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- The Interim Federal Health (IFH) Program (Refugees)
- Most private insurance plans





HAPPY HOLIDAYS – SOGC Needs You!

Editorial—**André B. Lalonde**, Executive Vice-President, SOGC

Most of you will enjoy some time with your families during the holiday season. However, for many of you, the holiday season can be a time of professional commitment, as you work through weekends and the holidays themselves. Often this can place strain on families, and the public is surely not aware of this commitment by OBGYN, family physicians, nurses and midwives throughout Canada. For 24 hours a day, each and every day of the year, over 360 hospitals need to be open to assist women in labour and delivery and to treat any complications that may arise.

This is no small challenge. If our organization is to remain strong and committed to the future of healthcare for Canadian families, the Society of Obstetricians and Gynaecologists of Canada (SOGC) needs your membership. Our society is only as strong as its weakest link, and each of our members plays an integral role in the progression of our specialty and in the improvement of the health of all Canadians. Alone, it is often difficult to see our way in the maze of bureaucracy, regulations and the challenges of practice. Together, we can form a united group, with a common vision and common goals. Together, we strive to ensure the highest quality of care possible for Canadian women and women around the world. As the Executive Vice-President of the SOGC over these past years, it has been my honour to work alongside many of you, addressing issues critical to women's health and taking steps toward making this common vision a reality.

Please be a part of our membership renewal campaign. Renew your membership, and remind your friends and colleagues to do the same.

On behalf of the SOGC membership and Council, I would like to thank all of those who participated in the most recent Membership and Committee survey in anticipation of our 2006–2010 strategic planning. Results were reviewed during the most recent strategic plan workshop held in Ottawa on November 10–11, 2005. A number of Council, Committee Chairs and past presidents were invited to participate, as well as key stakeholders. We are pleased to report that the SOGC with newly reaffirmed strategic directions, will aim to meet the needs of the SOGC membership and the community at large. We will be developing our new strategic plan over the coming months, and this will be made available to the membership soon.

Again, thank you for your participation.

Dr. Michael E. Helewa, SOGC President

(See page 10 for highlights of the Survey)



2004-2005 Annual Report Now Available

SOGC members and stakeholders are invited to review the SOGC's 2004-2005 Annual Report. The report provides a detailed account of the successes and challenges the Society has encountered over the past year, and includes progress reports for all Society projects and programs. The report also includes detailed, audited financial data from the 2004-2005 year.

To view the 2004-2005 Annual Report, please visit the Corporate Publications page on www.sogc.org.

DON'T FORGET!

This is just a friendly reminder to all our members (excluding Junior Members and Medical Students) that your membership dues for 2006 are due by Dec. 31, 2005. Second notice renewal forms have been sent. The SOGC would like to thank all of our members who have already submitted their 2006 renewals. If you have not yet renewed your membership for 2006, you can do so online at www.sogc.org.

SOGC Holiday Services

We will be closing the office at noon on December 23, 2005 and will re-open the office on January 3, 2006.

HAVE YOUR Voice Heard!

The SOGC, in partnership with Action Canada for Population and Development and the Canadian Federation for Sexual Health, has developed an advocacy tool kit to question candidates on issues important to the SOGC, including access to sexual and reproductive health services and safe motherhood and newborn health. The SOGC encourages members to use this tool kit to help raise the profile of these important issues in the election debate. The tool kit is available on our website at www.sogc.org

Executive Committee

- **President:** Dr. Michael Elias Helewa, Winnipeg, MB
- **Past-President:**
Dr. Gerald W. Stanimir, Mont-Royal, QC
- **President-Elect:**
Dr. Donald B. Davis, Medicine Hat, AB
- **Executive Vice-President:**
Dr. André B. Lalonde, Ottawa, ON
- **Treasurer:**
Dr. Douglas Moreton Black, Ottawa, ON
- **Vice-President, Atlantic:**
Dr. Scott Alexander Farrell, Halifax, NS
- **Vice-President, Ontario:**
Dr. Guylaine Gisele Lefebvre, Toronto, ON

Regional Chairs, Alternate Chairs and Other Representatives

- **Chair, Western Region:**
Dr. Nicole Racette, New Westminster, BC
- **Alternate Chair, Western Region:**
Dr. Sandra de la Ronde, Calgary, AB
- **Chair, Central Region:**
Dr. Margaret Burnett, Winnipeg, MB
- **Alternate Chair, Central Region:**
Dr. Annette Epp, Saskatoon, SK
- **Chair, Ontario Region:**
Dr. Catherine MacKinnon, Brantford, ON
- **Alternate Chair, Ontario Region:**
Dr. Richard Johnston,
OSOG representative, Orillia, ON
- **Président, région du Québec:**
Dr. Philippe-Yves Laberge, Ste-Foy, QC
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Dr. Diane Francoeur, Montreal, QC
- **Chair, Atlantic Region:**
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Ms. Sandra Gwen Christie, RN, Halifax, NS
- **Associate Members (RM) Representative:**
Ms. Michelle Kryzanasuskas, RM, Stayner, ON
- **APOG Representative:**
Dr. Wylam Faight, Edmonton, AB
- **Corresponding Member:**
Lucie Pépin, Senator, Ottawa, ON

The SOGC News is produced and published on a monthly basis by the SOGC. Comments and contributions are welcome and should be forwarded to the SOGC News, 780 Echo Drive, Ottawa, ON K1S 5R7; tel: 1-800-561-2416 or 613-730-4192 ext. 333; fax: 613-730-4314; e-mail: knolan@sogc.com.

16th West/ Central CME

in association with ASOG

March 30 to April 1, 2006

Join us in Banff... Bring your family to share the ski experience and much more!

- Location:** The Rimrock Resort Hotel
Banff, Alberta
- Telephone:** 1-800-661-1587 or (403) 762-3356
- SOGC Special rates:** \$156.00 per night single occupancy
\$163.00 per night double occupancy
- Deluxe Rooms:** \$189.00 per night single occupancy
\$196.00 per night double occupancy
- Group code:** SOGC (for discounted rate)
- Cut-off date:** Monday, February 20, 2006

Your Preliminary Programme will be mailed to you in January 2006. Visit our Website, www.sogc.org, for updates on all our CME events.





2ND GYNAECOLOGY ONTARIO CME PROGRAMME

April 7-8, 2006
Marriott Downtown Eaton Centre, Toronto, Ontario



Join us in Toronto for yet another exciting programme. Combine business with pleasure... come discover "the World within a City".

Book your hotel room soon (space is limited)!

Location: Marriott Downtown Eaton Centre

Telephone: 1-800-905-0667

SOGC special rate: \$149.00 single/double occupancy

Group code: SOGC (for discounted rate)

Cut-off date: Friday, March 10, 2006

Your Preliminary Programme with complete details and registration information will be mailed to you in January 2006. Visit our Website, www.sogc.org, for updates on all our CME events.

SOGC Meetings

19th International CME - March 6-10, 2006 at the Beaches Resort and Spa in Turks & Caicos

16th West/Central CME - March 30-April 1, 2006 in Banff, Alberta

2nd Gynaecology Ontario CME - April 7-8, 2006 in Toronto, Ontario

62nd Annual Clinical Meeting - June 22-27, 2006 in Vancouver, British Columbia

ALARM Program Schedule 2006



Location	Date
Toronto, ON	April 7-8 (in conjunction with Gyn ON CME)
Montreal, QC	April 28-29 (offered in French)
Halifax, NS	May 6-7
Windsor, ON	June 2-3
Vancouver, BC	June 21-22 (In conjunction with ACM)
Sudbury, ON	September 29-30
Prince George, BC	October 27-28
Toronto, ON	December 3-4

Other Meetings

Women's Imaging: Gynaecological Imaging and First Trimester Ultrasound, February 10-12, 2006 Toronto Marriott Eaton Centre Toronto, Ontario, Canada. To view Advance Notice: <http://www.cme.utoronto.ca/PDF/OBS0604.pdf>

4th Annual Refresher in Primary Care

Obstetrics, Friday May 12, 2006 at Northrop-Frye Auditorium - Victoria College in Toronto. For more information contact Elizabeth Gan (416) 586-4800 ext. 2489 www.mtsinai.on.ca/seminars/ce

14th Annual Symposium - New Developments

in Prenatal Diagnosis and Medical Genetics, Wednesday May 17, 2006 at the J.J.R. MacLeod Auditorium - University of Toronto. For more information contact Elizabeth Gan (416) 586-4800 ext. 2489; www.mtsinai.on.ca/seminars/ce



ELECTIONS 2006 – Executive Committee

The positions with the Executive Committee to be filled in the year 2006 are: President Elect, Ontario; Treasurer; and one (1) Vice-President, QC Region. The duties of each position are set out in the Society's bylaws.

Geographical representation of selected SOGC officers

Year	President	President-Elect	New Vice-President	Treasurer
2006	Western	Ontario	Quebec	Canada
2007	Ontario	Atlantic	Central	Canada

General requirements

- The candidate must come Member Ob/Gyn in good standing (and from the region as specified)
- Proposal must be signed by five (5) Member Ob/Gyn in good standing (and from the region as specified or as required)
- Previous experience on a Council and/or as a Committee Chair must be stated
- Be able to devote significant time traveling across the country and abroad to attend Executive, Council and other meetings
- Be willing to coordinate closely with the National Office and make themselves available on short notice
- Experience in medical or government policy and health care is an asset
- The candidate must submit a short letter with a CV and picture along with the Nomination Acceptance Form

Specific requirements

The same requirements apply for the position of treasurer with the added desired experience listed with a financial institution and or financial management exposure in a similar environment. Ideally, the candidate will have been a member of the Finance Committee of the SOGC.

Other positions on Council open for nomination:

- Chair – MD Advisory Committee – Dr. O. Hughes (can be renewed)
- Chair – RM Advisory Committee – Mrs. M. Kryzanasukas (can be renewed)
- Chair, Junior Member Committee - TBA

Nomination and Elections Procedure

Detailed information on nomination and election procedures can be found in the Members' section our website at www.sogc.org.

MCGILL ESTABLISHES Chair to honour SOGC member Dr. Robert Kinch

McGill University has honoured Dr. Robert Kinch, a life member of the SOGC and retired head of the School's Obstetrics and Gynecology Department, through the founding of a new chair bearing his name.

On Oct. 17, the university officially announced the Robert Kinch Chair in Women's Health, which will fund visiting professors to the Obstetrics and Gynecology Department. The chair was named for Dr. Kinch, a former winner of the prestigious Olser teaching award, to recognize his commitments to the department and to the Montreal General Hospital. Many of Dr. Kinch's former students and colleagues donated to the creation of the new chair.

The SOGC would like to congratulate Dr. Kinch on the creation of the new chair and to thank him for his tremendous dedication to Canada's future generations of OB/GYNs.

SOGC MEMBER RECEIVES Career Achievement Award for Reproduction Research



Dr. Benjamin K. Tsang, an associate PhD member of the SOGC and the Director of the Reproductive Biology Unit of the University of Ottawa's OB\GYN department, has spent the last 30 years of

his life studying the cellular and molecular processes of ovulation. His research has provided valuable insight into the factors that control whether ovarian cells live or die, and his work is now dedicated to finding new ways to fight ovarian cancer. Last month, the Ottawa Health Research Institute recognized Dr. Tsang's lifelong efforts by presenting him with the Dr. J. David Grimes Research Career Achievement Award. The award was presented to Dr. Tsang at The Ottawa Hospital Foundation's Gala for Research on November 12.

Dr. Tsang has also been a long-time active member of the SOGC, who volunteers on the JOGC Canadian Editors and JOGC Editorial Advisory Board Committee. He is also the President of the Canadian Fertility and Andrology Society.

The SOGC would like to congratulate Dr. Tsang on winning this prestigious award and to commend his ongoing dedication to improving reproductive health.

IN MEMORY

The SOGC would like to offer our condolences to the families and loved ones of some of our members and friends who have recently passed away:

**Dr. Raymond Gagner; Dr. John A. Shanks;
Dr. Ronald Calderisi; Dr. Shapoor JanVanmardi;
Dr. Norris Bertrand and Dr. Ernie Schmidt.**

We are deeply grateful for each of their contributions to the specialty and the SOGC, and our thoughts are with their families.



SALUTATIONS from Laval!

Lionel-Ange Poungui, PGY-2 in Obs/Gyn, Laval University

It is my pleasure to announce that Laval University has just received full accreditation for six years from the Royal College of Physicians and Surgeons of Canada.

This year, our program is composed of 21 residents, including five new PGY-1, welcomed in August. Among these 21 residents, we are down to only two men (the poor guys!), including Jerome who ends his residency in July and myself in my second year of residency. Therefore, I must work hard to show men that it's possible and stimulating to work alongside such a determined group of Obs/Gyn female residents – and I must work particularly hard not to be the only guy in 2007!

We have many academic activities. Among the most important are our academic half-day sessions, which are taking place around the first Wednesday of the month. During these half-day sessions, we debate various topics which are more or less related to our medical training. More often, a resident will present an annual thesis on a topic relating to the specialty. For example, this year, I have the difficult task of presenting tocolysis, with the help of a moderator who is a director of my choice. Of course, the selected director must have a certain expertise on the chosen

topic. In the near future, training internships in research will be organized for all residents and will be considered an integral part of our mandatory program. Residents welcomed this news with much enthusiasm.

The Obs/Gyn residency at Laval University involves exposure during the first year to six months of general surgery (2 months in intensive care, 2 months in surgery, 1 month of didactic courses and 1 month of anatomy courses), as well as one month in anesthesia. During the second year, the exposure to internships other than those related to our specialty involves two months in pathology and one month in neonatology. As for the rest, a resident trained at Laval will have been exposed, in addition to general Obs/Gyn, to gynecologic oncology, obstetrical ultrasound, reproductive gynecology, colposcopy, high-risk pregnancy, diagnostic and surgical laparoscopy, hysteroscopy, neonatology, as well as regional training, the official city being Trois-Rivières.



LAVAL

Our gynecological oncology program is recognized as a training center in laparoscopic gynecological surgery for fellows coming from Toronto or even from Montreal, and the university is working toward the reaccreditation of the perinatology program as a fellowship training centre.

I can't talk to you about Laval University without mentioning that we are proud to have our own football team, the legendary Rouge et or. We can't study in Laval without hearing about the success and the misfortune of the team. You have to live in Quebec to understand what it's about.

CAN YOU STUMP the Professor in 2006?

The 2006 edition of Stump the Professor will be held at the 62nd Annual Clinical Meeting in Vancouver, BC. If your case is selected, you will present in front of an expert panel of judges and your peers. A \$1,000 prize is awarded to the Best Obstetrical Case and Best Gynaecological Case.

The deadline for case submissions is March 1st, 2006. 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 janie.poirier@sogc.com](mailto:janie.poirier@sogc.com).

JM ELECTIVE GRANTS

Sylvie Paquette, Director, Corporate Affairs

Elective grants are provided to defray expenses incurred while participating in an elective programme.

Eligibility Criteria/Obligations:

- Applicants must be SOGC Junior Members.
- The elective must start within 6 months of the award and must be completed within 12 months after the start on the elective.
- A final report with a short summary (and list of expenses) is required within 3 months of completion to receive the final payment. The summary will be published in SOGC News.



Application forms are available on the Junior Members pages of our website www.sogc.org. If you have any questions regarding the application process, contact Sylvie Paquette by e-mail at spaquette@sogc.com, or by telephone at 1-800-561-2416 ext. 237.

Application Deadline: February 15, 2006



RESIDENT Life

As residents we have multiple responsibilities, including consults, clinics, OR's, teaching and, of course, call.

Whether you are up all night with a sick patient, delivering babies or doing consults in the Emergency department, it is certainly a time where we learn a lot, and do not get much sleep! As a result, most provincial resident societies have lobbied to restrict the amount of call work for any particular resident. In addition, there has been a great deal of publicity regarding the safety surrounding prolonged work hours. As a result, many programs are looking for ways to decrease the number of hours that residents are working consecutively, while maintaining the educational components necessary to give us the skills and knowledge required to practice obstetrics and gynecology.

The Junior Member committee was interested in the various ways that programs have set up their call schedules, and a survey of its members was conducted. We received 13 responses representing 81% of the 16 Canadian Ob/Gyn programs. Almost all of the programs (12/13) have obstetrics and gynecology call combined. Of the programs who have combined call, many of these (6/12) had more than one resident on call per night, with the senior resident usually responsible for the high-risk

obstetrics cases and the gynecology consults. About half (7/13) of the programs have only one resident on call per night, although most of these programs have a senior at home as back up. All programs have some method of back up, or "buddy call" for the new junior residents each year.

The majority of the programs (10/13) have a graded call system whereby residents do call less frequently as they become more senior. Of those programs with graded call systems, the junior residents will have approximately 6-10 call per month, depending on what their provincial contract allows. This decreases to 2-5 call per month as senior residents. The weekends are covered as 24-hour shifts in all but one program (12/13). The one remaining program breaks the weekend into 12-hour shifts.

Overall, there is a great deal of variability in the call systems used by various programs. The frequency of call is, of course, affected by the

number of residents, the number of hospitals to cover, and the guidelines from the residents' contracts. Many programs are in the process of altering their call schedules to tailor them to the needs of their particular hospital while maintaining the educational value for the residents.



UNIVERSITY OF CALGARY

By: **Heather Edwards** (PGY-4), Senior member representative

The program at the University of Calgary received exceptional reviews by visiting staff, internal staff and the residents this year. There were very few glitches, thanks to our amazing program director, Dr. Joseph O'Keane.

Some exciting changes are occurring this year. Firstly, a formalized urogynecology training block in the PGY-4 year has been developed. This change reflects the recruitment of, and collaboration between, excellent urogynecology staff members at the Foothills Hospital. Secondly, a new chief rotation has been developed at the Peter-Lougheed hospital. This rotation will complement the already existing chief rotation at the Foothills Hospital, to give us two chief blocks (of 3-4 months each) in

our PGY-5 year. Residents are thrilled with this opportunity, as the Peter Lougheed has superb senior gynecology training. Thirdly, our PGY 1 year now includes a 6-week course on "how to do research" with the end result being the development of a longitudinal research project that will occur over the 5-year residency. Dr. Sue Ross, a new addition to our research staff, has been a strong proponent in organizing this course. This will greatly complement our existing clinical epidemiology curriculum, created and taught by Dr. Stephen Wood, which also occurs across our 5-year residency.

On the social front, highlights of the year included the Peter Lougheed Ball, our annual Ski Day at Sunshine, Clara Christie Research Day (and the

grand party afterwards), and our annual residents' weekend retreat held at Canmore this year. We had a magician as part of the evening entertainment – a real hit amongst the residents' families. Special thanks to Dr. Wynne Leung for all her hard work in organizing this event!

Congratulations to our PGY-5 residents, Drs. Clinton Chow and Quynh Tran, who both passed their exams. We thank them for their teaching, mentorship and friendship.

Lastly, a grand "stampede" welcome was given to our five new PGY-1's, who started in July.

Wishing everyone a great year ahead!

SEXUALITYANDU.CA

rated as one of the top five e-health projects in the world

sexualityandu.ca, the interactive sexual health website conceived and administered by the SOGC, has been named one of the world's top five e-health projects.

The World Summit Awards, held within the framework of the United Nations World Summit on the Information Society and with support of UNIDO and UNESCO, recognizes excellence in multimedia projects from around the world. Selected from 168 countries' submissions, the five winning teams were presented their award at the UN's World Summit on the Information Society in Tunisia, Africa on November 16, 2005.

Dr. Robert Reid, past-chair of the Contraception Awareness Project, was on hand to accept the award in Tunis. "Canada's most innovative and comprehensive Web site for information about sexual health and well-being has been acknowledged on a global scale," said Dr. Reid. "It is wonderful to have the efforts of a very dedicated group of health professionals recognized in this way."

For the SOGC, the UN event proved more than just an opportunity to highlight its contribution to improve sexual health. It was also an excellent opportunity to examine best practices around the world, and to build ties within the International community.

"The power of the Internet as a sexual health



promotion tool caught the attention of other countries that would like to further discuss the possibility of extending the sexualityandu website and localizing it in other countries," said Dr. Reid. "Hopefully, this new International awareness of the sexualityandu site can help instigate discussion about ways to improve the sexual and reproductive health of women in developing countries around the world."

The Contraception Awareness Project, which administers the site within the SOGC, is currently chaired by Dr. Amanda Black and is supported by a steering committee and five sub-working groups.

"sexualityandu.ca takes a real-life approach to the questions and issues that Canadians of all ages experience," said Dr. Black.

Offering a wide range of lesson plans, student "webquests" and other resources for sexual health education, more and more teachers are recognizing the site as a valuable teaching aid. Offline, the contraception awareness project also offers other services such as "Contraception Troubleshooting Workshops" for health professionals at the SOGC CMEs, as well as a range of other educational tools for physicians and teachers.

The project was created in 2000 by the SOGC, in response to a growing number of sexually transmitted infections among young people and an unacceptably high rate of unintended pregnancies and STIs in Canada. These trends indicated that Canadians, and particularly young Canadians, were simply not getting the message about STIs and contraception. For this reason, the SOGC came up with sexualityandu.ca, a site that would take advantage of some of the inherent benefits of using the Internet to promote sexual health - it is accessible, interactive and media rich, yet anonymous. In addition to providing information for Teens, the site also has comprehensive sections for adults, educators, and even healthcare providers.

"The site's success is the result of hard work and dedication. It is designed to be frank and empowering, particularly for young adults who are at high risk of unintended pregnancies and sexually transmitted infections," said SOGC Executive Vice-President Dr. André Lalonde of the award. "The 5,300 visitors the site receives each day, or roughly 1.9 million visits per year, clearly demonstrates that there is a need for quality health information."

Q&A with Dr. Reid

Dr. Robert Reid, the former chair of the Contraception Awareness Program that runs www.sexualityandu.ca, traveled to Tunisia on behalf of the SOGC to accept the World Summit Award. Here's what Dr. Reid had to say about his experience:

SOGC News: Why do you think sexualityandu.ca stood out as a candidate for these awards?

Dr. Reid: I think the WSA award to sexualityandu.ca is an acknowledgement that the high quality content of our site, presented in an engaging way, has created a valuable resource for some 2 billion individuals with Internet connectivity worldwide.

SOGC News: What sort of response did you get to sexualityandu.ca while you were there?

Dr. Reid: For me, the most interesting response I received was when representatives of a number of other countries, including South Africa and India, approached me at WSIS [the World Summit on the Information Society] to indicate that they would be interested in partnering with SOGC to adapt our website to address local needs in their countries.

SOGC News: Aside from sexualityandu, did any other winning entries really stand out to you?

Dr. Reid: Most intriguing to me was an excellent initiative by UNICEF that uses computers in rural India to provide very basic education on nutrition, hygiene, pregnancy, and lactation to millions of illiterate women. The initiative uses simple icons that trigger animations or videos of elders offering advice that had been vetted by medical experts. The project provides a way to digitally embrace the time-honoured tradition of the old educating the young in that culture.



STRATEGIC PLANNING Workshop 2006-2010



On November 10th and 11th, participants of the SOGC's Strategic Planning Workshop had the chance to share their visions of the future of our Society.

The workshop, hosted as part of the Society's ongoing strategic planning exercises, gave participating members, council and stakeholders an opportunity to help identify and refocus the Society's mission, direction, role and goals until

2010. These strategic planning exercises are a necessary part of the evolution of our Society if we are to continue to accurately reflect our membership, and we thank all of our members and stakeholders for their participation.

The workshop is among the final steps in the strategic planning process before the SOGC drafts its 2006-2010 Strategic Plan.



At the workshop, participants examined the results of preceding strategic planning exercises, including the SOGC members/shareholders survey results, and an Activity Report documenting the Society's efforts to achieve the 2000-2005 strategic goals.

The participants then reviewed the Society's mission, goals and strategic directions, and discussed the potential for refocusing or adopting new priorities for 2006-2010. These discussions, along with input received through other stages of the strategic planning such as the members' survey, will provide the foundation of the Society's 2006-2010 Strategic Plan. The workshop was also accompanied by a Nov. 11 cocktail celebrating the hard work and accomplishments of the past five years, and welcoming a new chapter in the Society's history.

Top photo: SOGC President Dr. Michael E. Helewa poses with Executive Vice-President Dr. André Lalonde.

Bottom photo: Dr. Susan McFaul, chair of the SOGC's Public Education Committee, at the Strategic Planning Cocktail.

HIGHLIGHTS OF THE 2005 Strategic Planning Survey Responses

The SOGC would like to thank all of our members for their participation in our 2006-2010 Strategic Planning Exercises. In September, over 500 members and stakeholders participated in the strategic planning survey. To represent our membership effectively, the SOGC needs to embody the values and principles of all of our members. This survey provided us with valuable input needed to accurately define the future course of your Society. These responses continue to play a critical role as we continue prepare our Strategic Plan for 2006-2010. As the surveys were completely anonymous, the SOGC received an aggregated, anonymous summary of your responses. Highlights of these responses include:

SOGC Successes: *Note: Numbers in parentheses represent the average response rating on a scale of 5; 1="not successful", 5="very successful".*

Overall, members responded favourably to the successes of the SOGC in meeting our 2000-2005 Strategic Directions. In particular, members responded favourably to our Continuing Professional Development Programs (4.1) and work regarding Women's Health Issues (4). Members responded less favourably - though still above average - to successes in Promote the Specialty (3.5) and Improve the Practice Environment (3.6).

Strategic Directions: Overwhelmingly, members responded favourably to the appropriateness our five existing strategic directions - CPD, Women's Health Issues, Practice Environment, Promotion of the Specialty, and International Health (in order of favourable response) - and provided many valuable comments and suggestions for improving and refocusing these directions.

Aboriginal Health Issues: Members showed support for the addition of Aboriginal Health Issues as a strategic direction of the SOGC. The average response

to the question "How important is it that aboriginal health issues be added as a strategic direction for SOGC over the next five years?" was 4 out of a scale of 5 (1="Not important"; 5="Very important"). Broadly ranging respondent comments were also received on this issue; some members responded with statements embracing this direction or offering suggestions on implementation, while others voiced concerns over cultural issues or the feasibility of such an initiative.

The SOGC would like to thank all of our members and stakeholders who participated in this survey. Your feedback plays a crucial role in identifying priorities, focusing our work, and in the evolution of our Society.

Top photo: Council Member - Md Advisory Committee Chair, Dr. O. Hughes; Past President 1990-1991, Dr. David Popkin; Dr. Ralph Cooke, Co-Chair of ALARM International Committee

Middle photo: Dr. Guylaine Lefebvre - Vice President on Council (Ontario Region); Mrs. Jane Caskey - Public Representative on Council

Bottom photo: Council Member Dr. Sandra De La Ronde, Western REgional Committee Alternate Chair; Council Member Dr. Donald Davis, President Elect, Western Region



THE SOGC ON PARLIAMENT HILL

SOGC calls on the Standing Committee on Finance to increase Development Assistance

On Oct. 26, SOGC President Dr. Michael Helewa and Executive Vice-President Dr. André Lalonde brought International Women's Health issues to Parliament Hill, appealing for an increase in federal funding to prevent maternal and newborn morbidity and mortality.

Drs. Helewa and Lalonde appeared before the House of Commons Standing Committee on Finance to present the SOGC's pre-budget consultation submission. Drs. Helewa and Lalonde appealed to the Canadian government to give strong consideration to the issues of Safe Motherhood and Newborn Health in preparing their upcoming budget.

Dr. Helewa summarized the issue as "the violation of the basic human right of more than half-a-million women per year, due to their inability to survive pregnancy and childbirth, dictates an urgent need for Canada to increase its commitment and investment in women's health as a means by which to fight poverty, inequality and injustice."

Specifically, they called on the Government of Canada to:

1. Increase its Official Development Assistance (ODA) progressively to reach the UN goal of 0.7 percent of GNP by 2015 at the latest;
2. Increase Investment – within its ODA – in Safe Motherhood and Newborn Health Programs;
3. Support Canadian leaders in the field of Safe Motherhood and Newborn Health



by providing increased investments in the Partnership and in bilateral branches where Canadian development organizations traditionally receive their support.

In appearing before the Standing Committee on Finance, the SOGC joined other non-governmental organizations working in the International arena in calling upon the government to increase its ODA contributions, and to place particular importance on the attainment of the Millennium Development Goals.



***SOGC Executive Vice-President
Dr. André Lalonde discusses the availability of
Emergency Contraception in Ontario with Premier
Dalton McGuinty at a November 2 reception.***

FIGO PASSES MOTIONS on postpartum haemorrhage



The International Federation of Gynecology and Obstetrics (FIGO) has passed two motions put forth by the SOGC on reducing postpartum haemorrhage (PPH). These motions address some of the barriers that exist to midwives, nurses and other health professionals in reducing maternal mortality by treating and preventing PPH.

The first motion states that all FIGO members' societies should meet with their nurse, midwife, and general medical colleagues to implement the delegation of acts that will reduce maternal mortality due to PPH.

The second motion recommends that the use of Misoprostol and Oxytocin in the active management of the third stage of labour be delegated to nurses, midwives and general practitioners. The motion also recommends that OB/GYN take the lead role in training these professionals in the proper use of this medication, and that local OB/GYN should lobby their governments to ensure continuous drug supplies to treat PPH and to establish fully functional blood banks.

CHRONIC CASE OF THE 'JARGONESE'?

Mini-med veteran has just the prescription



When Dr. Mark Walker runs into trouble preparing for the University of Ottawa's Mini-Med lecture series, he knows it's time to turn to an expert for some help – namely, his 11-year old son. That's because Dr. Walker lectures on some of the advanced concepts of fetal development to an audience that – much like his son – possesses zero medical training.

The University is just one of many schools to pick up on the popular new concept of mini-medical school, a six-lecture series offering lay folk a small taste of what it's like to be in Medical School. The courses have proven very popular; a few hundred people signed up for last month's series, which included comprehensive lectures on body systems such as the heart, kidneys, and the nervous system.

Dr. Walker, an SOGC member who teaches in the OB/GYN department at the university, says that

compiling his lecture "Fetal Development – Life's Greatest Miracle" is no small feat. For each mini-med, Dr. Walker has to tediously cull the jargon from his lexicon – jargon that tends to become second nature for a researcher and teacher of university-level obstetrics. He also has to compress material he would normally teach to medical students over the course of a year into a 30-minute lecture for the lay health enthusiast. Throw in a few jokes to lighten the lecture, and Dr. Walker is looking at tens of hours of prep-time for each small lecture.

Nevertheless, the experience is not entirely without its rewards. Preparing for the lectures, he says, has helped him rethink the way he approaches his own practice.

"I find that I'm able to shift into lay terms much easier now," he says. "I'm also very aware of when I start to switch into 'Jargonese' and start to lose my patients."

Dr. Walker also found that bouncing advanced

concepts off friends and relatives – or anyone else without medical training who would listen – helped him to identify spots where he was losing his audience.

"I thought, 'how would I give this talk to my son?'" he says. "How would I give this talk to my friends who don't have that medical knowledge?"

As for tips for OB/GYNs he can take from his preparations, Dr. Walker admits that most women he sees aren't going to be interested in a mini-med style lecture. However, he says, it's important to give patients enough knowledge so that they can understand just how incredible pregnancy is.

"The majority of our growth and development is done in utero – it's when we go from just one cell to 100 trillion," he says. "We're very privileged to be a part of these important life steps, and it's important that we convey just how special this time is to our patients."

UBC PROFESSOR APPOINTED SOGC LIAISON to National Advisory Committee on Immunization

Dr. Deborah Money, an SOGC member and Head of the Division of Maternal Fetal Medicine at the University of British Columbia, has accepted the position of SOGC liaison on the National Advisory Committee on Immunization (NACI).

The multi-disciplinary committee provides recommendations to the Chief Public Health Officer of Canada on the use of vaccines that have been approved for use in humans in Canada. The committee also identifies groups within the population that are at high risk from vaccine-preventable illness, and develops recommendations on how vaccination programs should be targeted.

Dr. Money succeeds former SOGC liaison Dr. Andrée Gruslin, who served on the committee since May 2002.

The SOGC would like to thank and congratulate Dr. Money for her membership on this important

committee. We would also like to commend Dr. Gruslin on her dedication and the valuable contributions she has made while serving on this committee.



CONTINUED EDUCATION & VOLUNTEERING GRANTS

Planning on acquiring further technical knowledge or skills in the areas of obstetrics, gynaecology or sexual and reproductive health? Considering volunteer ob/gyn clinical work in developing countries? Financial assistance is available for SOGC members. Call (800) 561-2416 or visit www.sogc.org (under About SOGC: Grants, Awards and Fellowships) for further details or application forms.

- Millennium Fellowships for Community Physicians (up to \$15,000)
- Millennium Fellowships for University/Hospital Based Physicians (\$4,000)
- Millennium Fellowships for Nurses and Midwives (\$3,000)
- Junior Member Elective Grant in International Women's Health (\$4,000)
- SOGC International Development Award for Volunteers (up to \$15,000)

Winter Application Deadlines – February 15, 2006



IGNORANCE IS NOT BLISS

sexualityandu.ca launches national PSA campaign



The SOGC has launched a new advertising and public service announcement (PSA) campaign for its sexual health website sexualityandu.ca, addressing the need for increased public awareness of contraception and STI prevention. The “Ignorance is not bliss” campaign is a wake up call to Canadians to start talking about sex, and to become better informed about safer sex practices.

The campaign, which began in early September and will run until the end of January, includes print, television and radio spots promoting both increased sexual health awareness and the sexualityandu.ca site.

The bilingual television spot, titled “I’m not getting any”, has been airing on Much Music and Musique Plus stations, and has been distributed to most other Canadian television stations for use as a free-of-charge public service announcement. The spot has also been adapted to run as a widescreen advertisement in Famous Players movie theatres in Toronto, Montreal and Vancouver. In addition, a radio version of the TV spot has been distributed to stations across Canada to be run as a PSA.

“Given its subject matter and creative approach, the ad will capture the attention of listeners and encourage them to visit sexualityandu.ca for more information,” says Dr. Michael Helewa, SOGC President. “If you’re not getting any reliable information, sexualityandu.ca arms Canadians with the knowledge they need for a safe and healthy sexuality.”

The ads direct listeners to sexualityandu.ca, an educational website which provides honest, reliable and straightforward information about sex, sexually transmitted infections, contraception and sexuality from the people who know – Canada’s obstetricians and gynaecologists.



The campaign also includes print ads for sexualityandu.ca, which, like the site itself, are directed towards specific audiences – namely, health care providers, teachers, parents, and the general public. Directed ads have run in health publications, including the Medical Post and Canadian Nurse Magazine, and other ads have run in publications directed at educators. Like other aspects of the campaign, the print ads have also been distributed as PSAs for use by community newspapers and other print media across Canada.

APOG 2005 Award Recipients: Our Congratulations!

The Association of Professors of Obstetrics & Gynaecology of Canada presented two awards at our AGM in recognition of the excellence our members have demonstrated, and continue to demonstrate year after year.

Please join us in congratulating the winners of these awards for their outstanding contribution to education and research in our specialty:

APOG Educator of the Year Awards sponsored by Organon

Dr. Lesa Dawson, Memorial University
 Dr. Catherine Craig, Dalhousie University
 Dr. Marie-Josée Bédard, Université de Montréal
 Dr. Srinivasan Krishnamurthy, McGill University
 Dr. Peter O'Neill, Queen's University
 Dr. Richard Pittini, University of Toronto
 Dr. Jeffrey Nisker, University of Western Ontario
 Dr. Jill Nation, University of Calgary
 Dr. Catherine Flood, University of Alberta

APOG Research Scientist of the Year Award sponsored by Wyeth

Dr. James Cross, University of Calgary

APOG Board of Directors

APOG would like to extend our heartfelt thanks to Dr. Lucie Morin, who so generously volunteered her time as Chair of the Postgraduate Committee to improve the quality of education in our field.

Please join us in officially welcoming Dr. Heather Shapiro, University of Toronto, as the incoming Chair for the Postgraduate Committee and our newly appointed member of the Board.

Dr. Lawrence Oppenheimer has graciously volunteered to serve an additional term as Chair of the Undergraduate Committee. We are very grateful for his dedication and are delighted that we will continue to benefit from his valuable insight and commitment.



RM ADVISORY Committee Report



Carol Couchie was the first Aboriginal woman to work as a registered midwife in Canada.

The committee would like to take this opportunity to share with all SOGC members our pride as registered midwife Carol Couchie of The Pas, Manitoba, is honoured with an Alumni Achievement Award from Ryerson University.

The award received by Ms. Couchie is to recognize the superior caliber of Ryerson graduates. She was one of seven individuals who have not only excelled in their respective careers, but have also made significant contributions to their professions, their communities and their country.

After graduating from Ryerson's Midwifery Education Program of Ontario, Carol Couchie became the first Aboriginal woman to graduate and work as a registered midwife in Canada. She began her work as a registered midwife in a large midwifery practice in downtown Toronto.

Ms. Couchie later became the SOGC midwife chair of the Aboriginal Committee – another first for her and for midwifery in Canada. She then became a member of the Women's Health Policy Committee, and continues to be an active participant on SOGC committees.

Carol Couchie has now settled herself and her family in The Pas, in northern Manitoba, where she has built her midwifery practice. In The Pas, Ms. Couchie has joined a group of elders, community leaders and Métis midwife Darlene Bush. Together, this group has helped develop and secure funding for the Aboriginal Midwifery Education Program at the University College of the North.

Congratulations, Ms. Couchie, from the RM Advisory Committee members and all of the members of the SOGC Council!

SOGC MEMBERSHIP Recruitment Booth

Shaely Williams, Membership and Subscription Services Coordinator

Canadian Association of Midwives 5th Annual General Meeting – November 9-11th

I recently had the pleasure of attending the Canadian Association of Midwives 5th Annual General Meeting at the Lord Nelson Hotel in Halifax, NS. Highlights included the sessions "Results of the ICM/FIGO Survey" by Betty Anne Davis, "The timing of umbilical clamping: does it make a difference?" by Dr. Eileen Hutton, and "MCP2: Get the inside scoop on collaborative models of maternity care" by Anne Maranta and Rebecca Attenborough.

The SOGC would like to welcome the following registered midwives to the SOGC family: Anne Malott, ON • Debbie Mpofu, SK • Darlene Birch, MB • Gisele Fontaine, MB • Toni Fehr, MB • Betsi Dolin, MB • Alona Semenchenko, ON • Rhea Wilson, ON • Diane Page, ON • Natalie Lachance, ON • Jenni Huntly, ON • Sasha Spycher-Sventic, ON • Catherine Goudy, ON • Joanne Dempsey, ON

16th National AWHONN Canada Conference-November 17-19th, 2005

This was the second National AWHONN Canada conference that I had the opportunity of attending in downtown Montreal, QC at the Hyatt Regency Hotel. A number of topics were addressed for the over 260 nurses and nursing students that attended. Sessions included Introduction to Acute Care of the At-Risk

Newborns, Woman Abuse in the Perinatal Period, High-Risk Social Situations, Neonatal Nursing and Nursing Education.

We would like to welcome the following registered nurses to the SOGC family: Catherine MacDonald, ON • Ashley Garbutt, ON • Deana Ruddell-Thomson, ON • Christina Clausen, QC • Susan Drouin, QC • Charlotte McIvor, MB • Lynn Schnurr, ON • Angele Robillard, QC • Nicole Hynes, MB • Sabrina Haas, QC



Keynote Speaker Dr. Jenny Medves and Marion Clauson share a moment at the 16th National AWHONN Canada Conference.

CONGENITAL ANOMALIES spur off-label warning for Femara™

On Nov. 17, the makers of the drug Femara™ (letrozole), an aromatase inhibitor indicated for use in breast cancer therapy for post-menopausal women, issued a warning contraindicating the off-label use of the drug to treat infertility in pre-menopausal women. The Novartis warning comes after post-market reports of congenital anomalies in infants of mothers who were given Femara™ to treat infertility.

The warning, which has been distributed to Healthcare Professionals and has been endorsed by Health Canada, reads: "Femara™ (letrozole) is contraindicated in women with premenopausal endocrine status, in pregnancy, and/or lactation due to the potential for maternal and fetal toxicity and fetal malformations."

The warning pertains only to off-label use of Femara™. For more information, please visit Novartis' website at www.novartis.ca.



Members of the panel include, from left to right: Eleanor Morton, Vice-President, Risk Management, Healthcare Insurance Reciprocal of Canada (HIROC). Dr. William Beilby, Associate Executive Director and Managing Director, Risk Management services at the Canadian Medical Protective Association (CMPA); Elaine Borg, B.N.Sc., R.N., L.L.B., Professional Liability Officer, Canadian Nurses Protective Society (CNPS); On the far right is the Moderator for the panel discussion: Michelle Kryzanoskas, RM, MCP² Executive Committee.

ARE LIABILITY ISSUES A BARRIER to Multidisciplinary Collaborative Maternity Care?

By Margaret McNamee, MCP² Project Manager

Obstetricians/gynaecologists are currently four to five times more likely than average to be involved in malpractice lawsuits, and moving towards collaborative care models has the potential to raise these risks even higher.

At a recent meeting of the National Primary Maternity Care Committee, a panel of professional liability experts discussed these concerns and examined the barriers that liability may pose in implementing such a model.

Dr. William Beilby, Associated Executive Director and Managing Director of Risk Management Services at the Canadian Medical Protective Association (CMPA) reviewed liability issues relative to obstetricians/gynaecologists. In 2004, 131 new legal actions were initiated against obstetricians/gynaecologists. This represents one new legal action for every 12 obstetricians. Damage awards for obstetrical cases continue to rise and, as a result, the CMPA membership fee for obstetricians is higher than fees for all other medical specialties.

Dr. Beilby emphasized the importance for each health professional to work within their scope of practice and to understand the scope of practice of their fellow collaborative team members. His suggestion is that a collaborative care team establish policies and protocols to ensure that each practitioner works within their scope of practice. He also recommended that each team member should be

required to have and maintain adequate professional liability protection.

Ms. Elaine Borg, the Professional Liability Officer at the Canadian Nurses Protective Society (CNPS), outlined how evidence of a professional's reasonable actions will be essential if a practitioner is required to account for their practice in a legal proceeding. She reviewed the objectives of tort law, that is, how it is meant to achieve justice, provide compensation for harm, education and deterrence of negligent acts. According to Ms. Borg, a plaintiff would have to prove that a duty of care was owed by the defendant, that there was a breach in the standard of care that caused foreseeable harm, and would have to prove the value of the losses incurred. The practitioner's defence to an allegation of negligence is that he/she acted reasonably and prudently in the circumstances.

It is clear that the complexity of collaborative care has the potential to increase liability issues, especially involving communication. For this reason it is essential to establish transparent protocols and documented responsibility matching the scope of practice of each practitioner. A team will have to know who has the primary responsibility for the woman at any one time - for example: if one member of the team consults an obstetrician regarding the potential for caesarean section, the obstetrician must know if he is being consulted regarding the advisability of the procedure or if he is responsible for making the decision with the woman.

Another important message from the panel is that, from a liability perspective, a collaborative team would not be a party in a lawsuit but rather the individuals comprising that team would be. Each mother must have a "most responsible" provider for each step along the way.

At the end of the day, a multidisciplinary collaborative maternity care team must:

- Consider the legal issues common to all shared care arrangements and the legal issues unique to each arrangement.
- Be familiar with the scope of practice, qualifications, experience and training of the other health care providers involved in the care of your patient.
- Be familiar with any relevant guidelines or legislation if another health care provider is acting under your delegation.
- Plan for your obligations as an employer (vicarious liability) when you employ other health professionals.
- Ensure good communication between members of the health care team.
- Make sure the woman understands the role of the health care team, and each team member's place in it.

For more on this subject, please visit the MCP² website at www.mcp2.ca



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