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RM REPORT: NWT welcomes first regulated midwifery program

By Michelle Kryzanauskas, RM

January 30th marked the grand opening of the new Midwifery Program and Birthing Unit of the Fort Smith Health and Social Services Authority - the first regulated midwifery program since the introduction of the NWT Midwifery Profession Act and the first program of its kind to renew community birthing in the Northwest Territories.

Two registered midwives, Gisela Becker RM and Lesley Paulette RM, have been on staff at the Fort Smith Health & Social Services Authority since last April. They offer a full range of midwifery services including preconception care, prenatal and postpartum care, and birthing services to low risk women. Women can choose to birth in the Fort Smith Health Centre, at home, or at the territorial hospital in Yellowknife. The midwives also provide childbirth preparation classes and Well Woman Care under the Public Health Program.



Midwives Gisela Becker, RM, (back row, centre) and Lesley Paulette, RM, (back row, right) pose with new mothers on the opening of the new Midwifery Program and Birthing Unit of the Fort Smith Health and Social Services Authority in the Northwest Territories.

including the Gaspé and the North. She is currently working with government and other maternity care providers to develop a collaborative regulatory framework for midwifery in Nova Scotia, her home base since 1999.

Kerstin serves as the Atlantic Regional Representative of the SOGC on the RM Advisory Committee. Her newly elected position as the President of CAM will certainly be a welcome benefit to the national scope of the RM Advisory Committee.

The new program has already provided services to 50 families in the community. The first community birth in the new program took place in August 2005 and there have been a total of seven community births since then. A newly renovated area has been created in the Health Centre where family-centered maternity care services are offered.

Congratulations Fort Smith families and midwives from the RM Advisory Committee at the SOGC!

In other news, the RM Advisory Committee will be without the Western Regional representative effective immediately. Joy West-Eklund has resigned after serving as a member of the committee for three years. Joy has nominated a midwife to take her position, to be approved and announced at SOGC Council this month. We have appreciated Joy's energy and participation and she will be missed on the committee. We

wish Joy the best in her busy midwifery and family life.

The Canadian Association of Midwives (CAM) held their annual general meeting in November 2005, and the membership elected Kerstin Martin, RM, of Nova Scotia as the President and Gisela Becker, RM, of the Northwest Territories as the Vice President.

Kerstin Martin, has a professional background that parallels the development of Canadian midwifery over the last 25 years. Among the first midwives registered in Québec, Kerstin played an instrumental role in the integration of midwives and the establishment of a birth centre with the CLSC Côte-des-Neiges in Montréal. She also served on the faculty of the Université du Québec à Trois-Rivières midwifery education program during its first four-year cycle. Kerstin has been active in clinical practice and teaching in a variety of urban, rural and remote settings,

The members of the committee would also like to remind all SOGC members of the invitation to contribute electronically to our Birth Center Work Group at any of the contact emails listed below. We also invite your participation in the Sub-specialty for midwifery on Birth Centers, at the June 2006 Annual Clinical Meeting in Vancouver.

Central Region

Kris Robinson: krobinson2@sbgh.mb.ca

Ontario Region

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Québec Region

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Atlantic Region

Kerstin Martin: kerstinmartin@eastlink.ca

Chair & Western Region

Michelle Kryzanauskas: mdmk@explornet.com

INTERNATIONAL WOMEN'S HEALTH Program signs partnership in Ukraine



The SOGC has initiated a new four-year partnership program with the Ukrainian Association of Obstetricians and Gynaecologists (UAOG) to improve the organizational capacity of the UAOG to contribute to national efforts to reduce maternal and newborn mortality and morbidity in that country. Officially signed in late January, the new partnership program will strengthen the UAOG's leadership role in advocating and addressing issues related to Safe Motherhood and Newborn Health.

The partnership will also directly address these issues through the implementation of the ALARM International Program (AIP), a training and mobilizing tool for health professionals involved in the delivery of emergency obstetrical care, in two pilot regions in Ukraine. The two

The new Ukrainian Partnership Program joins ongoing IWHP partnerships with Ob/Gyn associations in Haiti, Guatemala and Uganda.

On January 21 – 29, SOGC Associate Executive Vice-President Dr. Vyta Senikas and IWHP director Liette Perron traveled to the Ukraine to establish the initial foundation of the partnership. One of the purposes of this meeting was to examine how to enhance the organizational capacity of the UAOG to assume a leadership role in the promotion of Continuing Medical Education of health professionals involved in the delivery of maternal and child health.

The UAOG was constituted as an association in 1997 and currently maintains a membership of approximately 3,135 individual or collective. Unlike in Canada, Ob/Gyn organizational strength in the Ukraine is shared by the UAOG, which is the national federation, and regional ob/gyn associations which operate in conjunction with the UAOG and under UAOG statutes. The Association recently became a member of FIGO in

Among other issues discussed at January's meeting, the groups examined the compatibility of the ALARM International Program's training material with existing Ukrainian practice guidelines, and efforts are currently underway to identify and rectify any inconsistencies should they exist.

Though the final date has not yet been set for a possible launch date for ALARM training courses, they will likely be at the beginning of June of this year. It is expected that at that time, a team of 6 SOGC volunteer instructors will travel to Ukraine for the purpose of training two future teams of Ukrainian ALARM International Instructors, who in the following months will implement the training program in the pilot regions. Following this initial train-the-trainers initiative, SOGC's volunteers will act as mentors to the Ukrainian national team of instructors involved in the role out of the ALARM International Program training interventions.

Dr. Senikas and International Health Specialist Suzanne Plourde will meet with UAOG and other partners again in May to continue laying the groundwork for this exciting new partnership.

(Top of page photo caption – Dr. Vyta Senikas, SOGC AEVP and Dr. Borys Mykhaylowych Ventskovsky, President of the Ukrainian Association of Obstetricians and Gynaecologists (UAOG) sign the partnership agreement between the SOGC and the UAOG)



proposed regions are Donetsk Oblast, a highly industrial region in the eastern part of Ukraine and Vinnytsya Oblast, a rural region in Central Ukraine. At the request of the funders, the Capacity Project, a consortium of international health organizations funded by USAID, an additional module on family planning will be developed and integrated to the Ukrainian ALARM International Program training intervention.

For the past ten years, the Ukraine has seen a dramatic drop in its maternal mortality rate, mostly due to restructuring in the health system. This new partnership is aimed at continuing and maintaining this encouraging trend.

2003. The UAOG holds an annual meeting including a scientific programme and publishes an annual collection of scientific abstracts.

The UAOG SOGC partnership will also benefit midwives in the Ukraine, who will be involved in implementation and training aspects of the AIP. The role provided by midwives varies greatly throughout rural and urban regions of the country from assistance to management of normal deliveries, but the overall responsibility for management of labour and its outcomes falls on physicians. Currently, midwives in the Ukraine lack any formal professional organization.

Fact at a Glance: Ukraine Demographic, Social and Economic Indicators

- Total population: 46.5 millions
- Total fertility rate: 1.13
- % of births with skilled attendants: 100
- Infant mortality – total per 1,000 live births: 15
- Maternal mortality ratio: 35
- Contraceptive prevalence:
 - Any method: 68
 - Modern methods: 38

Source: UNFPA, State of World Population 2005.



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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. 330; fax: 613-730-4314; e-mail: nbickford@sogc.com or mhaymes@sogc.com

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REGISTER ONLINE at www.sogc.org OR
Mail or fax your completed Registration Form (distributed with the Preliminary Programme) to:
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Fax: (613) 730-4314

Please visit our website at www.sogc.org for the latest updates on the West Central's exciting Scientific Programme.

Questions? Tel: (613) 730-4192 ext 326 or e-mail: events@sogc.com

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Upcoming Meetings

SOGC Meetings

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



Program Schedule 2006

Location	Date
Toronto, ON	April 7-8
Montréal, QC (offered in French) April 28-29
Halifax, NS May 6-7
Windsor, ON June 2-3
Vancouver, BC June 21-22 (In conjunction with ACM)
Sudbury, ON September 29-30
Woodstock, NB October 13-14
Cranbrook, BC October 27-28
Toronto, ON December 3-4 (in conjunction with ON CME)

Other Meetings

2nd Annual Conference of the Collaboration for Maternal and Newborn Health, University of British Columbia. May 4-6, 2006 in Vancouver, BC. For more information contact (604) 875-2345 local 6332, e-mail: cmnh@cw.bc.ca; www.cmnh.ca

4th Annual Refresher in Primary Care Obstetrics, 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, 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

Australasian Society for Ultrasound in Medicine 36th Annual Scientific Meeting, September 15-17, 2006, Melbourne Australia www.icms.com.au/asum2006

2ND GYNAECOLOGY ONTARIO CMA PROGRAMME

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

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HOTEL RESERVATIONS: 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

SCIENTIFIC PROGRAMME: For complete up-to-date details, please visit www.sogc.org.

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THANK YOU, from the SOGC!

The SOGC 62nd Annual Clinical Meeting is just around the corner and the SOGC has been hard at work to put together another fantastic program! At this time, we would like to acknowledge the financial support, in the form of unrestricted educational grants, of our sponsors (as confirmed at time of print):

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- Ferring Canada Inc.

The 62nd SOGC ACM will be held in Vancouver from June 22-27, 2006. Log on to www.sogc.org or consult the ACM preliminary program (mailed with this issue of the SOGC News) for registration and more details.

OLYMPIAN DAUGHTER OF AOGQ Past-President scores big in Turin

Jennifer Heil, the Olympic skier who captured Canada's first gold medal in Freestyle Moguls last month, has certainly secured herself a place in the annals of Canadian Olympic history. Jennifer's teammate in that event Stephanie St. Pierre, who finished twelfth, is another name worth remembering.

At just 20 years old, Stephanie is one of Canada's most promising Olympic stars for the Vancouver games in 2010. She is also the daughter of Dr. Luc St. Pierre, a Past President of the *Association de Obstétriciens et Gynécologues du Québec* (AOGQ) and former member of the SOGC Council.

Her performance at Turin is just the latest in Stephanie's short but distinguished career. Skiing since the age of three, Stephanie won her first World Cup event at the age of 18, in the Double Moguls competition in Fernie, BC. She also placed third in the 2003 World Championships, and first in Moguls at the 2004 World Cup event in Mont-Tremblant, Québec. She also secured a second place finish in a test event for Turin.

In preparing her biography for the Canadian Freestyle Ski Association, Stephanie attributes her father with being the most influential person in her life, stating that "he is the person I always turn to when I have a big decision to make."

The SOGC would like to offer its congratulations to Stephanie for representing Canada with a tremendous performance in Turin, and wish her the best of luck in all her future competitions.

SO, WHAT'S YOUR STORY?

The SOGC News wants to hear from you, our membership! Each issue, the SOGC News publishes articles and profiles celebrating the accomplishments of our members, and highlighting their contributions to the specialty and the health of Canadians. So if one of our members is winning an award, pioneering an innovative new approach to care, or simply deserves recognition for a distinguished career, we want to hear about it!

Send your submissions, articles or story ideas to the SOGC News at nbickford@sogc.com.

WELCOME new members!

The SOGC would like to welcome our newest members into the SOGC family:

Member OBGYN: Dr. Rukaya Nais; Dr. Julius Agboola, Specialist; Dr. K. Christopher Giede; Dr. Jordan Schmidt; Dr. Andres Gordillo; Dr. Mohamed Shaban

Medical Student Members: Ms. Lauren Smith; Ms. Christine Robinson; Mr. Kevin Byron; Ms.

Marielle Pratt; Mrs. Janie Benoit; Ms. Carolyn Saunders

Life Member: Dr. Aseem Chakravorty, MD

Junior Member: Mrs. Fang Xie; Dr. Turki Gasim, Clinical Fellow; Dr. Ejibunmi Adetola; Ms. Romy McMaster; Dr. Zhong-Cheng Luo

Associate Midwife Members: Ms. Josée Lafrance, Professeure SF; Ms. Andrea Cassidy, Midwife; Ms. Charlotte Landry, RM

Associate Member PhD: Dr. Judith Brown, Professor; Dr. Suzanne Tough, Associate Professor

Associate Member MD: Dr. Christiana Yao; Dr. Chantal Fréchette; Dr. Grace Anne Diaz Balaoging

tri-cyclen[®] lo

norgestimate and ethinyl estradiol

I'm just getting started but I'm worried about spotting.[†]

Breakthrough Bleeding/Spotting



Adapted from Hampton RM, et al.¹ Comparison of a novel norgestimate/ethinyl estradiol oral contraceptive (Ortho TRI-CYCLEN* LO) with the oral contraceptive Loestrin Fe 1/20. *Contraception* 2001;63:289-295.

Percentage of users experiencing breakthrough bleeding/spotting: TRI-CYCLEN* LO vs. norethindrone acetate 1 mg/ethinyl estradiol 20 µg. Reference 1, table 3. Statistical significance (p<0.05) was achieved for breakthrough bleeding and spotting differences in all cycles except cycles 8, 11 and 13.

lo TRI-CYCLEN* LO SUBJECTS EXPERIENCED SIGNIFICANTLY LESS BREAKTHROUGH BLEEDING OR SPOTTING IN 10 OF 13 CYCLES (P<0.05) VERSUS WOMEN USING 20 µg EE/1 mg NETA (NORETHINDRONE ACETATE) COMPARATOR OC¹ **

TRI-CYCLEN* LO tablets are indicated for conception control. Oral contraceptives do not protect against sexually transmitted diseases including HIV/AIDS. For protection against STDs, it is advisable to use latex condoms in combination with oral contraceptives.

Cigarette smoking increases the risk of serious adverse events on the heart and blood vessels. This risk increases with age and becomes significant in oral contraceptive users older than 35 years of age. Women should be counselled not to smoke.

Nausea and vomiting, usually the most common adverse reaction, occurs in approximately 10% or less patients during the first cycle.

Full Product Monograph available on request.



[†] Fictitious patient for illustrative purposes only.

⁺⁺ Randomized, parallel group, multicentre study of TRI-CYCLEN* LO (n=1,723) and 20 µg EE/1 mg NETA open-label control (n=1,171). The initial one-third of participants were followed for 13 cycles and the remaining two-thirds were followed for 6 cycles.

1. Hampton RM, et al. Comparison of a novel norgestimate/ethinyl estradiol oral contraceptive (ORTHO TRI-CYCLEN* LO) with the oral contraceptive Loestrin Fe 1/20. *Contraception* 2001;63:289-295.

2. TRI-CYCLEN* LO Product Monograph, January, 2005



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RESIDENT LIFE: Encourage a Student... Recruit a Resident!

The elimination of a rotating internship has increased the difficulty medical student experience choosing a career path. Often, students must arrange electives before their mandatory clinical rotations are completed. Residency applications deadlines typically occur before students are able to experience the full breadth of medical practice. As a result, many specialties that students gain little exposure to in their standard medical curriculum have experienced difficulty recruiting applicants to their programs. To combat this, many programs have developed supplementary strategies to enhance student exposure to their specialty. Obstetrics and gynaecology is no exception. After a number of years with fewer applications than residency positions, we have recently witnessed a turnaround in this trend. In the last several residency matches, there have been more applicants to ob/gyn programs than there are positions.

Current Ob/Gyn residents are an integral part of successful resident recruitment. The JM Committee has surveyed programs across the country and the following is a compilation of strategies that encourage medical students to consider entering obstetrics and gynaecology. Pick and choose to help enhance your students' experiences!

- **SOGC Resources:** Encourage students to become SOGC members and participate in the Annual Clinical Meeting. Post our recruitment brochures, posters and application forms.



- **Deliver a Baby Night:** Preclinical medical students are invited to shadow an obstetrician or obstetrics resident during a call shift.
- **Ob/Gyn Clubs:** Offer to be a faculty or resident advisor in the development of a local women's health interest group.
 - **Career Fairs:** Ensure Ob/Gyn representation at career fairs and residency information sessions.
 - **Nurse-Student Buddy System:** Match a student with an OB nurse for call shifts to enhance clinical experience in the delivery room.
 - **Mentorship Program:** Develop a student-resident mentorship program.
 - **Ob/Gyn Information Night:** Host an Ob/Gyn information session & social for interested students. Invite approachable Ob/Gyn faculty and residents.
 - **Career Counsellor:** Choose a resident or staff to function as the local Ob/Gyn recruitment representative. Advertise their contact information so medical students from other universities can ask questions about your program.
 - **Elective Catalogue:** Create a local elective guide for students interested in obtaining more experience in Ob/Gyn.
- **Program Brochure:** Create a brochure highlighting your local Ob/Gyn residency program. Distribute it widely.
- **Informal Recruitment Strategies:** Everyday informal encouragement does more than you know to recruit students into our specialty.

UNIVERSITY REPORT: Queen's University

By Vickie Martin, R3

Happy New Year to everyone!! Kingston is enjoying some higher than normal temperatures which has helped with the winter blues.

Queen's is happy to report that, once again, our program has been granted full approval during the Royal College Accreditation process in the fall. Our program director Dr. Julie Tessier worked very hard and we were all very proud; we always knew our program rocked!

We just finished our CaRMS interviews and, after four days of meeting amazing candidates, we look forward to meeting our new 'family members'. The profession is certainly attracting very strong applicants, which is great.

The biggest change for the upcoming year is the move to Palm-based logging using the T-Res software. It is in the early introductory phase but hopefully this will help us all stay organized. The staff (& residents), have been learning how to shadow-bill which has been an interesting learning experience.

The residents have always utilized our exceptional conference fund and this year saw residents in Chicago, New Orleans, Banff, Toronto, Québec and Italy. We are lucky to have such amazing opportunities.

There has been little change in the staffing department since our last report but Dr. Michael McGrath has replaced Dr. John Jeffery as our department head and,

although he has some big shoes to fill, he has been making the transition look easy. We were extremely proud that the website www.sexualityandu.ca, was recently recognized internationally when it received the 2005 World Summit Award as being 1 of 5 best healthcare e-projects in the world. Our own Dr. Bob Reid was intimately involved in its development and traveled to Africa to accept the award!!

Our program is a little bottom heavy presently so we only have one chief, Dr. Melissa Comette. She is busy but we know that she will do great on the Boards. She plans to practice in the community, though which community remains to be seen.

We are all anxiously looking forward to the arrival of Dr. Heather Cockwell's first child, who is expected this April. This will join fellow R4 Dr. Laura Gaudet's little boy Spencer.

As always Queen's residents manage great social activities around our academic schedule, and often we combine the two. Our monthly journal clubs at the Attendings' homes, the departmental Open House, summer barbeques, Christmas gatherings, and even the Kingston Triathlon, are some of the many things that keep us close. We also have a Scope course, the Annual Research day, and an OSCE and retreat upcoming.



REFLECTING ON A GREAT YEAR at the University of Montréal

Maxime Lacerte, 3rd year resident, Department of Obstetrics and Gynaecology, University of Montréal

Hello all! It is my pleasure to share with you the events that left their mark on the University of Montréal's Obstetrics and Gynaecology residency program over the past year.

Last June saw the departure of four of our senior residents, who started their general practice in Québec and New Brunswick: Drs. Jeanne Bernardin, Carole Leblanc, Valérie Carré and Nathalie McLaughlin. Each of these residents greatly impressed us with their motivation, their teachings and their support. Congratulations and happy practice!

Our new residents arrived in July: Florence St-Pierre, Yan Wang, Catherine Tremblay, Marie-Danielle Dionne and Anne-Edwidge Noël. Welcome aboard and may the years to come be filled with happiness and accomplishment.

We would also like to welcome two new patrons who have also joined our program: Dr. Geneviève Roy is now at the Hôpital St-Luc and Dr. Marie-Soleil Wagner is at the Hôpital Sainte-Justine.

On a more personal note, last summer also brought much joy for residents Marie-Hélène Aubé, Suzanne Fortin and Maxime Lacerte, who got married, and Nathalie East, who gave birth to a pretty little girl named Eugénie.

It has also been a great year for academics. Resident Dr. Martine Goyet stood out with her research project on the impact of a uterine scar on the risk of uterine rupture. She received the first prize for SOGC junior members in Québec in June 2005, as well as the first prize during the Journée de la Recherche de l'AOGQ in November 2005. She was also honoured with the opportunity to present her project at the CNGOF in Paris. Congratulations on a job well done!

I would also like to congratulate several of our patrons who contributed their time and energy so that others could benefit from their knowledge and skills. Dr. Marie-Josée Dupuis received an award for excellence in teaching from the Canadian Association of Medical Education and Dr. Marie-Josée Bédard received the APOG's award for excellence in teaching obstetrics and gynaecology. Dr. Pierre Drouin also received a recognition award from the SOGC for his work in international women's health.

We look forward to our laparoscopy workshop and the many upcoming training events (aside from our reading club and our weekly academic half-days). On a more social note, we're all very excited about our first residents' retreat, which is coming up this month.

REGARDS FROM the University of Ottawa!

Yaa Amankwah, MD, PGY 3, Dept. of Obs/Gyn, University of Ottawa

Warmest regards from the University of Ottawa Obstetrics and Gynecology residency training program! I am quite thrilled about this year's report as there have been quite a few new developments in our program.

Our year began with the appointment of Dr. Andrée Gruslin as program director. With her great ideas, inspired endeavors, and never-ending support for residents, Dr. Gruslin continues to demonstrate her dedication to improving and advancing our program.

We are also proud to announce the birth of our quarterly newsletter "The Speculum," which has already published three issues. This newsletter is distributed to all Ottawa Hospital staff physicians, residents and nurses and serves as a great tool for updating the department on current social/academic events. Thanks to Dr. Karine Lortie (PGY 3) and Tracy Mitchell (program coordinator) who have worked so hard to make this a success.

Our first resident retreat was held in the fall in Chelsea, Québec. With the support of our staff, Ob/Gyn residents were able to take the entire day off to attend the retreat. It was a great success, and outstanding and current issues related to the smooth running of the program were discussed in a relaxing setting.

Between our annual summer barbecue, Christmas dinner and Halloween party, it's been a year filled with social activity. We also held our first mentor-mentee

dinner in the fall, and by all accounts everyone had a great time.

Now, on a more serious note (lest you think it's all play over here!), a number of our residents have been involved in research and publications this year. Congratulations to Dr. Asia Al-Shaikh who presented at the conjoint annual meeting of ASRM/CFAS 2005; to Dr. Karine Lortie who published in the August 2005 Journal of Fertility and Sterility; and to Dr. Roxana Geoffrion, who was awarded the Berlex Junior Member Elective fellowship grant from the SOGC, which she is currently undertaking in the field of urogynecology in Halifax for three months.

CARMS interviews were held on Jan 16 & 17. We had over 90 applicants to our program this year and over 40 candidates were granted interviews for four positions. We look forward to welcoming the successful candidates in the next few months.

We would like to wish our finalists (Dr.R. Ou, Dr. G. Al-Shaikh, Dr. R. Geoffrion and Dr. J. Nicholson) the very best as they prepare for their Royal College Certification exam in May. We have no doubt that they will succeed with flying colors.

We anticipate that our next year will be filled with more exciting events and we look forward to keeping you updated in our next report. On behalf of my fellow residents here in Ottawa, we wish you all the best.



RISING STI RATES offer a wake up call to Canadians

For more than eight years, reported cases of the Sexually Transmitted Infections (STI) chlamydia, gonorrhea and syphilis have been on the rise in Canada, and could be a sign of looming health problems in the future.

According to data from the Public Health Agency of Canada on reportable STIs for the period 1997-2004:

- the rate of chlamydia infection rose by over 70%, from 109.9 cases to 191.4 cases per 100,000 people;
- the gonorrhea rate rose by over 80%, from 14.3 to 24.9 per 100,000 people; and
- the infectious syphilis rate skyrocketed from 0.4 to 3.9 cases per 100,000 people, a rise of 908%.

Prior to 1997, the number of STI cases for these infections were in decline. Similar upward trends are also being experienced in the United States and the United Kingdom. Advances in STI testing may account for some of this increase, but these results point to changes in sexual behaviour, namely fewer Canadians consistently choosing to practice safer sex.

In light of these disturbing trends, the SOGC issued a release to national media in January. SOGC spokespeople appeared on television, and in radio and print interviews. The release was part of the SOGC's advocacy for a multi-faceted national strategy to address the rise in STIs.

Of the three infections, possibly the most disconcerting is the rising rate of chlamydia...

Known as a "silent" disease, more often than not chlamydia infection is asymptomatic. About half of men with a chlamydia infection will have no symptoms. For women – who experience greater health risks from chlamydia infection than men – the number of asymptomatic patients is closer to 70%. This means that for every woman that reports a symptomatic case of chlamydia, there may be two or three others who are asymptomatic and much less likely to seek treatment.

Asymptomatic cases of chlamydia can spread to a woman's reproductive organs causing pelvic inflammatory disease, which in turn can lead to tubal infertility, ectopic pregnancy and chronic pelvic pain. For many women, they will not realize that they have chlamydia until they have difficulties becoming pregnant.

Gonorrhea is also often asymptomatic and can cause pelvic inflammatory disease, though this is less common than with chlamydia. For both infections, because so many cases are asymptomatic, underreporting remains an issue of serious concern. The rising number of infections reported to the Public Health Agency of Canada likely represents only a fraction of the actual

number of cases. If the number of unreported and untreated cases is also rising, this can lead to two very serious conclusions: first, that the rising number of untreated cases may continue to fuel the rising rates of infection; and second, that the incidence of negative health consequences of infection, such as infertility, may also rise.

In the case of syphilis, which was virtually eliminated in Canada by 1997, the rising rates are largely attributable to localized outbreaks, most notably in Vancouver. Syphilis is curable with antibiotics and often will present symptoms. However, the symptoms are often mistaken for other diseases. In fact, because the symptoms of syphilis mimic other diseases, this viral infection has often been dubbed "the great imitator".

Though still very rare, untreated syphilis can cause permanent damage to the brain and other organs. Given the exponential increase in the number of cases, this could quickly become a serious health concern.

"These increasing STI rates are a wake up call to all of us about the importance of STI testing and counseling patients to always practice safer sex" said SOGC Associate Executive Vice-President Dr. Vyta Senikas, who appeared in nation-wide media coverage in January to discuss the rising rates. "Left unaddressed, there clearly will be severe negative consequences on patient health and indeed a strain on the whole Canadian health care system."



SOGC CONSENSUS REPORT brings menopause into the national spotlight

The SOGC captured national headlines, airwaves and television broadcasts in February with the release of its 2006 Menopause Consensus Report, a comprehensive guideline for the management of menopausal symptoms.

To release the Consensus Report, the SOGC hosted media events in Calgary, Toronto and Montréal which included presentations on the findings of the Consensus and in-person interviews with the Report's authors.

Media coverage highlights included CBC Television, CTV, Global TV, City-TV, CBC Radio, The Globe and Mail, National Post, Toronto Star, Vancouver Sun, various CanWest newspapers and the Canadian Press. The Consensus also received strong coverage in Québec, including stories on TVA, TQS, Radio-Canada, Le Devoir and the Montréal Gazette.

Much of the coverage focused on the Report's limited recommendation that Hormone Therapy (HT) may be prescribed for the treatment of moderate to severely disruptive symptoms of menopause. The Consensus also recommends that HT be prescribed at the lowest effective dose, for the shortest duration necessary, to achieve treatment goals. Frequent reassessment of the use of HT is also recommended.

Media coverage also focused on the perceived contrast between these recommendations and the 2002 findings of the Women's Health Initiative (WHI) study, which looked at the use of hormonal therapy as a method of disease prevention. At that time, the study identified a very small increase in the risk of breast cancer, stroke and coronary disease associated with the use of estrogen or estrogen-and-progestin HT. After release of the WHI findings, many women



discontinued or avoided hormone therapy for fear of these potential side effects.

However, for a variety of reasons the WHI study has been considered a poor measure for evaluating the use of HT in treating menopausal symptoms. For one, the study was not designed to evaluate HT as a treatment of menopausal symptoms, but rather as a way to prevent disease. Secondly, the study participants in the WHI were much older on average than the average age of menopause. The study also did not consider quality of life issues, which are significant in many cases.

The SOGC created the Consensus Report to address these public misconceptions about the safety of HT and to give clear recommendations to Canadian healthcare professionals based on the best scientific evidence currently available.

The SOGC was pleased to note that, in addition to covering the issue of HT, media coverage also touched on other aspects of the Consensus that are important to Canada's menopausal women.

These include the recommendations about the role of healthcare professionals in promoting the value of a healthy, active lifestyle to help prevent disruptive symptoms, as well as the benefits of quitting smoking, reducing stress, losing weight and increasing physical activity.

"The media is one of the first sources for health information for many Canadians," said SOGC Associate Executive Vice-President Dr. Vyta Senikas. "That's why coverage like this – coverage that conveys such important messages about maintaining good health – goes a long way to help Canadians make good health decisions."

The SOGC would like to congratulate the menopause consensus committee for producing such a valuable guideline. Particularly, the SOGC would like to thank Drs. Serge Belisle, Sophie Desindes, Jennifer Blake, Nan Schuurmans and Vyta Senikas for dedicating their time and expertise by participating in the media events and helping to convey this important information to the Canadian public.

IGNORANCE IS NOT BLISS

Staying in-the-know on the latest news and research can be a challenge for even the most informed healthcare professional. Which is why the Society of Obstetricians and Gynaecologists of Canada runs *sexualityandu.ca*—a website contributed to by more than 60 experienced, multi-disciplinary healthcare professionals. It's an invaluable resource for information on sex, sexuality and contraception, for both you and your patients, with specific sections for everyone from Healthcare Professionals to Teens, Adults, Parents and Teachers. Visit today or refer your patients to the site. **Because it's better when you know.**

sexualityandu.ca



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THE SOCIETY OF
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OF CANADA

RN REPORT

By Sandy Christie, RN MN, RN Advisory Chair

Since June 2005, the RN Advisory Committee has met by teleconference four times, and once in person at the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) National Conference.

To date, the major outputs of the committee have been participation in the Strategic Planning survey, the creation of a Handbook for membership on the RN Advisory Committee, and the recruitment of RN members for the SOGC committees.

The handbook describes the membership, terms of reference, associated bylaws and committee involvement. It is based on work done by the Junior Member and Midwifery Advisory Committees and is consistent in format and content. The Handbook is to be presented for approval by Council at the ICME in March of 2006.

Recruitment of RN members on committees occurs through an approved process on which the RN Advisory seeks and approves nominations from RNs who are SOGC members in specialized areas. Recommendations may come from other sources, including committee chairs. As a committee we strive for a broad representation from a national perspective, and both an academic and clinical background. We encourage committee chairs and RN members to communicate with the RN Advisory Committee members for support and assistance in ensuring effective representation on committees.

The SOGC RN Advisory maintains strong linkages with AWHONN Canada. AWHONN's Canadian Section President (currently Marie Josee Trepanier) holds membership on our Advisory Committee, and RN Advisory Members also hold leadership roles within AWHONN. This cooperation



facilitates consistency of information to the public, contributes to health policy development, and encourages interdisciplinary collaboration at all levels. The SOGC RN Advisory Committee contributes items to both AWHONN and SOGC Newsletters to inform members regarding activities and encourage membership.

APOG Updates



Resident Research Training Objectives

After much persistence and dedication, the Association of Professors of Obstetrics and Gynaecology of Canada (APOG) Research Committee has recently completed the new Resident Research Training Objectives as presented at the APOG AGM this past November. Both the Department Chairs Committee and the APOG Board of Directors have reviewed and approved the new training requirements. The objectives, which are to be adopted by each of the Departments of Obstetrics and Gynaecology at the sixteen medical universities, highlight the importance placed on research in residency education. Stay tuned for the upcoming publication of this vital document.

CanMEDS Update

The much anticipated CanMEDS Objectives in Obstetrics and Gynaecology, authored by Dr. Shawna Johnston, has been reformatted thanks to Dr. Nancy Kent in the new CanMEDS 2005 format. Although "unofficially" in use in all residency programs, APOG is awaiting final acceptance from the Royal College which we anticipate in the coming months.

President's Grant for Resident Research

In the very near future, APOG will be introducing the President's Grant for Resident Research, an annual women's health grant competition for residents that provides funding for short term research projects. This grant is a milestone for APOG, marking the first occasion where we've introduced an annual award. Criteria and application form will be made available on the APOG website. The winner of the competition will be announced at the APOG AGM in December.

Mark Your Calendars!

APOG Mid Year Meeting

Saturday, June 24, 2006 — Vancouver, BC

APOG AGM

Dec 1 – 3, 2006 — Toronto, ON

GOVERNOR GENERAL GRANTS PATRONAGE to SOGC's International Women's Health Program

On January 27th, the SOGC's International Women's Health Program was pleased to welcome its newest patron, Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada.

The program was granted this honour in light of the aims and objectives of the program, namely to reduce maternal and newborn mortality and morbidity internationally. The program also maintains a partnership program within Haiti, the birthplace of Her Excellency the Right

Honourable Michaëlle Jean.

Women's Health has also been a strong focus throughout the Governor General's distinguished career. Notably, in the late '70s and '80s, she helped establish a network of emergency women's shelters throughout Québec and elsewhere in Canada. She has also worked with aid organizations that assisted immigrant women and children.

The Governor General's patronage is a

distinguished honour for the SOGC's IWH program. It signifies the critical importance and value of the SOGC's efforts to improve the quality of care received by women globally and to reduce the number of mothers and infants who die needlessly during birth.

On behalf of the SOGC, we would like to thank Her Excellency the Right Honourable Michaëlle Jean for her patronage of the International Women's Health Program and this important cause.

HIGHLIGHTS of the International Women's Health Program

So far, 2006 has been a productive year for the SOGC's International Women's Health Program. Most notably, the SOGC signed a new four-year partnership with the Ukrainian Association of Obstetricians and Gynaecologists in late January. Here are some other highlights from 2006.

UGANDA (January 28- February 4):

Dr. John Smith (ob/gyn), Co-Chair of the ALARM/GESTA International Committee, and midwife Ann Lovold traveled to Uganda to collaborate with the Association of Obstetricians and Gynaecologists of Uganda (AOGU) instructor team for the delivery of an ALARM International course and ALARM International instructor courses. In addition, they contributed to an audit of the AOGU instructor team to provide AOGU with feedback on their capacity with respect to the delivery of the ALARM International

Program. It further measures the strengths and weaknesses of instructors, and provides an opportunity for constructive feedback ensuring quality control of the AIP program that is delivered in Uganda.

HULL (February 3-4)

IWHP staff participated in a Regional Symposium hosted by WUSC and Uniterria in recognition of International Development Week. The symposium offered the opportunity for university students in the National Capital Region to explore the work of a variety of agencies involved in development, specifically as it relates to their contribution toward achieving the MDG's. The IWHP had a full-day information kiosk to promote the SOGC's international work. In addition, the SOGC's international activities were presented as part of the general

plenary, highlighting the causes and needed interventions that contribute to the reduction of maternal and neonatal mortality and morbidity, thus working toward the achievement of the MDGs.

GUATEMALA (February 2- 8)

SOGC President Dr. Michael Helewa, EVP Dr. André Lalonde, IWHP director Liette Perron and Finance Director Linda Desjardins traveled to Guatemala to conduct an annual review of our Partnership Program with AGOG. This field visit included a series of activities to provide institutional, organizational, administrative and financial feedback and support. In addition, the trip provided the opportunity to acknowledge the active contribution of AGOG and to reinforce with the Guatemalan health authorities the international involvement of SOGC.

ALARM International in Uganda



Left: Enid Mwebaza, the first Ugandan midwife to graduate from the ALARM International Programme instructors' course, poses with Midwife Ann Lovold outside Mulago Hospital in Kampala, Uganda.

Right: Participants in the ALARM International Course in Masulea, Uganda.



THE ALARM course heads North!

On February 11th and 12th, a special Advances in Labour and Risk Management (ALARM) course was offered at the Inuvik Regional Hospital in Inuvik, Northwest Territories. The course was offered at the request of the Beaufort Delta Health and Social Services Authority, and was offered to 24 participants, including six family practitioners, one OB/GYN, and 17 RNs.

The course was hosted by five faculty: OB/GYNs Dr. Michael Bow, Dr. Nancy Kent and Dr. Roger Turnell, Family Practitioner Dr. William Ehman and Registered Midwife Dr. Eileen Hutton. SOGC Scientific Program Officer Linda Kollesh also accompanied the team.

By all accounts, the course was a wonderful success. With the weather's cooperation, the faculty also found some time to enjoy the beautiful Northern scenery and even try their hand at dog sledding (graciously provided by Judi Falsnes and Arctic Chalet Ltd.).



OSOG ANNUAL Gala Dinner and Awards Banquet

Come celebrate with the
Ontario Society of Obstetricians and Gynaecologists!

This year, join us in honouring the winner of the **OSOG Lifetime Achievement Award - Dr. Walter Hannah**, Professor Emeritus, The University of Toronto.

This year's event will be **held on Friday, May 5th 2006**, at the Downtown Hilton Hotel, Toronto. Cocktails will be served at 5:30; dinner at 6:30.

To register, or for more information about this event, please contact the Ontario Medical Association at 1-800-268-7215 ext. (2912); other inquiries may be directed to the OSOG head office at 1-800-563-6764.

SOGC RELEASES STATEMENT on Depo Provera™ and Bone Mineral Density

Following government and pharmaceutical company warnings on the negative effects of Depo-medroxyprogesterone acetate (DMPA) on bone mineral density (BMD), the SOGC convened a working group of ob/gyns, GPs, and osteoporosis experts to review the existing data on the effect of DMPA on BMD. From this working group, the SOGC has adopted a position statement on the use of DMPA, to be published in the April issue of the *Journal of Obstetrics and Gynaecology of Canada (JOGC)*.

The working group and the new statement come in response to warnings about DMPA use dating back to late 2004, when the American Food and Drug Administration (FDA) issued a “black box” warning for the labelling of the drug because of BMD concerns. Last summer Health Canada and Pfizer, the makers of Depo Provera™, issued a joint health advisory to Canadian physicians that warns of the risks of BMD loss associated with DMPA.

The SOGC has made it a priority to address potential overreactions to these warnings, which suggest possible theoretical outcomes such as osteoporosis and bone fracture from DMPA-associated BMD loss. Though research confirms that DMPA use is associated with BMD loss, there is no convincing evidence linking DMPA with adverse outcomes of BMD loss, such as osteoporosis and fracture.

After thoroughly reviewing the literature, the working group concluded that DMPA associated loss of BMD is most rapid during the first two years of use, and that the effect on BMD is largely reversible once DMPA use is stopped.

In the new position statement, the SOGC endorses the World Health Organization’s recommendation that states “There should be no restriction on the use of DMPA, including no restriction on duration of use, among women aged 18–45 who are otherwise eligible to use the method.”

DMPA, known by the brand name Depo Provera™, is prescribed for use as an injectable contraceptive and is also used as a treatment for endometriosis, menorrhagia, and dysmenorrhea. As a contraceptive method, DMPA is one of the most effective reversible methods available. Injections are required only

once every three months. For this reason, DMPA has become a popular choice for women who have difficulties adhering to other contraceptive methods and schedules, and who are therefore at higher risk of unplanned pregnancy. It is also an alternative for women who cannot use hormonal contraceptives containing estrogen. The contraceptive also plays an important role internationally, particularly in countries where other forms of contraception are not always available and where childbirth is associated with high risks of mortality and morbidity.

SOGC Executive Vice-President Dr. André Lalonde says that this position statement is about dispelling misinformation generated by the warnings about BMD, and about providing women and their healthcare providers with a better understanding of the entire issue.

“Women need to know that using DMPA can decrease bone density, but this information needs to be put into perspective,” said Dr. Lalonde. “What is important is how this translates into real medical risks such as bone fractures or osteoporosis. Though more research needs to be done, available evidence tells us that, on balance, the risk is outweighed by benefits of this method of contraception in the majority of current users.”

The group’s findings also include a statement that the “advantages of using DMPA outweigh the concerns over its use by adolescent or perimenopausal women who have contraindications to or difficulty using other contraceptive methods.”

Also included is a recommendation that health care professionals actively inform patients on a continuing basis of the risks associated with DMPA use, and counsel them on ways to maintain good bone health, such as calcium and vitamin D supplementation and smoking cessation.

The working group statement emphasizes that these recommendations are only preliminary, as more long-term research into BMD loss is still required. The position statement encourages health care providers to stay abreast of research as it becomes available.