordinator at the Division of Midwifery at (604) 827-3305 or via e-mail kathrin.stoll@midwifery.ubc.ca if you have not yet received a survey and would like to participate in the study.
Health Canada is inviting Obstetricians, Gynaecologists and Family Physicians to participate in the regulatory development process

Health Canada (HC) is developing regulatory proposals under the *Assisted Human Reproduction Act* (Act) in consultation with stakeholders and other interested parties. The Department needs basic information on various aspects of the assisted human reproduction (AHR) sector for the Regulatory Impact Analysis Statement (RIAS), which must accompany each regulatory proposal.

In developing the RIAS, HC must identify the costs and benefits of new regulatory proposals on all potentially affected stakeholders. Therefore, the Department is inviting Obstetricians, Gynaecologists and Family Physicians to participate in the regulatory development process by completing a short questionnaire on their practices relating to AHR services, which are defined in the Act and include intrauterine insemination and third party donor insemination. *In vitro* fertilization centres are being contacted through a separate questionnaire.

The Department will protect the collected information from disclosure under the confidentiality related provisions of the *Access to Information Act and Privacy Act*. The Department will use aggregate information for the purposes of considering policy options and developing regulatory proposals, and their accompanying RIAS.

The completion of the questionnaire will help ensure that regulations are as cost effective as possible. The questionnaire can be obtained electronically by sending an email to ahr_survey@hc-sc.gc.ca with the following text in the subject line, “Request for AHR questionnaire.” The questionnaire may also be obtained by mail or fax upon request by using the above email address. We would appreciate receiving the completed questionnaire by September 30, 2006.

Should you have any questions regarding the questionnaire, you may contact the Assisted Human Reproduction Implementation Office, Health Canada, at (819) 934-1830. For your information, key areas for regulatory development under this Act can be found at

http://hc-sc.gc.ca/hl-vs/reprod/hc-sc/public/index_e.html

Inquiries regarding future consultations can be made using the contact information provided at the above Web site.
One of the world’s best e-health sites just got a little better

The SOGC relaunched its sexual health website www.sexualityandu.ca in late June. The revamp includes many new features, a smoother navigation, and a sleek new image for the popular site. The site, which is visited by nearly a quarter-million people each month, was named one of the world’s five best e-health projects at last year’s United Nations’ Summit on the Information Society.

New Features:
Contraception Comparisons:
Dynamic new content allows users to make side-by-side comparisons of all the contraceptive methods currently available in Canada. The information, created and reviewed by experts on the SOGC’s Contraception Awareness Project (CAP) Committee, provides the latest updates on contraceptive methods and is specially tailored to a Canadian audience.

Getting the word out with the new Media Room:
To help get trustworthy information into the hands of Canadians, sexualityandu has added a new media centre, designed as a one-stop source for Canadian journalists looking for reliable information on contraception, sexually transmitted infections, and a wide range of sexual health issues.

The Media Room also offers:
Media advisories from sexualityandu and the SOGC; sexual health backgrounders and fact sheets; Canadian statistical data and trends; and prepackaged “matte” stories available for free publication.

Frequently Asked Questions:
With a new fully-indexed collection of FAQs answered by committee experts, sexualityandu is Canada’s first choice for answers to sexual health questions. The new FAQ section is broken down by audience, with questions and answers designed for youth, adults, teachers, parents and healthcare professionals. The site is a great resource for patients and professionals.

Order materials online:
New online order forms allow Canadian health professionals to conveniently order Contraception Awareness Project resource materials directly from the sexualityandu website. These materials include comprehensive patient and professional resources highlighting the pros and cons of all contraception options in Canada, as well as promotional items such as condoms and dental dams. For more information visit the health professionals section of www.sexualityandu.ca.