The 18th FIGO World Congress

JOGC welcomes new look, offers full-text archives online

SOGC websites win international awards of excellence

Targeting a Killer: Montreal summit looks towards a future without cervical cancer
JOGC ADOPTS NEW LOOK, increases online access

The Journal of Obstetrics and Gynaecology of Canada (JOGC) will be sport a sleek new look and online access to full-text archives in 2007.

Unveiled for its January issue, the JOGC now features a redesigned cover with a modern, clean and professional look. For the greater part, the changes are modest - the cover will still feature the issue's contents, but the artwork that adorned the covers has been removed. In addition to providing The Journal with a more modern edge, the new light blue colour scheme will increase consistency between the print journal and the journal's online branding.

Though The Journal will be brandishing a new look, the changes are strictly aesthetic and there will be no major change to the content of The Journal.

Full text archived articles now available online

The JOGC is also increasing its online presence. Full-text articles from past issues are now available online from the JOGC section of the SOGC website, http://www.sogc.org. Abstracts from the current issue of The Journal will be also be available online.

Subscribers to The Journal will now be able to access past articles anywhere where they have access to the Internet. The search features on sogc.org will also provide quick access to past articles, saving readers from having to scour through their collection of back-issues to find articles of interest.

For the JOGC, the move to full-text past articles will help increase the visibility of the JOGC, both domestically and internationally, as Canada's peer-reviewed journal of obstetrics, gynaecology, and women's health. The move will also mean a dramatic improvement in accessibility for regular JOGC subscribers.

For the SOGC, hosting full-text JOGC articles on the SOGC website will likely mean an increase in web traffic to the site, and improved access for Canadian healthcare professionals to the important studies, editorials and articles published in the JOGC. Currently, public education sections of the SOGC website - such as the free clinical practice guidelines and women's health information sections - are among the most accessed and most popular pages on the site. Hosting articles from the JOGC (which maintains strict editorial independence from the SOGC) will not only help increase visibility readership of The Journal, but will also bring an increased audience to SOGC programs and public and professional education content.

McMaster’s MORE program recruits “Sentinel Readers” for evidence rating-system

Would you like to participate in a post-publication peer-rating system of obstetrical and gynaecological literature? A group that calls themselves the “Incubators of Evidence-Based Medicine” at McMaster University is inviting independent (i.e., unsupervised) practicing clinicians to become “Sentinel Readers” in the McMaster Online Rating of Evidence (MORE) system.

Readers receive online articles tailored to their individual profile, which they then rate for relevancy and newsworthiness using two seven-point scales. Ratings are collated with those of at least two other clinicians to determine selections for evidence-based information products such as ACP Journal Club, bmjupdates+ (a free BMJ alert service) and Medscape. Sample rated articles, including reviewer comments, can be viewed at the MORE website at http://hiru.mcmaster.ca/more/.

Readers control the volume and can receive as few as one, or as many articles as they want per month. The system offers many advantages, including the ability for participants to see how their ratings compare with other physicians, and stay abreast of the most highly rated articles within their discipline. CME credits according to the number of articles rated are awarded yearly. A recent evaluation was published in JAMA 2006;295(15):1801-8.

For more information on the McMaster Online Rating of Evidence (MORE) system, visit the MORE website at http://hiru.mcmaster.ca/more/ or contact more@mcmaster.ca to become a Sentinel Reader.

REMINDER: Call for Nominations

The Call for Nominations is now conducted electronically (information is sent via an email to members and is available online). We have posted the “Call for Nominations” letters and forms are available from the SOGC website at http://www.sogc.org/members/governance-nominations_e.asp

Deadline for submission is February 1, 2007.
NEW YEAR’S Resolutions!
By André B. Lalonde, MD, FRCSC, FRCOG, FSOGC, FACS, MSc, Executive Vice-President, SOGC

As we begin 2007, we need to ask ourselves a few questions:

**What if…?**

*What if* SOGC could convince federal, provincial and territorial governments to really invest in women’s health in a significant way, both here in Canada and abroad?

*What if* Governments believed as passionately as we do in improving health care delivery for First Nations and Aboriginal Canadians?

*What if* we all could work together to create dynamic partnerships with Aboriginal communities and organizations to deliver that health care, starting with maternal and newborn health services, and then working our way up to a focus on adolescents and young adults?

*What if* we had a head start on information management systems in our clinical offices, so that we could monitor how we treat a given illness?

*What if* we could evolve to a paperless chart, creating easier access for practice and patient management?

*What if* our health care delivery system could be changed to enable healthcare providers to achieve a better balance between professional and private life – leading to greater satisfaction at work and fulfillment of personal and family goals?

**Why not…?**

*Why not* challenge systemic barriers that hinder our ability to bring the best possible care to women and their families?

*Why not* be leaders and advocates for the best women’s health care possible -- at home, at work, in our communities and at a national level?

*Why not* accept nothing less than a health care system that reaches out to all women -- wherever they live, whatever their circumstance -- to ensure they receive the health they need and deserve?

But perhaps the most important question, how do we meet the challenges inherent in these questions?

It all begins with you, the dedicated health care professionals who commit your time, talents and energy to your practices, and to the SOGC. It is through the strength of our members and our partnerships that we have become leaders; and as leaders we must be the ones to ask the tough questions and fight for the right answers. We have developed:

- a National Birthing Strategy for Canada to ensure appropriate maternity and newborn care for all women;
- the MORE™ program to enhance patient safety in hospitals;
- ground-breaking clinical practice guidelines so practitioners can employ best practices in their care of women and babies;
- the JOGC to spread the word on research and innovation happening here in Canada and abroad.

So as we approach 2007, and New Year’s Resolutions are on your “To Do” list, let me encourage you to put “Advancing the women's health care agenda” on your list of resolutions. By being a member of SOGC, by participating in the Society's work, by supporting our advocacy efforts, we can all make sure that this resolution is achieved.

All the best for a healthy and prosperous 2007.
**20th International CME, March 5-9, 2007**  
**Paradisus Varadero Resort, Cuba** *(Programme offered in English)*

**Yes, Cuba does have its Paradisus!!!**

The Paradisus Varadero Resort is renowned as one of Varadero’s crown jewels because of its enchanting setting overlooking the sea and is harmoniously integrated into a natural environment of gardens and exuberant vegetation. This resort is located on the most famous of all beaches… the Blue Beach and is only 8 km from the town of Varadero and the new Varadero Shopping & Convention Center. The Paradisus is one of the few places families and couples feel equally special.

Come see, touch, smell, taste and hear Cuba while living the senses of the sun in the most luxurious resort on the island! Paradisus Varadero, the hotel that caters to all your senses!

**This new modern 5 Star All Inclusive Resort includes…**
- All meals and drinks
- All rooms have terrace/balcony with gardenview or oceanview, full bathroom, minibar, safe, etc.
- Room service 24 hours a day
- Buffet-style restaurant with extensive deluxe breakfast, lunch and dinner buffet as well as theme corners. In the mood for being Romantic, Mexican or something else, have no worries, there is something for everyone. Reservations are required at Turey, Stella di Mare and Cairi.
- 2 swimming pools, one big (2,400m²) with Jacuzzi, and one for activities
- Children can play in the Baby Club (1-4 years) or the Mini-Club (5 – 12 years).
- Towel & sunbed service in the pool area as well as on the beach.
- Wide range of sports facilities: tennis, table tennis, pool tables, darts, volleyball, aerobics, etc.
- Water sports: snorkeling, sailing, windsurfing, catamarans, kayaking, paddle boats, etc.
- One dive per person per week/stay for the certified scuba divers and introductory lessons in the pool for the beginners.
- Golf course nearby. One free green fee per adult per week (adults only).
- Activities and Entertainment for everyone: daytime and nighttime such as stage show, fun pub and much more!

**One week package rates are based on a Junior Suite – Gardenview and include taxes. (SMALL add-ons will apply when departing from other cities.)**

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<td>Children (2-12 yrs):</td>
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**NOTE:**
- Small fee will apply for upgrades to: Business class seats; Junior Suite with Oceanview.
- Should overnight accommodation be required in Toronto - there is a special SOGC negotiated stopover rate at the Sheraton Gateway for $129.00/night.
- In order to participate in the conference, you must stay at the Paradisus Varadero Resort. No participants from other resorts can be accepted on day passes. This is a Cuban Tourist Law.

**Travel & Resort Reservations**

BOOK NOW…
Carlson Wagonlit (Ottawa)  
Attention: Tanya Dugal  
Telephone: 1 (800) 465-4040 or (613) 238-4040 ext 236  
Email: tdugal@carlsonwagonlit.ca

**Important Note:**
Early bookings of all inclusive vacation packages must be paid in full by **no later than January 5, 2007.** Any reservations done after this date must be paid in full upon booking.
Upcoming Meetings

SOGC Meetings

20th International CME
March 5–9, 2007, Varadero, Cuba

17th West/Central CME
March 29–31, 2007, Banff, Alberta

3rd Ontario Gynaecology CME
April 20–21, 2007, Toronto, Ontario

63rd Annual Clinical Meeting
June 21–26, 2007, Ottawa, Ontario

Program Schedule

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<tr>
<td>Toronto, ON</td>
<td>April 22–23, 2007</td>
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<td>Montreal</td>
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<td>Ottawa, ON</td>
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<td>Kelowna, BC</td>
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<td>October 14–15, 2007</td>
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<td>Saint-John, NB</td>
<td>November 2–3, 2007</td>
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<tr>
<td>Toronto, ON</td>
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Other Meetings


SAFE MOTHERHOOD
and newborn health around the world
Members travel the globe in support of IWHP’s activities

It has been a busy fall for SOGC staff and members involved in the society’s International Women’s Health Program (IWHP). Below are some of the initiatives our members have been involved in to promote safer pregnancy and childbirth throughout the world.

The Ukraine:
In September, SOGC Associate Executive Vice-President Dr. Vyta Senikas traveled to the Ukraine as part of the SOGC’s partnership with the Ukrainian Association of Obstetricians and Gynecologists (UAOG) for the FIGO’s Safe Motherhood and Newborn Health (SMNH) project. The project goal is to improve the capacity of UAOG to contribute to national efforts to reduce maternal and newborn mortality. The Ukrainian society is among the SOGC’s newest international partners, having signed a four year partnership program with the SOGC in early 2006. In December, SOGC international volunteer and ALARM International Committee Co-Chair Dr. Francois Beaudoin will also travel to the Ukraine as an ALARM International course mentor.

Guatemala:
In October, Drs. Rolando Cepeda and Jean François Rostoker traveled to Guatemala to offer an ALARM International course, as part of the SOGC’s ongoing CIDA-funded Partnership Program in the country. In December, SOGC Web Designer/Developer Nikolas Leblanc will also be traveling to Guatemala to offer IT and technical support to SOGC’s Guatemalan partner association, the Asociacion de Ginecologia y Obstetricia de Guatemala (AGOG).

Haiti:
The SOGC has been particularly busy this fall with its initiatives in Haiti.

As part of our CIDA-funded Partnership Program, Drs. François Beaudoin and René Laliberté conducted an ALARM International Instructors course in Haiti in October.

Executive Vice-President Dr. André Lalonde also traveled to Haiti in September as part of FIGO’s SMNH project with the Société Haïtienne des obstétriciens et gynécologues (SHOG).

In addition, in September the SOGC and SHOG undertook a new CIDA-funded project with UNICEF/UNFPA Haiti. As part of this project, SOGC’s International Health Specialist Suzanne Plourde traveled to Haiti to conduct a needs assessment at nine hospitals across the country. The results of this needs assessment were presented to various health organizations including the World Health Organization, UNICEF and UNFPA. As a follow-up to these assessments, two different ALARM International courses were offered to the health care practitioners who were observed during the needs assessment. In October, Charlotte Landry, RM, accompanied Suzanne Plourde to Haiti to deliver the course, and in November Suzanne was accompanied by Dr. Donna Cherniak.

In December, SOGC Finance and IT Director Linda Desjardins and IWHP Director Liette Perron will be traveling to Haiti to provide further support to the SHOG, as part of the UNICEF/UNFPA and Partnership Programs.

(Continued on page 7)
Two Canadian health websites produced by the Society of Obstetricians and Gynaecologists of Canada (SOGC) were presented with Aesculapius Awards of Excellence in November, in recognition of excellence in communicating health information to the public.

The awards, presented by the Maryland-based Health Improvement Institute, were awarded to www.sogc.org and www.sexualityandu.ca for their contributions to health education on sexual and reproductive health.

“It is a great honour for our society to be recognized in this way,” said SOGC President Dr. Don Davis. “There is a lot of misinformation when it comes to sexuality and women’s reproductive health. These sites are excellent sources of credible information — information people know they can trust because it’s produced by medical experts.”

The Aesculapius award marks the second major international recognition in the past year for sexualityandu.ca, which was developed as part of the SOGC’s Contraception Awareness Project. In November 2005, the Canadian sexual health and wellness site was selected as one of the world’s top five e-health projects at the United Nations’ Summit on the Information Society held in Tunisia.

For both sites, the awards come following recent upgrades. In November 2005, the SOGC relaunched its website www.sogc.org, adding additional features such as a new public education section offering health information on subjects such as pregnancy, menopause, and gynaecologic health. The SOGC also revamped its sexualityandu site in July 2006, adding a modern new look and a host of new features. These features include: interactive contraceptive comparison charts; a new section for members of the media featuring Canadian statistics on sexual health; and one of the largest collections of Frequently Asked Questions on sexual health that the Internet has to offer.

Named after the ancient god of medicine and healing, the Aesculapius awards are presented annually to websites and radio and television public service announcements that offer exceptional public health information. The two SOGC sites were evaluated on criteria such as content and credibility, user-friendliness, readability, visual design, and effectiveness of reaching its target audience.

For more information on the Aesculapius awards, please visit the Health Improvement Institute’s website at http://www.hii.org.

Tanzania:
In November, Dr. Jaelene Mannerfeldt and Ann Lovold, RM, traveled to Tanzania to offer the ALARM International Course. While the SOGC does not currently have a long-term international program in Tanzania, this unique initiative was made possible by the generous individual contributions made to the SOGC’s international initiatives, and through a collaboration with the Canadian Physicians for Aid and Relief (CPAR).

Uganda:
In November, Dr. Jaelene Mannerfeldt and Ann Lovold, RM, traveled to Uganda to offer the ALARM International course as part of the SOGC’s Partnership Program. The two also provided support to the Association of Obstetricians and Gynaecologist of Uganda’s (AOGU) FIGO SMNH project, with Ann Lovold as the midwife mentor.

Malaysia:
The SOGC members and staff traveled to Malaysia in October to attend the 18th FIGO World Congress in Kuala Lumpur. At the congress, the SOGC participated in many activities to support its international health initiatives, including the hosting of a Global Network Meeting to discuss ALARM International with representatives from nine different associations that have been involved in the program.
MESSAGE from the Junior Members Chair
By Dr. Kimberly Butler, Chair, SOGC Junior Members Committee

I am very pleased to be taking over as chair of the Junior Member Committee for the 2006-2007 academic year. I joined the committee as the Chair-Elect in June 2005, and since that time I have been working to learn the projects and issues that our committee has worked on over the past several years. With this knowledge, it is my goal to build upon our existing programs and develop new ones to aid the residents across the country.

Last year was a very active year for the Junior Member Committee. The establishment of a medical student representative on our committee was a great addition. We will continue to develop this role this year, and are pleased to welcome Katie Gasparini as our new medical student representative. There was great medical student participation at the ACM in Vancouver, and as part of the Promotion of the Specialty Committee we hope to continue to expand this program. The new SOGC JM Committee brochure should also be making its way to your programs — we hope that this will help inform residents about the committee, and encourage increased participation.

We also premiered our first ob/gyn resident essay contest last year (Why I Chose Obstetrics/Gynecology), and the 1st place winner was Dr. Clarissa Bambao. We were honoured to hear her read her winning essay at the ACM in Vancouver. This year we plan to continue the writing contest with the new topic “What I have Learned From my Patients.” Stay tuned for more information on this!

The Junior Member Committee has many ongoing projects that we will continue to develop this year, including: The Leadership Program; Stump The Professor; the JM elective grant program; the JM fellowship guide; resident exchange programs; and our online resource library. Check out the junior members section on the SOGC website, http://www.sogc.org, for information on all of these programs.

This will be a busy and exciting year for the JM Committee. Remember that we are here for you, and if you have any ideas or questions, we would love to hear them! I can always be reached by email at kabutler@dal.ca. Have a great year!

University Update: University of Calgary
By Dr. Sarah Glaze, PGY-3, University of Calgary

All is well at the University of Calgary as we look forward to winter - which is easy to say when you’re situated just east of the Rocky Mountains and all of the winter pursuits they offer.

There are a number of activities that ob/gyn residents here will enjoy this season, including the grand PLC ball and a ski day with the faculty, not to mention the holiday get-togethers that always make for a great time.

This past year has been a busy one in Calgary. A baby boom that made national news means a hectic time for residents in our specialty. There is no better time or place to learn the complexities of obstetrics than in the midst of such action.

Newly negotiated on-call stipends make the hard work easier. Thanks PARA!

We also have a number of new fellows that we would like to welcome into the fold. Our own Stephanie Cooper is in her first year of a maternal fetal medicine fellowship. We are pleased to have Roxanna Geoffrion joining the UroGyne programme from Ottawa, and Carlos Aspe Lucero is our newest GynoOnc fellow, coming to us from Mexico city.

Of course, we are also pleased to recognize our five new first-year residents that started with us back in July. The camaraderie here is second-to-none. Welcome…we are happy to have you!

Can you stump the professor in 2007?

The Junior Member Committee invites you to submit cases for the 2007 edition of “Stump the Professor”. Since its inception, this event has become a participant favourite at the SOGC’s Annual Clinical Meeting (ACM).

All residents who are members of the SOGC are invited to submit a detailed summary of an interesting case which arose at their centre, in the hopes of stumping our panel of ob/gyn experts. The winning entries will be selected by a committee, and the individuals whose entries are selected will be invited to present their case to a panel of distinguished ob/gyn professors at the 2007 Annual Clinical Meeting in Ottawa, June 21-26. A $1,000 prize is awarded to the Best Obstetrical Case and Best Gynaecological Case to help defray the cost of attending the Annual Clinical Meeting.

The deadline for case submissions is March 1st, 2007.

For more information and submission requirements, please visit the junior members’ section of our website, www.sogc.org. All submissions should be sent via email to Janie Poirier at jpoirier@sogc.com.
The threat of cervical cancer by the numbers:

- 2nd second most common cancer in Canadian women aged 20-44 after breast cancer
- 1,400 women are diagnosed with cervical cancer each year
- over 400 will die from it
- 20 million people in the world are currently infected with HPV
- 6.2 million new infections occurring annually
- 80% of sexually active women will be infected with HPV by age 50
- 90% of infected women will naturally clear the body of HPV within two years

The summit heard from doctors across the country about how HPV is treated. Currently barriers do exist to best practices and screening. “Effective cervical cancer prevention strategies must also include appropriate access to screening,” said Dr. André Lalonde, Executive Vice-President of the SOGC. “Even with new vaccines coming into the marketplace, screening will continue to be critical to reach those women who are not eligible for vaccines due to their age, or who do not receive the HPV vaccine, and to target the cervical cancer-causing HPV types not covered by the vaccine.”

Unfortunately clinicians are facing health care system barriers across Canada to utilize new prevention and treatment technologies. According to Dr. Joan Murphy, Head of the Division of Gynecologic Oncology, University Health Network, access to liquid based cytology, an innovation in pap smear technology that affords multiple opportunities for improvement over the traditional pap smear, is dependant in Ontario and other jurisdictions upon the laboratory with which your clinic or hospital is affiliated.

Dr Michel Roy, Gynecologist Oncologist and Professor of Gynecology at University of Laval, articulated the discouraging scenario in Quebec. “Not only do we not have a screening program for cervical cancer in Quebec, but access to liquid-based cytology or HPV testing, two tests recognized to give better results than classic cytology, is limited to a private lab in Montreal. Therefore patients who have no insurance do not have access to the tests. Obviously, cervical cancer, a preventable disease, is not a priority in Quebec,” concluded Dr. Roy.

Attendees also learned that scientific breakthroughs, including an HPV vaccine recently approved by Health Canada, and advanced screening options such as HPV testing, are not routinely available to Canadian women.

“With the development of preventive vaccines and more sophisticated diagnostic screening, we are on the threshold of an incredible opportunity in which cervical cancer can be eliminated in Canada. Having new technologies however, is not enough, and no single group or approach can solve the myriad challenges associated with eradicating this number two cancer killer of women. Rather, all stakeholders must use a collaborative approach to address the key public health opportunities and challenges presented: reaching underserved women, incorporating new technologies and emerging technologies into prevention programs and educating women about the disease and the virus that causes it,” said Dr. Elaine Todres, President of the Todres Leadership Council and summit co-chair.

SOGC Associate Executive Vice-President Dr. Vyta Senikas said that “in an ideal world, the province(s) should immunize girls in schools to ensure high coverage rates and equitable access regardless of their ability to pay. If we could immunize girls in schools, we would be protecting them against the most important cancer-producing strains of HPV as well as protecting them against genital warts.”

By the end of a very full day, which included compelling presentations from two cervical cancer survivors, the need for collaborative action was clear. “The challenge for everyone gathered here today is to ensure that all groups involved in the healthcare system work together to make sure women are educated about, have access to and utilize advanced and appropriate prevention strategies — regardless of where they live or their socioeconomic status. This summit will help advance public policy and public health initiatives to make cervical cancer elimination a realistic goal in Canada,” said Dr. D. Wayne Taylor, Director of the Health Leadership Institute, DeGroote School of Business, McMaster University.

Coming Soon: A Clinical Guideline on How to Treat HPV

The SOGC has convened a consensus working group made up of representatives from six national specialty societies to provide HPV consensus guidelines that will be published in the Journal of Obstetrics and Gynaecology of Canada in early 2007. In the meantime, it is important for physicians to advise all women that cervical screening and periodic assessment must continue according to provincial guidelines. The health care professional section of the www.hpvinfo.ca web site provides information on screening protocols.

Enhanced Pap Testing

The Pap test has helped to significantly reduce cervical cancer rates over the last 60 years. Research shows that it is 51 percent to 85 percent accurate at identifying women with cervical cancer or its early signs, depending upon the type of Pap test used. An HPV test approved by Health Canada is available and research shows that adding HPV testing to a Pap test in women aged 30 and older can increase a clinician’s ability to identify women needing early intervention to 100 percent.
In November, a large contingent of SOGC members traveled to Kuala Lumpur, Malaysia, to participate in the International Federation of Gynecology and Obstetrics (FIGO) World Congress 2006. The congress marked an important occasion for Canadians, as Professor Dorothy Shaw accepted her new responsibilities as FIGO’s first female president at the event’s closing ceremonies. The conference itself was packed with activities, many of which were of high importance to Canadians and the SOGC. Prior to the FIGO conference, the SOGC also held an Executive and Council meeting on the island of Langkawi.

Representing Canada’s ob/gyns at the SOGC booth

The SOGC's display booth was among the conference’s most popular. We distributed materials on SOGC programs, copies of the November issue of the Journal of Obstetrics and Gynaecology of Canada (JOGC), and a copy of the recently published textbook *A Textbook of Postpartum Hemorrhage*, edited by Drs. Christopher B-Lynch, Louis Keith, Mahantesh Karoshi and SOGC Executive Vice-President Dr. André Lalonde. This book was made available by support from Sapiens Publishing. Sylvie Paquette, Director of Corporate Affairs at the SOGC, coordinated the activities at the booth, and oversaw the rationing of our stock of 2000 copies of this immensely popular book, so that copies would be available each day of the conference. Sylvie was capably assisted by SOGC council members, each of whom worked a shift in the booth, as well as SOGC IWHP Division Manager Liette Perron, and IWHP Communications Coordinator Jolanta Scott-Parker.

International Activities

Through a partnership program funded by the Canadian International Development Agency (CIDA), the SOGC was able to ensure the participation of one representative from each of our international partner associations. The meeting provided an opportunity for the group to review the activities of this partnership cycle, and to look ahead to the new partnership cycle currently being reviewed for approval by CIDA.

The SOGC also hosted an ALARM international Program Global Network Meeting, to which representatives from nine different countries were invited. This meeting brought together the professional associations who have been involved in the promotion of the ALARM International Program. Among the purposes of the meeting was to provide a forum for networking and the sharing of information and experience.

Abstracts were also presented on both the Partnership and ALARM International Programs.

Postpartum haemorrhage prevention key theme at congress

Postpartum haemorrhage (PPH) was a major issue at this year’s FIGO congress. In addition to the buzz about the free textbook on postpartum haemorrhage being given out at the SOGC booth, FIGO and the International Confederation of Midwives...
(ICM) used the congress as an opportunity to launch the second of two joint statements on the prevention and treatment of PPH. The statement was approved by the FIGO membership and the general assembly. The following day, a press conference was held to announce the launch of the collaborative statement, and a subsequent meeting provided an opportunity for each of the member association presidents in attendance to add their name to the statement of commitment. Our own president, Dr. Donald Davis, was in attendance and was able to pledge the commitment of the SOGC to continue working toward the prevention and treatment of this easily treatable but deadly complication of pregnancy and childbirth.

The statement includes a call to action for national organizations to mobilize to help prevent postpartum haemorrhage worldwide. “Despite Safe Motherhood activities since 1987, women are still dying in childbirth. Women living in low resource settings are most vulnerable due to concurrent disease, poverty, discrimination and limited access to health care,” the statement reads. “The ICM and FIGO have a central role to play in improving the capacity of national obstetric societies and midwifery associations to reduce maternal mortality through safe, effective, feasible and sustainable approaches to reducing deaths and disabilities resulting from PPH. In turn, national obstetric and midwifery associations must lead the effort to implement the approaches described in this statement.”

**SOGC Past-President Dr. Dorothy Shaw Inaugurated as President of FIGO**

On Friday November 10th, the final day of the congress, a standing-room only crowd in the main plenary hall welcomed Dr. Dorothy Shaw as the first female president of FIGO. A Past-President of the SOGC (1991–1992), Dr. Shaw was inaugurated as part of the event’s closing ceremonies. At the ceremonies, outgoing FIGO President Dr. Arnaldo Acosta presented Dr. Shaw with the Presidential Medal, a symbol of the office and responsibility she has assumed as president.

Dr. Shaw, a Senior Associate Dean and Clinical Professor at the University of British Columbia, addressed the crowd and spoke of the important role of FIGO in contributing to women’s health around the world. She assured those present that ongoing work would be continued, that three-year program cycles were a thing of the past, and that initiatives such as the one addressing postpartum haemorrhage would continue to be important to the organization. In addition, she spoke eloquently about working in partnership to save women’s lives. She identified three areas that she hopes to be able to focus her energies on during her tenure: cervical cancer and specifically the promotion and accessibility of the HPV vaccine; maternal mortality including those deaths caused by unsafe abortion; and she committed to addressing the issue of violence against women.

The SOGC and its members had celebrated this historic occasion and offered its congratulations to Dr. Shaw during a reception held in early November. Over 150 Canadian delegates, as well as invited international association representatives, were present at a reception on November 8 at the Crowne Plaza Mutiara Hotel in honour of Dr. Shaw. Dr. Shaw was recognized by her peers as being a world leader in improving women’s health.

The SOGC would like to offer our most heartfelt congratulations to Dr. Shaw on this auspicious appointment.
APOG 2006 educator award recipients: our congratulations!

The Association of Professors of Obstetrics and Gynaecology of Canada (APOG) presented the Educator Awards at this year’s AGM, in recognition of the continuing excellence demonstrated by our members year after year. Please join us in congratulating the winners of this award for their outstanding contribution to education in our specialty:

**APOG Educator of the Year Awards (sponsored by Organon):**
- Dr. Margaret Sagle - University of Alberta
- Dr. Amanda Skoll - University of British Columbia
- Dr. Joseph O’Keane - University of Calgary
- Dr. Lynne McLeod - Dalhousie University
- Dr. Margaret Burnett - University of Manitoba
- Dr. Peter Gillett - McGill University
- Dr. Stephen Bates - McMaster University
- Dr. Atamjit Gill - Memorial University of Newfoundland
- Dr. Karen Fung Kee Fung - University of Ottawa
- Dr. Mary Anne Jamieson - Queen’s University
- Dr. George Carson - University of Saskatchewan
- Dr. François Lajoie - Université de Sherbrooke
- Dr. Filomena Meff - University of Toronto
- Dr. Deborah Penava - University of Western Ontario

NEW RESOURCES for healthcare professionals from hpvinfo.ca

hpvinfo.ca is a web site designed by SOGC to provide information and materials to help you discuss HPV-related issues with your patients and their families. The recently created site includes patient education tools, a catalogue of provincial cervical screening guidelines, HPV-related SOGC position statements and HPV-related scientific articles and reports.

The HPVinfo.ca site will also soon include comprehensive clinical guidelines on the screening, diagnosis and treatment of the HPV virus. The guidelines will also include information on the prevention of HPV, including the therapeutic and prophylactic administration of the vaccines that are available. The SOGC is currently collaborating with six other medical associations on these evidence-based guidelines, which will be available in March 2007.

Become a Member of the SCC!

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

If so, we invite you to join the **Society of Canadian Colposcopists as a member. Some benefits are:**
- Access to continuing medical education courses
- Reduced cost for accredited colposcopy training modules
- Free subscription to the Journal of Lower Genital Tract Disease

For more information and a membership application form, go to the “Become a Member” page at http://www.colposcopycanada.org, or call Judy Scrivener at 1-800-561-2416 ext. 320, or (613) 730-4192 ext. 320 if calling locally from the Ottawa area.

SOGC NEW MEMBERS

The Society is pleased to welcome our newest members:

**Member Ob/Gyn:** Dr. Shiraz Suleman; Dr. Olufunto Laseinde; Dr. Nadia Kabli.

**Medical Student Member:** Mrs. Angela Bowen; Ms. E. Sheppard; Ms. Ilana Shaw; Ms. Jennifer Ahmed; Ms. Maura Colwell; Miss Lauren Beliveau; Mrs. Tiffany Meier; Ms. Sylviane Devos; Mrs. Sara Chambers; Ms. Joni Davidson; Ms. Alicia Whitelock; Ms. Ashley Grandberg; Ms. Shaylene Pelly; Ms. Melissa Jessome; Ms. Mounia Amine; Ms. Nicola Donovan; Miss Linda Rayner; Ms. Magali Turcotte; Ms. Corinne Hare; Ms. Evelyn Harney; Ms. Angela Reitsma.

**Junior Member:** Dr. Niki Panich; Dr. Nazia Tauseef; Dr. Sheikh Al-Jabri; Dr. Venu Jain; Dr. Joanna Smith; Dr. Amie Davis.

**Associate Midwife Member:** Ms. Terry-Lyn Evans; Mlle Frédérique Picker; Ms. Tobi-Lynn Bayarova; Mrs. Rebekah Bradshaw; Mrs. Kelli Siegwart; Mrs. Valerie Leuchtman; Ms. Catherine Mason; Ms. Sky Dasey; Ms. Andrea Robertson; Ms. Lilly Martin; Ms. Lindsay MacDougall; Ms. Yvonne Faught.

**Associate Member RN:** Ms. Amy Simmons; Ms. Roberta Heale; Ms. Marilyn Butcher; Ms. Lisa Stainton; Ms. Debbie Selkirk; Mrs. Alena Thompson; Ms. Kelly Stadelbauer; Ms. Jody Nixon; Mrs. Norna Waters; Ms. Kim Grant; Mrs. Cheryl Van Dewark; Mrs. Rhonda Van Thournout; Mrs. Valerie Markewicz; Ms. Maureen Johnson; Ms. Lori Wahoski; Mrs. Susan Gauthier; Mrs. Kim Dart; Mrs. Wendy Pollard; Ms. Wen Bogue; Mrs. Jacqui Stuart; Mrs. Jocelyn Agravante; Mrs. Erin Peltier; Ms. Kathy Faries; Miss Julie Pope; Miss Lorna Cooper; Mrs. Colleen Elm; Mrs. Brenda Horton; Ms. Catherine Ramona; Ms. Jocelyn O’Leary; Mrs. Nancy Sutherland; Mrs. Janet Menard; Ms. Sandra McDonald; Mrs. Nancy Moore; Ms. Stacy Roberts; Ms. Linda Vancso.

**Associate Member MD:** Dr. Perle Feldman; Dr. Nathalie LeBreton; Dr. Michael Kalin.
Reflections from the Scarborough Hospital: A PIONEER OF THE MOREOB PROGRAM
By Dr. Kenneth Milne, SOGC Associate Executive Vice-President

This article also appears in the January 2007 edition of the Hospital News.

Mountain climbers know that in an emergency safety depends on teamwork. In an obstetrics unit, excellent teamwork is also essential to prevent or assist in emergencies, thereby assuring the safety of moms and their babies.

At the Scarborough Hospital in Toronto, they are achieving their patient safety goals through the SOGC's innovative MOREOB program (Managing Obstetrical Risk Efficiently). MOREOB was created by the SOGC to improve patient safety and quality of care. Scarborough was one of the first hospitals to launch the program in 2003. Since then, the program has been implemented in over 130 hospitals in Canada.

The philosophy of MOREOB is to make patient safety everyone's priority and responsibility. To achieve this, team members treat each other respectfully and communication is highly valued. In times of emergency, hierarchy disappears and decisions on safety issues are made by any member of the team.

“Caregivers are exposed to the same educational material. Skills drills and emergency drills designed by MOREOB are practiced together, encouraging the development of a multidisciplinary team. This has a major benefit in high-risk cases,” says Cheryl Hendriks, Director of Corporate Risk Management and Patient Safety at the Scarborough Hospital.

The three-year MOREOB program helps doctors, nurses and midwives to advance and enhance their obstetrics knowledge and skills by learning together. Team members develop skills to help them work more effectively together and to make changes in the culture facilitating continuous patient safety. Principles of High Reliability Organizations (HROs) are integrated with evidence-based professional practice and patient safety concepts, principles and tools.

The HRO principles are:

- Safety is the priority and is everyone’s responsibility
- Operations are a team effort
- Hierarchy disappears in an emergency
- Communication is highly valued
- Emergencies are rehearsed
- There is a multidisciplinary review of routine processes and no harm and harm events

“The team learning is innovative and this has helped to change the culture,” says Barbara Milana Scott, Perinatal Educator. “In an emergency, there is no hierarchy. If a nurse sees a physician has missed a step, she should be confident about reminding him or her.”

Patients see the benefits of MOREOB too. “Obstetrics is a team environment. Physicians can’t be there all the time and a patient’s condition can change quickly,” says Urooj Kirmani, whose wife Annie gave birth to Saahir, a healthy boy, at Scarborough’s Grace site. “I knew about MOREOB and got comfort from knowing that nurses train with doctors and share a common understanding.”

Scarborough uses the program tools designed by MOREOB, including an auditing tool for performing a systematic review to assess approaches to clinical care and identify ways of improving that care. Audits can not only identify strengths, but also identify potential gaps in patient safety and apply objective evidence toward improving practice. For example, an audit of inductions of labour at the Scarborough Hospital identified gaps in documentation. As a result, an induction of labour record was introduced to ensure inductions now occur when there is a valid medical reason.

Another critical component of learning comes from multidisciplinary case reviews. MOREOB tools assist in reviewing cases where there has been harm or potential harm. The lessons learned are used to propose and implement changes in practice to improve patient safety. The key to the success of these reviews is a shift away from a culture of blame to an environment that supports candid discussion involving staff from all disciplines.

“The big thing is the no-blame approach. Everybody gets to voice their opinion in a democratic way,” says Dr. Georgina Wilcock, Chief of Obstetrics and Gynaecology. “MOREOB encourages self-reflection. We look back at things and see what we can change and improve.”

Formal reviews of adverse events are now timelier and involve more team members than in the past. The goal is to identify failures in the system that contributed to the event rather than pointing fingers. “People are reflecting about systems rather than individuals and stating opinions objectively. We come up with recommendations. It’s empowering and also very therapeutic,” says Anna De Marchi, Patient Care Manager.

Both harm and no harm events are studied in MOREOB workshops and quality of care rounds, and an event tracking system facilitates reporting of new occurrences. “We recognize that a lot can be learned from near misses too,” says Hendriks.

The program is paying dividends and the bottom line is that patients are now safer at Scarborough. “We’ve had fewer cases with severe adverse outcomes since we started MOREOB,” says Hendriks, who sees potential benefits beyond birthing units. “We want safety for the whole hospital, not just obstetrics. I would like to see the principles of MOREOB applied in other areas, especially high-risk areas like emergency services and surgery.”

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RM REPORT:
The 2006 CAM Annual General Meeting
By Michelle Kryzanauskas, RM

In October, members of the RM Advisory Committee joined 200 midwives from across Canada in Ottawa for the Canadian Association of Midwives (CAM) Annual General Meeting, Conference and Exhibit. The attendance represented one in four midwives from across the nation. Many international midwives, speakers and exhibitors also joined us to participate in this year’s conference, which was themed “The Cascade of Normal: Reclaiming Confidence in Birth”.

This year’s keynote speaker Nicky Leap, RM, MSc, has been a midwife for 20 years. A well-known midwife, researcher, teacher and author, she has written articulately about normal physiologic birth; the role of pain and the empowerment of women; the rhetoric and reality of midwifery practice; and the history of the midwifery profession. Nicky eloquently addressed the conference’s Cascade of Normal theme by articulating the challenges midwives face as “the guardians of normal” in contemporary industrialized birth cultures. Nicky’s accounts of the pain and triumph of normal birth — using the vivid and often hilarious words of the women she interviewed for her research — were among the highlights of the conference.

Another extremely bright and memorable highlight was the all-day post-conference meeting that was attended by approximately 50 First Nations, Inuit and Métis midwives, as well as representatives of aboriginal midwifery programs. The excitement of having so many Aboriginal midwives gather together in one place, and the urgency of their concerns, was palpable. This gathering was an important step forward in CAM’s resolution to engage in dialogue with First Nations, Inuit and Métis midwives on the issues of appropriate recognition, legislation, regulation, funding and education for aboriginal midwifery in Canada.

“As the CAM president, I often hear that one of the most important things CAM does is provide an annual opportunity for midwives across our vast country to get together, learn and network — not only among ourselves but also with other health care professionals. This year again it was evident how valuable that is,” stated CAM President Kerstin Martin, RM. “CAM conferences are both a display and a measure of the growth, dynamism and progress of our profession. The quality of the speakers and discussions in Ottawa this year I think can make all Canadian midwives proud.”

GOC/NOCA GRANT for Elective in Gynecologic Oncology
By GOC President Dr. Barry Rosen, and NOCA Executive Director Elizabeth Ross

A partnership between the Society of Gynecologic Oncologists of Canada (GOC) and the National Ovarian Cancer Association will provide grants for obstetrics and gynecology residents who would like to take a one-month elective in gynecological oncology at a cancer centre in Canada (other locations may be considered). As the current shortage and aging population continue to drive demand for specialized care, we hope this initiative will increase the number of ob-gyn residents who select this specialty and continue to practice in Canada.

A monetary award of $1,500 will cover travel to a cancer centre and housing for the duration of a one-month elective wherein the sponsored resident will work with a gynecologic oncology team. For the first year, 12 awards are available.

We are pleased to call for submissions indicating interest in an elective and identifying a centre of choice. For more information or to apply, go to www.g-o-c.org or contact Mrs. Hélène Soulière at the GOC National Office by email at hsouliere@sogc.com or phone 613-730-4192 ext. 250 or 800-561-2416 ext. 250.
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Dose-response relation between folic acid and Neural Tube Defects (NTDs) for all women planning a pregnancy

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<th>Increase in daily folic acid intake</th>
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Adapted from Wald N. N Engl J Med. 2004 Jan 8;350(2):101-3

Recommended for all women planning a pregnancy and pregnant women seeking up to 85% risk reduction of NTDs, as well as women who:

- Have had a previous pregnancy affected by a NTD
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