SOGC’S INTERIM STATEMENT on HPV immunization

Approved by SOGC Executive, October 13, 2006

The SOGC welcomes the approval by Health Canada of Gardasil for the prevention of cervical cancer. In the light of this approval and the SOGC’s high profile HPV Awareness Campaign, the Society is encouraging its Members to be proactive in educating patients about HPV and providing information about the new vaccine.

The HPV vaccine has been approved for girls and women ages nine to 26 years of age. It is given in three doses: zero, 2 months and 6 months. At this time, the vaccine is not a reimbursable cost.

The vaccine is most effective when administered to girls and women before the onset of sexual activity. However, vaccination is also recommended for women even if they have already become sexually active. Women in this group should be advised that the vaccine may be less effective if there has already been prior exposure to HPV.

While not shown to be harmful, the HPV vaccine is not recommended to pregnant women. If a woman discovers she is pregnant during the vaccine schedule, she should delay finishing the series until after she gives birth. Women who are breast feeding can receive the vaccine.

HPV infection is not a contraindication and there is no need for HPV testing prior to receiving the vaccine. The SOGC has convened a consensus working group made up of representatives from six national specialty societies to develop consensus guidelines that will be published in the Journal of Obstetrics and Gynaecology of Canada, in French and in English, in early 2007.

*“SOGC is recommending all SOGC members take the time to inform their patients about HPV and this new vaccine that significantly reduces invasive cervical cancer and especially the pre-cancer lesions and genital warts,” said Dr. Don Davis, President of the SOGC. “As well, we are encouraging you to consider providing the vaccination to your patients who currently fit the criteria.” The SOGC will hold workshops at its Regional Meetings to inform members about providing the vaccination in their offices.

The SOGC has launched a website called www.hpvinfo.ca that provides information on HPV. (Additional information is also available on http://www.sexualityandu.ca.) Patient education materials have been developed for your hospital and clinic and are accessible on the site. Accredited online CME modules are also available from the SOGC website at http://www.sogc.org.

The SOGC HPV Clinical Guideline will review and provide up-to-date recommendations to our members about screening and HPV testing. 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 website can provide you with information on screening protocols.

The SOGC is hopeful that, with its partners, it can provide pan-Canadian recommendations on screening and testing, and continue working to enhance screening, testing and access to vaccination.

For more information about SOGC’s HPV Public Awareness Campaign, please contact the SOGC National Office, HPV Project Coordinator.
MEMBERSHIP renewal
By André B. Lalonde, MD, FRSC, FRCOG, FSOGC, FACS, MSc
Executive Vice-President, SOGC

At this time of the year, all of our members are requested to renew their membership in the society. The SOGC is entering a new chapter in our history as we embark on a five-year strategic plan, which includes new areas such as aboriginal health, advocacy and a strengthening of our international health programs. We are also committed to looking at our educational programs and will, in the very near future, convene a meeting of experts on education.

As always, the SOGC’s strength lies in the support and contributions of its members. For our society to remain strong, we rely on the participation and continued membership of each and every one of you. As you know, we have over 40 committees that involve over 250 members in a given year, and with a rotation of membership on committees, executive and council, there is a possibility for all those who wish to participate in the activities of the association to do so.

Our commitment to women’s health in Canada and abroad remains strong. We are one of the best organizations at what we do, not only in Canada but around the world, and we have demonstrated this in our dedication to improving the lives of women and their newborns.

Although we can reach the great majority of our members, there are still some ob/gyn family physicians, nurses and midwives in Canada who are not members of SOGC. I call on each one of you to speak to two or three colleagues and assure yourselves that they are members of our Society. Encourage them to sign up and join the Society. The SOGC is the leading national voluntary medical specialty society in Canada. Together, we have faced challenges, we have researched and practiced evidence-based medicine, and we have worked diligently to provide leadership in Canada. We can be proud of what we have accomplished and set our sights on new goals.

INDUSTRY news

The Cochrane Handbook for Systematic Reviews of Interventions
In September, the Cochrane Collaboration released the latest version (4.2.6) of the Cochrane Handbook for Systematic Reviews of Interventions. The handbook, designed as a guide for Cochrane review authors, explains how to make good decisions about both the questions reviewers pose and the methods they use to derive answers. This information is equally valuable to users and interpreters of systematic reviews. The handbook covers a broad range of topics, including: formulating the problem; locating and selecting studies; assessing study quality; collecting data; and analyzing, presenting and interpreting results.

Founded in 1993 and named after the British epidemiologist Archie Cochrane, the Cochrane Collaboration is an international, non-profit and independent organization. The organization is dedicated to the production, dissemination and promotion of current, evidence-based information about health care interventions. One of its most valuable products is the Cochrane Database of Systematic Reviews, released quarterly as part of the Cochrane Library. Thanks to regional licenses, residents of New Brunswick, the Northwest Territories, Nunavut, Saskatchewan and the Yukon, as well as health professionals in Nova Scotia, have free access to the library. Efforts are currently underway to provide free access to all Canadian residents.


Lancet study investigates effects of vitamins on pre-eclampsia, low birthweight
A recent study published in the Lancet (Poston et. al; Lancet 2006; 367: 1145–54) investigated high daily doses of vitamins E and C during pregnancy and their potential associations with pre-eclampsia or low birthweight. The randomized, placebo-controlled trial looked at approximately 2400 women identified at risk of pre-eclampsia. Women were given 1000 mg vitamin C and 400 IU vitamin E daily from the second trimester until delivery. These women showed similar incidences of pre-eclampsia compared to those taking placebo, but a higher incidence of giving birth to babies with low birthweight.

Interpreting the findings, the authors state in the study that “careful consideration of underlying pathophysiology should accompany further investigation and direct ongoing clinical trials in this area. In the mean time, our findings of an increase in low birthweight and no benefit with respect to risk of pre-eclampsia suggest a contraindication of the studied doses of vitamin C and vitamin E in pregnancy.”
HOLIDAY hours

Please note that the SOGC’s National Office in Ottawa will be closed for holidays from December 23rd until January 1st.

ERRATUM

In the September issue of the SOGC News, Ms. Romy McMaster was incorrectly named as the winner of the 2006 SOGC/CNGOF Junior Members’ Award. In reality, this award was presented to Dr. Matthew Morton. The SOGC News would like to congratulate Dr. Morton on winning this award, and offer our sincere apologies for any confusion that has stemmed from our error.

SHEDDING LIGHT on a neglected women’s health issue: stress urinary incontinence

On Sept. 22, SOGC participated in a roundtable meeting in Toronto designed to bring key stakeholders in the delivery of women’s health — healthcare providers, academics, policy makers and patients — to discuss the impact of stress urinary incontinence (SUI) on women in Ontario and across Canada, and to share ideas about how care for SUI can be improved.

Both morning and afternoon sessions were introduced by women who have suffered with SUI. Their experience provided a real-life view of the impact of SUI, the social stigma associated with SUI, and the challenges women often face in seeking treatment.

Topics of discussion included the current and projected burden of SUI; technologies available to address SUI; best practice models of care for SUI patients; and identifying barriers to optimal care for SUI patients. A spirited discussion took place on the impact that primary care reform in Ontario and hospital decision-making processes are having on women’s health issues. Many participants agreed that issues such as SUI are often not near the top of the priority list for wait time relief and health care dollars. There was also agreement among many that more public education and advocacy is required to ensure women’s health receives the resources necessary to provide an appropriate standard of care for Canadian women.

The Roundtable was organized by the DeGroote School of Business Health Leadership, Ward health Strategies, and was supported by the Women’s Health Division of Johnson and Johnson Medical Products. For more information about SUI, please contact the Canadian Continence Foundation at (705) 750-4600 or by email at jcahill@continence-fdn.ca.

TORONTO PUBLIC HEALTH launches “Check Up on Chlamydia” campaign

“Chlamydia often has no symptoms at all, which is why 80 per cent of women and 50 per cent of men who have Chlamydia do not know they are infected.”

Chlamydia can be spread to others through unprotected sex. Toronto Public Health’s “Check Up on Chlamydia” campaign material will be mailed to over 3,200 family doctors and specialists to help prevent the spread of this infection.

Chlamydia is the most common sexually transmitted infection in Toronto. The highest rates of infection are among young women aged 15 to 24. Chlamydia also puts people at increased risk of acquiring other infections, including HIV, which makes early testing even more important. If left untreated, Chlamydia can have long term and costly health implications in both men and women, including pelvic inflammatory disease and infertility in women.

For more information, visit http://www.gettested.ca.
Executive Committee:
- President: Dr. Donald B. Davis; Medicine Hat, AB
- Past-President: Dr. Michael Elias Helewa; Winnipeg, MB
- President-Elect: Dr. Guylaine Gisele Lefebvre; Toronto, ON
- Executive Vice-President: Dr. André B. Lalonde; Ottawa, ON
- Treasurer: Dr. Mark Heywood; Vancouver, BC
- Vice-President, Atlantic: Dr. Scott Alexander Farrell; Halifax, NS
- Vice-President, Quebec: Dr. Michel Fortier; Quebec, QC

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 Jane MacKinnon; Brantford, ON
- Alternate Chair, Ontario Region: Dr. Richard Johnston, OSOG representative, Orillia, ON
- Chair, Quebec Region: Dr. Diane Francoeur; Montreal, QC
- Alternate Chair, Quebec Region: Dr. Philippe-Yves Laberge; Ste-Foy, QC
- Chair, Atlantic Region: Dr. Terry O’Grady; St. John’s, NL
- Alternate Chair, Atlantic Region: Dr. Ward Murdock; Fredericton, NB
- Public Representative: Ms. Jane E. Caskey; Toronto, ON
- Junior Member Representative: Dr. Kimberly Butler; Hatchet Lake, NS
- Associate Members (MD) Representative: Dr. Owen Hughes; Ottawa, ON
- Associate Members (RN) Representative: Ms. Sandra Gwen Christie; Halifax, NS
- Associate Members (RM) Representative: Ms. Michelle Kryzanauskas; Collingwood, ON
- APOG Representative: Dr. Wylam Faught; Edmonton, AB
- Corresponding Member: The Hon. Lucie Pépin, Senator; Ottawa, ON

New E-Learning Programs from Motherisk
The Hospital for Sick Children’s Motherisk Program has developed a new suite of online video tutorials for health professionals. Developed to help health professionals assess the treatment and counseling needs of their pregnant patients, the comprehensive modules are available in several formats, including: slides incorporating video, slides only, or as pdf reference.

New tutorials include:
- General Principles of Teratology
- The Management of Nausea and Vomiting of Pregnancy (NVP)
- Micronutrient Supplementation in Pregnancy and Lactation
- Diagnosis of Fetal Alcohol Spectrum Disorder

The new e-learning tutorials are available for download from the Motherisk website at http://www.motherisk.org.

SOGC launches new online CMEs on Human Papillomavirus
The SOGC is pleased to offer new accredited online CME modules on the Human Papillomavirus (HPV). The new online modules include:
- Linking Human Papillomavirus to the Practice of Immunization
- HPV: Epidemiology and clinical consequences
- HPV: Investigational Prophylactic HPV Vaccines

The new CMEs are free for healthcare professionals, including both members and non-members of the SOGC. The modules offer comprehensive information about HPV, as well as treatment and prevention strategies. They are available on the “Advancing In” website at http://www.advancingin.com. For a complete listing of SOGC’s online CMEs, visit http://www.sogc.org.

SOGC’s 63rd Annual Clinical Meeting
June 21-26, 2007
Ottawa, ON

Research and Innovation Program - From the Bench to the Bedside and Back
The following organizations invite you to participate in the 2007 ACM Research and Innovation Program: The Society of Obstetricians and Gynaecologists of Canada (SOGC), the Gynaecologic Oncologists of Canada (GOC), the Society of Investigators in Obstetrics and Gynaecology of Canada (SIOGC), the Society of Canadian Colposcopists (SCC) and the Canadian Society of Urogynaecology and Reconstructive Pelvic Surgery (CSURPS).

The primary author of an accepted abstract will be invited to present at the 63rd Annual Clinical Meeting (ACM), being held in Ottawa, Ontario, June 21-26, 2007. Research and Innovation Day at the 2007 ACM will be held on Monday, June 25, 2007. All eligible submissions will be considered for the Best Oral and Best Poster presentation. For full details visit http://www.sogc.org to download the brochure and application form.

Call for Abstracts!
The Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Alberta Society of Obstetricians and Gynaecologists (ASOG) are delighted to invite you to the 17th West/Central CME Programme in Banff, Alberta from March 29 – 31, 2007. (This programme is offered in English only.)

Conference Site
The Rimrock Resort Hotel – Classified as one of the leading hotels in the world (300 Mountain Avenue, Banff)
- Superior room: $161 per night single occupancy / $168 double occupancy
- Deluxe room: $194 per night single occupancy / $201 double occupancy
- Reserve before Friday, February 23, 2007
- Tel.: 1-800-661-1587
- Group code: SOGC
- Reservation cancellation policy in effect

For more information, please visit our website at www.sogc.org or email us at events@sogc.com

Your Preliminary Programme will be mailed to you in January 2007.

Bring your family and friends to share in Banff’s magnificent ski experience and so much more!

We look forward to seeing you in Banff!
3rd Ontario Gynaecology CME Programme — April 20–21, 2007

Join the Society of Obstetricians and Gynaecologists of Canada (SOGC) for the 3rd Gynaecology Ontario CME Programme in Toronto from April 20–21, 2007. (This programme is offered in English only.)

Conference Site
Toronto Marriott Downtown Eaton Centre (by popular demand), 525 Bay Street, Toronto, Ontario
- Standard room: $149 per night single/double occupancy
- Reserve before Friday, March 23, 2007
- Tel.: 1-800-905-0667
- Group code: SOGC

For more information, please visit our website at http://www.sogc.org or email us at events@sogc.com. Your Preliminary Programme will be mailed to you in January 2007.

Combine business with pleasure...come discover “the World within a City”. See you there!

SOGC Meetings

25th Ontario CME
Nov. 30–Dec. 2, 2006, Toronto, Ontario

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

Location . . . . . . . . . . . . . . . . . . . . . . . . . . Date
Toronto, ON . . . . . . . . . . . . . December 3–4, 2006
(in conjunction with the 25th ON CME)
Toronto, ON . . . . . . . . . . . . . . . . . . . April 22-23, 2007
(in conjunction with the 3rd Gyn. ON CME)
Montreal . . . . . May 4-5, 2007 (offered in French)
Ottawa, ON . . . . . . . . . . . . . . . . . . June 19–20, 2007
(in conjunction with the 63rd ACM)
Kelowna, BC . . . . . . . . . . September 21-22, 2007
Winnipeg, MB . . . . . . October 14-15, 2007
Toronto, ON . . . . . . . . . . . December 2-3, 2007
(in conjunction with the 26th ON CME)

Other Meetings


The Foundation for Medical Practice Education, McMaster University, Ontario.
Accredited Small Group/Individual Learning Program, ongoing. Contact Dina D’Ermo (905) 525-9140 ext. 22381 or 1-800-661-3249. For more information visit www.fmpe.org

NEW MEMBERS

The Society is pleased to welcome our newest members:

**Member ob/gyn:** Dr. Cleve Ziegler; Dr. Allison Case; Dr. Jeremy Wong; Dr. Dwaine Larose; Dr. Geoffrey Cundiff; Dr. John Fynn.

**Medical Student:** Ms. Jessi Wilson; Dr. Lami Oyewumi; Mr. Mauricio Frez; Miss Julie Francis; Ms. Sarah Mcquillan; Mrs. Kristina Arendas; Ms. Kyla Sorensen; Mlle Barbara Perez; Miss Tania Wilson; Ms. Erin Mayo; Ms. Sheona Mitchell; Ms. Amanda Johner; Ms. Andrea Massey; Ms. Allison Osmond; Ms. Shoshana Portnoy; Mrs. Allison McKinnon; Mrs. Lana Kiehn; Miss Elise Martineau Corbeil; Ms. Vered Kakzanov; Ms. Adele Nguyen; Ms. Cassandra Millar; Mrs. Jennifer Broderick; Miss Katharine Smallwood; Dr. Wenli Zhang; Ms. Michele Lacasse.

**Junior Member:** Dr. Julie Boucher; Dr. Emilie Albert; Dr. Michelle Morais; Dr. Ayman Oraif; Dr. Jenny Clement; Dr. Martha Briggs; Dr. Noushik Khoshbakht; Dr. Sarah Ghazali; Dr. Xing Zeng; Dr. Ashraf Dawood; Dr. Nadean Caines.

**Junior- Family Practice Resident:** Dr. Graham Blackburn; Ms. Rona Ribeiro; Dr. Serena Crum; Dr. Darcie McGonigle.

**Associate Midwife Member:** Ms. Nathalie Quevillon-Dussault; Mrs. Dawn Morie; Ms. Christina Blackmore.

**Associate Member RN:** Ms. Amy Simmons; Ms. Eileen McMahon; Ms. Laura Payant; Ms. Anne Simmonds; Miss Kaye Clarke; Mrs. Laura Payant.

**Associate Member PhD:** Prof. Susan Sherwin.

**Associate Member MD:** Dr. Nancy Fraser; Dr. Karen McIntyre; Dr. Anne Marie Pegg; Dr. Amanda Wagler; Dr. Tiffany Horneck; Dr. Shari Claremont; Dr. Michele Galambos; Dr. Susan Barr; Dr. Kathleen Pouteau.

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**PAST-PRESIDENT**

awarded honorary membership in the MEFS

Dr. Rodolphe Maheux, the 51st President of the Society of Obstetricians and Gynaecologists of Canada (1994-1995), has been selected for an honorary membership in the Middle East Fertility Society (MEFS).

Throughout his distinguished career, Dr. Maheux has received many honours and awards. He is a Past-President of the Association of Obstetricians and Gynaecologists of Quebec (AOGQ). He has also served as Professor and Past- Chairman of the Department of Obstetrics and Gynecology at Laval University and at the CHUQ, and a member of the executive board of the International Federation of Obstetricians and Gynaecologists (FIGO).

Dr. Maheux was awarded the honorary membership in recognition of his scientific achievement and contributions to the MEFS. The honorary membership was presented to Dr. Maheux on Nov. 15, 2006, as part of the organization’s 13th annual meeting in Aqaba, Jordan.

The SOGC would like to congratulate Dr. Maheux for his many scientific and professional accomplishments throughout his career, and also on his new honorary membership in the MEFS.

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**DR. MONEY**

part of conjoined twins delivery team

Dr. Deborah Money, chair of SOGC’s infectious disease committee and head of the division of Maternal Fetal Medicine at B.C. Women’s Hospital, was among the 16-member medical team that carried out the successful delivery of conjoined twins Krista and Tatiana Hogan.

The much publicized delivery of the craniopagus (joined at the head) twins, was successfully performed on Oct. 25, 2006. Of conjoined twins, which occur in about one out of every 200,000 live births, craniopagus twins like Krista and Tatiana are the most rare, occurring in approximately 2% of conjoined twins or one out of every 2.5 million live births.

To prepare for the complicated c-section delivery, Dr. Money and the team practiced using a pair of dolls taped together at the head. For the delivery, which lasted over an hour, a large L-shaped incision was made to allow for the width of the babies’ heads and shoulders to pass through. Despite the complicated high-risk delivery, mother Felicia Simms and her two new daughters were in good health following the procedure.

“She [Simms] was obviously somewhat fatigued, but overall doing very well,” Dr. Money said in an interview with CBC News following the delivery. “We had no more than average blood loss, which we’re pleased about.”

While the possibility of separating the twins is still being considered, the costly surgery may not be an option for Tatiana and Krista, who share certain lobes of their brains.
ELECTIONS 2007 –

DR. GAGNÉ PRESENTED Quebec Award of Excellence

Dr. Guy-Paul Gagné was honoured with the 2006 Award of Excellence (Quebec Region), at the 18th Quebec CME in Mont Tremblant. SOGC Executive Vice-President Dr. André Lalonde spoke about Dr. Gagné’s accomplishments:

Dr. Guy-Paul Gagné’s contribution to women’s health is exceptional. He has always shown an uncommon sense of humanism with his approach towards our obstetrical, gynaecological and student clientele, as well as towards his colleagues overall. He has always been a strong advocate of women’s autonomy in the decision-making process and has consistently considered the family as the primary aspect of his care philosophy.

A peaceful man of great wisdom, which he cultivates restlessly, he has always been the one we turn to to resolve disagreements. He has consistently known how to bring people with different opinions closer and get them to come to necessary compromises to reach a fair balance for all.

Dr. Gagné has considerably contributed to the enhancement and humanization of obstetrical and gynaecological care at the Centre hospitalier de Lasalle by introducing the TARP concept (labour, birth, recovery and post-partum) at the Unité familiale des naissances. He has also started the process to have the center recognized as a “Baby Friendly” hospital regarding its philosophy on breastfeeding. One of his greatest legacies is certainly the long-standing agreement reached between midwives from the south-west of Montreal and the centre’s birth unit, resulting in a partnership which is still the reference in the development of similar agreements between gynaecologists and midwives in Quebec.

Dr. Guy-Paul Gagné has contributed for many years to the SOGC, supporting and sponsoring the activities of the clinical practice committee – obstetrics. We have to give him credit for the numerous hours he spent on the “gestation and birth” of the first edition of Healthy Beginnings, the ultimate guide to pregnancy and birth for future Canadian mothers. For all these reasons, Dr. Gagné is the ideal recipient of the SOGC’s 2006 Quebec Award of Excellence.

ELECTIONS 2007 – Executive & Council positions

The positions with the Executive Committee to be filled in the year 2007 are President Elect (Atlantic) and (1) Vice-President (central). Pursuant to our rules of geographical rotation (see table below), the President Elect shall be a member from the Atlantic Region and the Vice-President from the Central Region. The duties of each position are set out in the Society’s bylaws.

<table>
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<tr>
<th>Year</th>
<th>President</th>
<th>President Elect</th>
<th>New Vice-President</th>
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<td>2007</td>
<td>Ontario</td>
<td>Atlantic</td>
<td>Central (SK)</td>
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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) Members 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

Nomination Procedure
Letters of interest must be received no later than February 1, 2007 by the National Office (attention of Executive Vice-President). Formal nominations shall include the following documents:
- Nomination proposal form duly filled and signed by five (5) Ob/Gyn
- Nomination acceptance form duly signed

Nomination Proposal and Nomination Acceptance forms are available online in the Members Section of http://www.sogc.org, or from the Director of Corporate Affairs at the National Office. All nominations will be submitted to the Nominations Committee and examined at the committee’s March 4, 2007 meeting. A member may be nominated for only one position on the Executive Committee.

Election Procedure
If there is only one candidate for a position, the incumbent is proclaimed at the next Annual Business Meeting, June 2007 in Ottawa, Ontario. If elections are to be held, a voting package (can be electronic) will be sent to all Ob/Gyn and Life Members in good standing no later than 90 days prior to the Annual Business Meeting so that elections may be completed prior the meeting. Results are announced at the meeting. Terms of office begin at the end of the Annual Business Meeting.

Members in good standing with the Society;
- One page summary statement (Electronic) of curriculum vitae and picture (head shot - electronic);
- One page statement (letter of interest) on the reasons why the candidate is seeking election to the specific position;
- Nomination acceptance form duly signed.

If you have concerns or questions about these elections, please contact the Executive Vice-President at the Society’s National Office.

Other positions on Council open for nomination: Chair, RN Advisory Committee; Chair, Ontario Region; Alternate Chair, Ontario Region; Chair, Western Region; Alternate Chair, Western Region; Alternate Chair, QC Region; Chair, Junior Member Committee.
RESIDENT LIFE: Preparing for that “little quiz”  
By Christina Demianczuk, Chair-Elect, Junior Member Committee

In each Resident Life segment, we try to highlight issues of interest to obstetrics and gynecology residents across the country. An issue that is no doubt weighing heavily on many senior residents’ minds is that of the impending Royal College certification exam in May. To gauge just how residents prepare for the exam, we administered a survey to senior residents, asking how they were planning to prepare for the “little quiz.” Of 16 programs polled, 10 responded.

Historically, most Canadian-trained obstetrics and gynecology residents do extremely well on the Royal College exam. Most chief residents will start studying in the late summer or early fall, around the same time most department-sponsored teaching begins. Realistically, preparation starts as early as PGY-2 in most programs. With the exception of two schools, objective structured clinical examinations (OSCEs), slides and short answer questions are regularly administered throughout residency, as frequently as every three months. These help familiarize residents with the exam format and help assess deficiencies in the knowledge of the more senior residents.

The OSCEs are usually administered by obstetrics and gynecology department staff, and by staff in allied departments such as general surgery and anesthesia. Every school that responded noted that the frequency of OSCEs increases for PGY-5 residents in early spring. At the University of Alberta, OSCEs can be given as frequently as 2-3 times per week during the height of study time! Review of short answer questions and slides also increased closer to the exam.

All programs have staff who are either somewhat or very involved in exam preparation. Staff who are also Royal College examiners are often recruited to help. Occasionally, recent graduates familiar with the exams are also recruited as an invaluable resource. Every school had at least one informal study group organized each year. Most respondents felt that a combination of group and individual study time was the most productive, but noted that it varies depending on the subject and time remaining before the exam. All respondents plan on taking the Making the Mark course offered yearly by Organon. Although this course is considered to be a great review, other courses also attended include Osler and the Boston Review. Funding is generally provided to attend the courses. Deficiencies in training, if any, were felt most in the area of epidemiology (4 of 9 respondents), and pathology (2 of 9 respondents).

Invariably this is an extremely stressful time for any resident. Relax! Over half of the respondents feel that their training alone prepares them very well, and the remainder feel that it has prepared them well enough for the exam. Although most programs do not offer formal anxiety management support, the majority of residents know where to find assistance. All but two programs encourage no call for one month before the exam, and all but one program had reduced administrative and clinical duties 1-2 months prior. At the Université de Montréal, the chief residents do not take Saturday night call after December. Another school prioritizes grand rounds and journal club presentations for chief residents, so they can minimize their workload close to exam time.

The bottom line is that Royal College exam preparation is essentially similar across the country. In most programs, the ob/gyn faculty are involved in the preparation of the exam, and residents writing the exam feel well-prepared. Good luck to all residents writing this year and in years to come!

LIVIN’ la vida LAVAL!  
By Emilie Albert, PGY-2, ob/gyn, Laval University

It has been busy for the group here at Laval since the start of our new year in July. We hosted our traditional barbecue to welcome our new residents. In particular, we were very excited to add a new male member to our group, though the male-to-female resident ratio is still only two to 20.

This year’s program remains similar to last year’s. R-1s will have a new emergency rotation, in addition to a few other changes from the previous program. Our academic half-day sessions are better organized than ever, and are held on Wednesday afternoons and are assisted by one of our program directors, who supervises the conferences given by the residents. Our program directors alternate turns to present ob/gyn topics, with objectives that are consistent with Royal College criteria. This new formula will enable a more homogenous learning process between residents, and everyone will be able to participate, whatever their rotation.

We are also very happy to announce the arrival of our new faculty members. First, Dr. Marie Plante is back after a year away. She is an important asset in the resident gynecology-oncology training and is strongly involved in the teaching process. In this light, she developed a gynecology-oncology fellowship at Laval University, which will welcome students for the first time this year. Dr. Emmanuel Bujold is now part of the high risk pregnancy team of the Centre Mère-Enfant. He is particularly interested in obstetrics research, which will certainly encourage residents to become involved in research projects.

Among the department’s activities, we had our annual resident retreat this fall. This year, the retreat was held in La Baie, a town in Saguenay. Held in an inn located directly along the water, it was hard not to be astonished by the beautiful scenery. Many presentations were given by visiting lecturers and faculty staff. Among these topics, research was forefront, with our core research team in obstetrics-gynecology presenting many projects. Residents also participated; three of us were actively involved in presenting research results. The Saturday entertainment night was much appreciated. We spent the night enjoying a wonderful feast and dancing to the rhythm of popular music. We are all anticipating a repeat for next year’s event.
Basic nursing education and the impact of the degradation of clinical practice in obstetrics was a hot topic at the RN specialty session at this June’s ACM in Vancouver. Challenges regarding the extended orientation required for these new grads, as well as issues resulting from a lack of clinical confidence, were among the highlighted themes of the session. These factors, in combination with an increasing average age of maternity nurses (~50yrs), highlight an increasing concern that we will not have the experienced mentors at a time when clinical education is being eroded. These issues will be brought forward to the Association of Women’s Health, Obstetric and Neonatal Nursing (AWHONN) leadership for discussion at a national level.

Participants of the specialty session also agreed that an advocacy statement for collaborative education for maternity care may prove beneficial. This statement would help promote the need for increased collaborative education opportunities among groups that plan basic education activities. An evidence-based statement would highlight the need for healthcare professionals to engage in educational activities that enhance their understanding of roles and relationships, commonalities and communication.

The SOGC RN advisory chair will be part of a liaison committee between SOGC and AWHONN. This committee is to look at ways the organizations can work together to promote ideas of mutual interest, and jointly respond to health policy issues as they arise. Areas of mutual interest include the need for a National Birth Strategy for Canada, and the promotion of normal physiologic birth. Rural and remote maternity care is another area where continuing collaboration will prove beneficial, and patients and populations will benefit from our unified voice.

For more information, please visit the Canadian section of the AWHONN Website, http://www.awhonn.org.

Canadian Foundation for Women’s Health

Supporting research for the health of women
By Karen MacGowan, Coordinator of Corporate Affairs

The Foundation is pleased to announce that a total of $122,000 has been distributed to researchers from our 2006 grants competition. A total of 61 proposals were received for this competition, and we are pleased to congratulate the this year’s grant competition winners:

Dr. Angel Arnaout, Sunnybrook and Women’s College Health Sciences Centre  
Dr. Angela Baerwald, the University of Saskatchewan  
Dr. Howard Berger, Mount Sinai Hospital  
Dr. Walter Gotlieb, McGill University  
Dr. Alison Holloway, McMaster University  
Dr. Priscilla Koop, the University of Alberta  
Dr. Wendy Whittle, the University of Toronto.

Thank you to all the generous individual donors and to the Society of Obstetricians and Gynaecologists of Canada, Foundation for the Promotion of Sexual and Reproductive Health, and to the corporate sponsors who have invested in women’s health research.

I would also like to offer my sincere appreciation to this year’s reviewers, who assessed and scored the proposals. Thank you for volunteering your valuable time to provide an unbiased search for the most outstanding research projects.
THE 18TH QUEBEC CME in Mont Tremblant

By Linda Kollesh, SOGC Scientific Program Officer, and Isabelle Denis, SOGC Meeting & Event Planner

In September, the SOGC was pleased to offer our Quebec CME, which combined a leading-edge scientific programme featuring high-caliber presenters. The event, presented in association with the Association des obstétriciens et gynécologues du Québec (AOGQ), was held at the Fairmont Tremblant Hotel from Sept. 28-30. The CME offered delegates a chance to network and catch up with peers and colleagues in the picturesque setting of Mont Tremblant in late September, when the fall colours are at their very best.

Feedback from the event indicates that overall the event was very successful, and was very well received by participants. Particularly popular presentations included: Dr. Philippe-Yves Laberge’s presentation of the clinical guideline on laparoscopic entry techniques; and a luncheon symposium presented by Dr. Michelle Dumont on the management of premenstrual symptoms.

This year, the SOGC was also very pleased to offer a luncheon symposium on Human Papillomavirus (HPV) vaccination, including the presentation of the SOGC’s new Interim Statement on HPV Immunization. At the symposium, titled “HPV Vaccination: A historical moment in the fight against cervical cancer and genital lesions”, Drs. Michel Fortier and Diane Francoeur highlighted the importance of the new vaccine and the implications for Canadian ob/gyns and other healthcare professionals. The presentation also highlighted the SOGC’s new campaign to improve HPV awareness, including the creation of hpvinfo.ca, a new website offering comprehensive information for healthcare professionals, teachers, and the general public. The SOGC’s interim statement on HPV vaccination can be found on the SOGC website, http://www.sogc.org.

The SOGC would also like to highlight new speakers who participated in this year’s programme and commend them for their superb presentations thoroughly enjoyed by all: Dr. Mathieu Leboeuf, Quebec, Quebec; Dr. Stéphane Ouellet, Montreal, Quebec; Dr. Carolynn Pietrangeli, Grimsby, Ontario; Dr. André Robidoux Montreal, Quebec; Dr. Marie-Soleil Wagner, Verdun, Quebec. Thank you!

The SOGC and AOGQ wish to thank the Quebec organizing committee, sponsors, speakers and delegates for their contributions to the success of this 18th Quebec CME Programme.

Our next rendez-vous: The SOGC would like to invite all of its members to join us next year in Quebec City as we host the 19th annual Quebec CME Programme, September 20-22, 2007 at the Château Bonne Entente in Quebec, Quebec.

For More Information: To obtain more information on all of the SOGC’s Continuing Medical Education events, please visit our website www.sogc.org.
NEEDS ASSESSMENT HIGHLIGHTS HUMAN RESOURCES, infrastructure lacking for obstetrical care in Haiti

In September, SOGC International Health Specialist Suzanne Plourde traveled to Haiti to conduct the first phase of a new project initiated in collaboration with our Haitian partners the Société Haïtienne d’Obstétrique et de Gynécologie (SHOG). The project aims to upgrade the capacity of the health system and health professionals in three Haitian regions, through the implementation of the ALARM International program. The three-phase project has been subcontracted to SHOG/SOGC from the Ministry of Health as part of a UNICEF/UNFPA maternal and infant health project. Funding for the project is provided by CIDA.

During the first phase of the project, SOGC and SHOG conducted a needs assessment to better understand the enabling environment professionals work in, and to assess their clinical competencies and knowledge of emergency obstetrical care (EOC). The needs assessment also documented the quality of EOC services offered.

Ms. Plourde and Dr. Serge Armand, an ob/gyn from SHOG, traveled to three regions in Haiti: Artibonite, Nord Ouest, and Nord. Here, they visited and observed the emergency obstetrical care services in nine hospitals. The results of the needs assessments were presented to representatives from the Ministry of Health, the World Health Organization, UNICEF, UNFPA, JHPIEGO (an affiliate of John Hopkins University) and SHOG. These results will be used in the future as baseline data for subsequent phases of the program.

The results of the needs assessment highlight the many challenges facing the health system in Haiti. Women who deliver in hospitals are not necessary attended by skilled attendants. While staff may be present, they may not possess adequate training and therefore may not be able to provide an adequate standard of care. Conversely, some professionals, including midwives, did appear to have the knowledge and skills but lacked the necessary infrastructure and staff to support them. This general lack of human resources with emergency obstetrical skills indicates a strong need to invest in this area of the health system.

As part of this initiative, UNICEF/UNFPA made arrangements for essential equipment, material and medications to be delivered to the hospitals. Despite these efforts to ensure supplies, the reality of the situation is that the absence of basic necessary infrastructure – sometimes including electricity, sanitation, and water – hampers the abilities of staff to ensure the safety of women.

It is not possible to predict when a birth is going to become complicated, and thus it is critical to have trained attendants with skills in EOC. This is internationally acknowledged as fact, and the clinical observations by SOGC and SHOG representatives in Haiti only help to confirm this reality. In addition, the observations confirmed that three delays in particular were directly impacting the care of Haitian women, namely: delays in the decision to seek help; delays in the ability to transport the woman to a healthcare facility; and delays in the ability of the health care system to respond to her needs.

The second phase of this project will involve the delivery of the training component of the ALARM International Program. ALARM training will be provided to all health workers in the health centres examined during the needs assessment, as well as their colleagues. In order to ensure the maximum participation of professionals, the course will be offered on two different occasions and in two different locations. Ms. Plourde will return to Haiti accompanied by SOGC volunteers Charlotte Landry, for the first course, and Donna Cherniak for the second. The volunteers will act as faculty members of the ALARM International program. It is expected that the program will be adapted according to the specific needs and weaknesses identified through the needs assessment process.

The third phase of the project, which includes supervision activities and evaluation of EOC practice, will be conducted by representatives from SHOG.

“It is incomprehensible that in 2006 women are still facing these kinds of conditions in childbirth. My experiences affirm the need for SOGC and our partners to continue to act and advocate for change.” Suzanne Plourde
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- Easy to use
- Quick response
- Immediate patient’s comfort
- Widely used for postpartum hemorrhoids, pruritus ani and anal fissures

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In October, Northern Health launched the MORE\textsuperscript{OB} patient safety program for nurses, doctors and midwives working in labour and delivery. The health region is the first in British Columbia to implement the SOGC’s MORE\textsuperscript{OB} program.

“Government is committed to ensuring that mothers and their newborns receive the best care possible,” said Health Minister George Abbott. “We look forward to seeing how this program can help benefit patients.”

“Patient safety is a key priority for Northern Health,” said Dr. David Butcher, Northern Health Vice-President of Medicine. “The MORE\textsuperscript{OB} program will help us to build a strong foundation for patient safety and quality improvement throughout our organization, especially in our smaller facilities where staff work not only in obstetrics but also deliver many other acute care services.”

MORE\textsuperscript{OB} aims to cut risk factors associated with labour and delivery. The program works to build strong team relationships, enhance communication skills, and provide staff with ongoing practice of skills necessary in emergency situations.

Nurses, doctors and midwives train together throughout the approximately three-year long voluntary program. Training includes team building exercises, clinical workshops and skill drills, on-site safety assessments, and patient satisfaction surveys.

“We know clinical error in obstetrical care has a tremendous impact on patient outcomes and health care providers,” said Dr. Ken Milne, SOGC Associate Executive Vice-President. “MORE\textsuperscript{OB} was designed to provide ongoing patient safety support and training in the hospital work setting. Having a curriculum based on best practices, and patient safety and systems knowledge concepts, that have been shared by healthcare professionals, has been pivotal to the program’s success.”

Northern Health received funding assistance for the MORE\textsuperscript{OB} program from the BC Reproductive Care Program (BCPRCP), a program of the Provincial Health Services Authority, through the Ministry of Health. The program is being provided to obstetrical health professionals throughout the region.

“Patient safety is a provincial priority. We are pleased to be working with Northern Health to help them lead the way as the first BC health authority to fully implement the MORE\textsuperscript{OB} program,” said John Andruschak, BCRCP Program Director. “We congratulate NH in taking on this commitment and providing an opportunity for BCRCP to fully evaluate the program’s impact and benefits.”

MyObClinic.ca is a web-based tool designed by the SOGC to help busy health professionals create their own websites.

MyObClinic shows you how to:
- Keep your patients in the know via an e-newsletter
- Post maps to your clinic
- Share important health information and updates

From the web to the waiting room, visit http://www.myobclinic.ca today to help you stay connected with your patients.
With 5 mg of folic acid

Dose-response relation between folic acid and Neural Tube Defects (NTDs) for all women planning a pregnancy

<table>
<thead>
<tr>
<th>Increase in daily folic acid intake</th>
<th>% of preventable NTDs</th>
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<tr>
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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
- Have a family history of NTD (3 generations)
- Have diabetes
- Have malabsorption disorders
- Are taking folic acid antagonists or anticonvulsants
- Or require a high-dose folic acid supplement in the opinion of their physician

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* Dosing should start at least 2-3 months prior to conception, continuing up to 10-12 weeks after the last menstrual period, or throughout the pregnancy if, in the judgement of the attending physician, the benefits of continued high-dose folic acid supplementation outweighs the potential risks. This product is contraindicated in patients with a known hypersensitivity to any of the ingredients.

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