

collaboration
education research
leadership

SOGC NEWS



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

SEPTEMBER 2011



Celebrating success in Guatemala

page 9

Winners of the Junior member 'Pay your dues online' draw

page 6

CIDA confirms financial support for Haiti

page 10

Focus on Ovarian Cancer Awareness Month

page 2 and 3

Upcoming clinical practice guidelines

Below is a tentative schedule for upcoming guidelines that will be published by the SOGC. Please note that the publication dates listed are subject to change. All guidelines are published in the

Journal of Obstetrics and Gynaecology Canada (JOGC) and are available on the Society's website, www.sogc.org.



September

- Use of a DNA Method, QF-PCR, in the Prenatal Diagnosis of Fetal Aneuploidies (joint SOGC-CCMG clinical practice guideline)
- The Presence of a Third Party During Breast and Pelvic Examinations (policy statement)

October

- Genetic Considerations for a Woman's Annual Gynaecological Examination (committee opinion)
- Fetal and Perinatal Autopsy in Prenatally Diagnosed Fetal Abnormalities With Normal Karyotype (technical update)
- Prenatal Genetic Screening (committee opinion)

SEPTEMBER IS ... Ovarian Cancer Awareness Month

Ovarian cancer is relatively uncommon, yet it is the deadliest of all gynaecologic malignancies, often affecting perimenopausal and postmenopausal women. According to Canadian Cancer Society statistics, there were 2,300 new cases and 1,600 deaths due to ovarian cancer in 2006. In the same report, the estimated five-year survival rate for patients with ovarian cancer was 38 per cent. Part of the problem is that symptoms are often easily missed, and there is no easy screening test to detect this cancer. However, when found early – and treated – the ovarian cancer survival rate is 90 per cent.



SOGC resources available at www.sogc.org/guidelines

- Clinical practice guideline: *Initial Evaluation and Referral Guidelines for Management of Pelvic/Ovarian Masses*
- Policy statement: *Statement on Wait Times in Obstetrics and Gynaecology*
- Clinical Practice Guideline: *Surgical Management of an Adnexal Mass Suspicious for Malignancy*
- Clinical Practice Guideline: *Management of Low Malignant Potential Tumour of the Ovary*

New resources

The SOGC offers a series of public education brochures for your patients; these are excellent resources to prepare patients for a medical appointment or to refer to after one. These bilingual brochures are reviewed by the SOGC's subject-matter experts and are based on the SOGC's clinical practice guidelines.

There is a new brochure in this series, addressing alcohol use while planning and during a pregnancy. Brochures on other topics are also available, and new ones are produced as clinical practice guidelines requiring public education are created or updated.

All brochures can be ordered at www.sogc.org (all SOGC members receive a discount), and the brochure content can also be read at this site.

Topics addressed in the 'Alcohol and pregnancy' brochure

- Just one drink . . . is it okay?
- The prevalence of alcohol use in pregnancy
- Universal screening for alcohol consumption as a routine part of women's health care
- How alcohol can affect an unborn baby
- High-risk drinking and binge drinking
- Where a woman can turn for support in changing her habits
- Alcohol and breastfeeding





Council 2011–2012

OVARIAN CANCER: A reminder for us all to 'be aware'

By Dr. Mark Heywood, SOGC president



As a gynaecologic oncologist, I am particularly sensitive to the challenges involved with arriving at an ovarian cancer diagnosis, as well as being painfully familiar with the consequences of late-stage discovery. It is the nature of this deadly disease — with its non-specific symptoms and lack of easily identifiable deformities — which often causes women to ignore the signs, and their care providers to assign it low indices of suspicion.

The hurdles to improving the outcome for women with ovarian cancer are many and

Common symptoms of ovarian cancer

- Bloating
- Pelvic or abdominal pain
- Difficulty eating
- Urinary urgency or frequency
- Back pain
- Fatigue or sleep changes
- Nausea, indigestion, flatulence
- Constipation, diarrhea
- Menstrual irregularities
- Unexplained weight gain or loss

Risk factors for ovarian cancer

- Approximately 60% of women diagnosed with ovarian cancer are in the 50 to 79 age range. However, ovarian cancer can occur in any age group.
- Family history of breast or ovarian cancer
- Hereditary ovarian cancer is more likely to occur in younger women when there is a family history of ovarian or breast cancer with a BRCA germline mutation.
- Infertility, nulliparity and low parity

great. In spite of how far we've come with other cancers over the past few decades — such as the development of a vaccine which is highly effective in preventing cervical cancer, significant advances in surgical techniques and improved chemotherapeutic options — little has changed for ovarian cancer. A primary reason that the survival rate has not increased significantly is *when* this cancer is diagnosed. Yet, with early diagnosis, there is hope.

With this in mind, there is something we can all do, specialists and generalists alike: we can be aware. September is, after all, Ovarian Cancer Awareness Month. What better time to refresh our memories with the signs and symptoms and remind ourselves to consider ovarian cancer in our differential diagnoses.

As well, we can be proactive in speaking to our patients and the women we know about the disease's signs and symptoms. Ovarian cancer often remains asymptomatic in its early phase or mimics other common conditions such as perimenopause and irritable bowel syndrome. Such mild, vague abdominal symptoms may not cause patients to seek medical attention unless we give them the knowledge and encouragement to do so.

It's a fine balance; we don't want to overreact, causing unnecessary stress for our patients or needless testing. This is part of the challenge of ovarian cancer — a relatively uncommon disease, yet one of the deadliest of all gynaecologic malignancies, often affecting perimenopausal and postmenopausal women.

We all have an important role to play in this fight. We must collaborate to increase awareness, to be vigilant in watching for signs, so that we can catch this cancer early.

Executive Committee

- **President:**
Mark Heywood, MD, Vancouver
- **Past president:**
Ahmed Ezzat, MD, Saskatoon
- **President-elect:**
Douglas Black, MD, Ottawa
- **Executive vice-president:**
André Lalonde, MD, Ottawa
- **Treasurer:**
Ian R. Lange, MD, Calgary
- **Vice-presidents:**
Ward Murdock, MD, Fredericton
Diane Francoeur, MD, Montréal

Regional chairs, alternate chairs and other representatives

- **Western region:**
Stephen Kaye, MD, North Vancouver
Radha Chari, MD, Edmonton
- **Central region:**
Margaret Burnett, MD, Winnipeg
George Carson, MD, Regina
- **Ontario region:**
Wendy Lynn Wolfman, MD, Toronto
William Mundle, MD, Windsor
- **Quebec Region:**
Robert Sabbah, MD, Montréal
Isabelle Girard, MD, Montréal
- **Atlantic Region:**
Joan Crane, MD, St-John's
Krista Cassell, MD, Charlottetown
- **Junior Member Representative:**
Cynthia Nair, MD, Saskatoon
- **Public Representative:**
Pending confirmation
- **Associate Member (FP):**
William J. Ehman, MD, Nanaimo
- **Associate Member (RN-NP):**
Janet Walker, RN, Vancouver
- **Associate Member (RM):**
Kimberley Campbell, RM, Abbotsford
- **APOG Representative:**
Margaret Morris, MD, Winnipeg

Upcoming meetings



SOGC meetings

**Quebec CME Program:
Update in Obstetrics and Gynaecology**
September 15–17, 2011
Montréal, QC

**Quebec CME Program in Obstetrics:
For family physicians, nurses and midwives**
November 10–11, 2011
Montréal, QC

**Ontario CME Program:
Update in Obstetrics and Gynaecology**
December 1–3, 2011
Toronto, ON

**International CME Program:
Update in Obstetrics and Gynaecology**
February 27 – March 2, 2012
Aruba



Program schedule

Location	Date
Niagara-on-the-Lake, ON...	October 21-22, 2011
Montréal, QC	November 12-13, 2011 <i>(in conjunction with the Quebec CME - offered in French)</i>
Toronto, ON	December 4-5, 2011 <i>(in conjunction with the Ontario CME)</i>

Other meetings

RCOG 10th International Scientific Meeting 2012
Borneo Convention Centre, Kuching, Malaysia
June 5 to 8, 2012
www.rcog2012.com
info@rcog2012.com

AN ACCREDITED CONTINUING MEDICAL EDUCATION (CME) PROGRAM BY THE SOGC

QUEBEC CME PROGRAM IN OBSTETRICS

FOR FAMILY PHYSICIANS, NURSES AND MIDWIVES

In association with *l'Association des omnipraticiens en périnatalité du Québec (AOPQ)*

November 10–11, 2011

Montréal, Quebec, Fairmont The Queen Elizabeth

Preliminary Program available online

Register
online @
www.sogc.org

Hotel Reservations

Standard room: \$139 per
night single/double occupancy
Reserve before **Friday, October 14, 2011** to ensure
group rate availability
Tel: 1-800-441-1414 or 514-861-3511
Group code: SOGC1011



This CME program is offered in French.



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

780 Echo Drive, Ottawa, Ontario K1S 5R7
Tel: 1-800-561-2416 or 613-730-4192 Fax: 613-730-4314 events@sogc.com www.sogc.org

SOGC signs agreement with the Assembly of First Nations

For the past two years the SOGC and the Assembly of First Nations (AFN) have been working together on various projects and initiatives aimed at improving the health of First Nations women, their families and communities.

At this year's AFN Annual General Assembly in Moncton, the two organizations signed a formal statement of partnership. The partnership signals a commitment to ongoing dialogue and exchange between the SOGC's Aboriginal Health Initiative and the AFN Chief's Committee on Health. It is believed that regular and formal communication between each organization will better ensure the relevancy and success of strategies aimed at improving First Nations health and well-being.

Both the AFN and the SOGC recognize the value of engaging in relationships and activities that are built on common interest and fueled by mutual respect. For example, the AFN was one of the core partners involved in the development of the Joint Policy Statement on Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit and Métis in Canada which was published in the JOGC in June 2011. The statement speaks to the value of collaboration and affirms the shared objective



Chief Shawn A-in-chut Atleo, SOGC honorary member and National Chief of the Assembly of First Nations, stands with Dr. Ward Murdock, SOGC vice-president (Atlantic), at the AFN's 32nd Annual General Assembly in Moncton.

of reducing inequity in the availability and accessibility of sexual and reproductive health (SRH) services for First Nations, Inuit and Métis women. The Statement was endorsed by the AFN, along with an additional twelve Aboriginal and non-Aboriginal organizations.

Further building on each other's strengths, the SOGC's Aboriginal Health Initiative is working with the AFN to develop a new youth-driven, community-based project focused on access to culturally-safe SRH services. With almost half of the Aboriginal community under the age of 25, both

organizations are focused on supporting activities that will support equitable, culturally-safe SRH services for First Nation's women and youth.

Additionally, the SOGC's AHI is part of a new working group aimed at developing a Canadian health literacy council. Currently chaired by the AFN and PHAC, the group will promote health literacy and act as a hub for information on health literacy in Canada.

It is in this spirit of collaboration and partnership that the AFN and SOGC commit to undertake joint efforts in the development of strategies and initiatives intended to advance and improve First Nations health and well-being. With this new Statement of Partnership, the SOGC looks forward to continued engagement with the AFN.

The Assembly of First Nations (AFN) is the national representative organization of the First Nations in Canada. There are over 630 First Nations communities in Canada and the AFN represents all citizens regardless of age, gender or place of residence. In addition to this partnership agreement, the SOGC has also awarded honorary membership to Chief Shawn A-in-chut Atleo for his commitment to women's health and education.

AN ACCREDITED CONTINUING MEDICAL EDUCATION (CME) PROGRAM BY THE SOGC

ONTARIO CME PROGRAM UPDATE IN OBSTETRICS AND GYNAECOLOGY

In association with Ontario Society of Obstetricians and Gynaecologists (OSOG)

December 1-3, 2011

Toronto, Ontario, Marriott Downtown Eaton Centre



Hotel Reservations

Standard room: \$159 per night single/
double occupancy
Reserve before **Friday, November 4, 2011**
Tel: 1-800-905-0667
Group code: SOGC

This CME Program is offered in English.



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

780 Echo Drive, Ottawa, Ontario K1S 5R7
Tel: 1-800-561-2416 or 613-730-4192 Fax: 613-730-4314 events@sogc.org www.sogc.org





Recent studies authored by SOGC members

Al Riyami N, Walker MG, Proctor LK, Yinon Y, Windrim RC, Kingdom JC. "Utility of head/abdomen circumference ratio in the evaluation of severe early-onset intrauterine growth restriction." *J Obstet Gynaecol Can* 2011;33(7):715-9.

Al Wadi K, Helewa M, Sabeski L. "Asymptomatic uterine incarceration at term: a rare complication of pregnancy." *J Obstet Gynaecol Can* 2011;33(7):729-32.

Audibert F, Gagnon A. "Prenatal screening for and diagnosis of aneuploidy in twin pregnancies." *J Obstet Gynaecol Can* 2011;33(7):754-67.

Chitayat D, Langlois S, Wilson RD. "Prenatal screening for fetal aneuploidy in singleton pregnancies." *J Obstet Gynaecol Can* 2011;33(7):736-50.

Huang X, Lei J, Tan H, Walker M, Zhou J, Wen SW. "Cesarean delivery for first pregnancy and

neonatal morbidity and mortality in second pregnancy." *Eur J Obstet Gynecol Reprod Biol* 2011.

Kingdom JC, Walker M, Proctor LK, Keating S, Shah PS, McLeod A, et al. "Unfractionated heparin for second trimester placental insufficiency: a pilot randomized trial." *J Thromb Haemost* 2011.

Kotaska A. "Guideline-centered care: a two-edged sword." *Birth* 2011;38(2):97-8.

Luo ZC, Simonet F, Wei SQ, Xu H, Rey E, Fraser WD. "Diabetes in pregnancy may differentially affect neonatal outcomes for twins and singletons." *Diabet Med* 2011.

Malinowski AK, McGeer A, Robertson J, Sermer M, Farine D, Lapinsky SE, et al. "H1N1 in Pregnancy: A Tertiary Care Centre Experience." *J Obstet Gynaecol Can* 2011;33(7):698-704.

Millman AL, Payne B, Qu Z, Douglas MJ, Hutcheon JA, Lee T, et al. "Oxygen saturation as a predictor of adverse maternal outcomes in women with preeclampsia." *J Obstet Gynaecol Can* 2011;33(7):705-14.

Paulin H, Geldenhuys L, Naugler C. "Predictors of an unsatisfactory conventional cervical cytology smear." *J Obstet Gynaecol Can* 2011;33(7):725-8.

Shah SM, Bowen A, Afridi I, Nowshad G, Muhajarine N. "Prevalence of antenatal depression: comparison between Pakistani and Canadian women." *J Pak Med Assoc* 2011;61(3):242-6.

Weisz B, Book M, Lipitz S, Katorza E, Achiron R, Grossman Z, et al. "Fetal outcome and amniocentesis results in pregnancies complicated by varicella infection." *J Obstet Gynaecol Can* 2011;33(7):720-4.

Winners of the "Pay your dues online" draw for Junior members

We would like to thank all of our Junior members who took advantage of our online services in order to renew their membership dues for 2011-2012.

The winners for this year's draws were:

- Ms. Ryong Hi Lee - won a free conference registration to the 2011 ACM
- Dr. Devon Ambrose - won a free conference registration to a regional CME event in 2011-2012

Congratulations to our winners!

As part of our campaign to promote environmentally-friendly practices, we hope that you will continue to use our online membership services for the years to come.

WELCOME, new members

The SOGC is pleased to welcome some of the newest members to our society:

Junior member: Dr. Vanessa Michelle Carlson; Dr. Erika L. Hansford; Dr. Jessica Liauw; Dr. Joannie Neveu; Dr. Laurence Simard-Emond

Junior member (FP): Dr. Meagan Brown; Dr. Eleanor Huettmeyer

Associate member (RN/NP): Ms. Abigail Carbonell; Ms. Isabelle Tardif; Ms. Ranjit Uppal, RN,MN

Associate member (Students in health-care training): Mr. Alex Drossos; Ms. Sawyer Elan Huget-Penner; Ms. Veronica Moramarco; Ms. Elizabeth Morrison

Associate member (FP): Dr. Diana Kelland; Dr. Lilah Rossi

Ob-by member: Dr. Michel Alary



Your electronic membership renewal notice is coming soon...look in your inbox!

On October 1, members will receive their first membership renewal notices for 2012. This notice will be delivered by email, so don't forget to check your inbox. Anybody who does not have an email address will receive the notice by regular mail.

To renew your membership, you can visit www.sogc.org and log in to the member's section; click "Pay your dues online." Alternatively, you can print the PDF form from the email notice and return it to our office along with your payment. Please remember to update your address with the SOGC, so you can continue to receive great services such as monthly issues of the *Journal of Obstetrics and Gynaecology Canada (JOGC)* and the *SOGC News*.

Pay online and win

To encourage members to pay their dues in advance using our simple online renewal service, all members who do so will automatically become eligible for the following draws:

- Payments received prior to November 30 are eligible to win a free conference registration to the 2012 ICME
- Payments received prior to December 31 are eligible to win a free conference registration to the 2012 ACM or a regional CME

The SOGC would like to remind you that some members may also qualify for reduced membership rates, such as members who are on special leaves (including maternity, health, prolonged education or prolonged sick leaves)

or who are married/common law individuals that are both Ob/Gyn members of the Society.

For additional information, please contact Linda Kollesh at lkollesh@sogc.com.

With your continued support, the Society can remain strong, sustain growth, and continue to effectively represent you, our members. Our strength is in our membership, and without you, our continued success would not be possible.

We look forward to seeing you at one of our regional CME programs and at next year's Annual Clinical Meeting, hosted in Ottawa from June 20 to 24, 2012.

Bursary for nurses and midwives Deadline: **NOVEMBER 15**

The Foundation for the Promotion of Sexual and Reproductive Health (FPSRH), whose mission is to promote and support educational initiatives in the field of sexual and reproductive health, offers a bursary for nurses and midwives.

The purpose of this opportunity is to provide financial support enabling health-care professionals to meet specific learning needs and those of their community. This clinical professional development opportunity may involve, but is not restricted to, the acquisition of technical knowledge or skills in the areas of obstetrics and gynaecology or sexual and reproductive health. The traineeship consists of an active, individualized and practical experience related to clearly defined educational objectives.

What is the bursary?

This bursary consists of \$3,000 for a successful nurse or midwife applicant. In addition, \$1,000 will be awarded to the host institution providing the traineeship to help cover expenses.

Recipients will also be recognized at the SOGC's Annual Clinical Meeting awards ceremony in June.

The traineeship is to be provided in Canada. The selection committee, composed of members of the nurse and midwife advisory committees, may consider an alternate location if the training sought is not available in Canada. The traineeship must take place during the 18 months following the date that the bursary was awarded.

Eligibility

- Applicants must be an SOGC Registered Midwife member or Registered Nurse-Nurse Practitioner member in good standing
- Applicants must indicate if they are receiving additional subsidies for the intended traineeship
- The learning activity or clinical update is to be of a duration of no more than eight weeks

Submissions must be received by the SOGC by February 15 and November 15 of each year.

For more information, visit the "Awards, Bursaries and Grants" section on www.sogc.org.

LadySystem®

Vaginal cones
For pelvic floor reeducation



LadySystem® Vaginal Cones: a Fast-Acting, Easy and Discreet Solution to Treat or Prevent Urinary Stress Incontinence

Indicated for women with a weakened pelvic floor, which may cause for example:

- **Urinary stress incontinence (USI)**
- Moderate prolapse

Effective reeducation combining active and passive (**biofeedback**) pelvic floor muscle contractions

No. 1	4.9 g
No. 2	20.5 g
No. 3	32.0 g
No. 4	44.0 g
No. 5	55.0 g



- LadySystem® therapy performed discreetly at home
- Noticeable improvement in pelvic muscle tone after 6 weeks
- Increased motivation to comply with pelvic floor exercise
- Progressive and sustainable resolving of USI symptoms

How Women Using LadySystem® Vaginal Cones Describe their Benefits

- Fast-acting
- Easy to use at home and require hardly no effort
- Discreet, light and gentle

For: _____

Address: _____

R_x

LadySystem

15 minutes twice a day

Signature: _____

The LadySystem® therapy is covered by most private insurance plans.

It is recommended to perform the LadySystem® therapy 15 minutes, twice a day, for 3 months.
LadySystem® is available at the pharmacy counter with or without prescription.

For Medical Information: 1 888 666-0611
medicalinfo@duchesnay.com

Clinical guidelines and studies available on: www.ladysystem.ca



DUCHESNAY

950, boul. Michèle-Bohec
Blainville QC Canada J7C 5E2

Looking back at 13 years of partnership in Guatemala

With the SOGC's CIDA-funded Partnership Program coming to an end, the International Women's Health Program fondly looks back at the memories, the accomplishments, and the friendships gained along the way. This is the first in a series of four articles which will examine the capacity-building program's impact in the SOGC's partner countries.

Located in Central America, Guatemala is known for its diverse ecosystems, remnants of Mayan civilization and colourful displays of Indigenous artwork featured in street markets. Nearly 40 per cent of the population is made up of Indigenous peoples, bringing unique challenges to the country's efforts of reducing maternal and neonatal mortality.

In an effort to contribute to the improvement of women's health in Guatemala, the SOGC first began to work in partnership with the Association of Gynecology and Obstetrics of Guatemala (AGOG) in 1998, as part of the CIDA-funded Partnership Program. Since then, the AGOG has come a long way in terms of building the capacity of their organization and in assuming leadership for the promotion of sexual and reproductive health and rights in the country.

During the course of the partnership, AGOG has transformed from an association that was mainly interested in promoting the specialty and promoting the interests of its members to one that is actively involved in promoting improved sexual and reproductive health outcomes of the Guatemalan population. This shift was facilitated in part by the adoption of a code of ethics, which clearly recognized the roles and responsibilities of AGOG members. Furthermore, they have been able to position themselves as a major national contributor in a variety of areas, including upgrading skills of health professionals involved in obstetrics, implementing maternal mortality audit activities in health centres and advocating for improvements in sexual and

A special thanks... The AGOG provided technical support to the SOGC by taking a leading role in ensuring the translation of the ALARM International Program's educational materials into Spanish.



Dr. Thomas Basket (a former SOGC president) delivering one of the first AIP courses in Guatemala City (1999).



Dr. Alexandre Dumont with AGOG representatives during a training session on maternal mortality audits in 2007.



SOGC representatives during a 2005 visit to help AGOG pass a new code of ethics related to sexual and reproductive health and rights.



AGOG young leaders participating at a Ugandan leadership forum.

reproductive health and rights for all at policy and legislative levels.

Since the beginning of the AGOG's involvement in the SOGC Partnership Program, it has had many notable achievements:

- The delivery of more than 44 ALARM International Program courses to more than 1,200 health professionals, many from the regions with the highest maternal mortality and morbidity
- The provision of technical support for the development of clinical practice guidelines related to emergency obstetrical care and the clinical management of victims of sexual violence
- Support for the piloting of a one-year training program to upgrade the skills of Indigenous

birth attendants with regards to emergency obstetrical care

- The provision of technical support in a USAID research initiative which seeks to assess Active Management of Third Stage of Labor (AMTSL) practices and identify major barriers to its use in health facilities in Guatemala
- The provision of training for health-care professionals on the use of oxytocin in Uniject™ for the prevention of post-partum hemorrhage

The initiative, determination and hard work demonstrated by AGOG members is commendable and rewarding for the SOGC to have witnessed throughout the years. Since the

(continued on page 10)

SOGC receives additional funding from CIDA for reconstruction efforts in Haiti

The SOGC is very pleased to announce that our proposal submitted to the Canadian International Development Agency (CIDA) for continued reconstruction efforts in Haiti has been approved. The announcement came on March 2 as part of CIDA's continued support for Haiti, where Minister of International Cooperation Bev Oda outlined a financial contribution to 15 new reconstruction and recovery initiatives, totaling \$29.9 million.



As a part of the SOGC's Earthquake Relief Initiative, a modified version of the AIP was delivered in August 2010 to Haitian medical students whose studies had been interrupted by the catastrophe.

The SOGC will use the funding obtained to help build the clinical capacity of health-care professionals and students to offer maternal and perinatal health services which meet international standards, ultimately in order to decrease maternal and neonatal mortality and morbidity in Haiti. This initiative will help develop a critical mass of human resources with the necessary skills, knowledge and practical experience to adequately respond to the country's needs and, in this way, will contribute to the reconstruction of the Haitian health system.

The targeted intervention groups include graduates, interns, and residents of the Faculty of Medicine at various Universities, as well as health-care professionals who are already working in public institutions. Some of the proposed interventions include the production and dissemination of clinical practice guidelines,

strengthening the capacity of the faculties of medicine to offer internship placements, and training in emergency obstetric and neonatal care through delivery of the ALARM International Program (AIP). With 13 courses planned to take place over the next 12 months, it is expected that a total of 360 graduates, interns and residents, as well as 160 other health-care professionals, will receive AIP training.

The financial contribution of CIDA is limited to a one-year commitment, which means that the SOGC has a busy year ahead. We are eager to continue working with our partners at the *Société haïtienne d'obstétrique et de gynécologie*, and are excited about the opportunity to further the education of Haitian health-care professionals, allowing them to more readily respond to the pressing needs of their population.

Looking back at 13 years of partnership in Guatemala

(continued from page 9)

aim of the Partnership Program is to provide the tools and support for associations to take on their own leadership and management of new projects, and ultimately to become a strong and self-sustainable association, the SOGC could not be more pleased by the great advances that AGOG has made towards improving health outcomes of women in their country.

However, one of the greatest accomplishments has been the friendships that we have formed with our Guatemalan counterparts along the way.

"Working with the members of AGOG as taught me many things, including how to keep things in perspective," says Liette Perron, manager of the Partnership Program. "Their sense of humour is contagious and no matter what topic we are discussing, they always make room for jokes and laughter, making the work we do very enjoyable."

Many SOGC members had the opportunity to get to know the AGOG membership when the SOGC held its International continuing medical education event in Guatemala in 2008. This meeting allowed members of both associations to share knowledge and experiences on issues related to women's sexual and reproductive health and also on each other's culture. Throughout the Partnership Program, the SOGC has benefitted from such exchanges, allowing our own Society to grow by learning about the diverse practices of obstetrics and gynaecology throughout the world.



Obstetricians/Gynecologists North Vancouver, BC

The Department of Obstetrics and Gynecology at Lions Gate Hospital is recruiting two full time Ob/Gyn's to fill two positions, one starting in January 2012 and another in July 2012. Call obligation is 1 in 5. Additional skills in minimally invasive surgery and colposcopy would be an asset. Our Obstetric Unit delivers on average 1500 mothers a year. The Ob/Gyn Department is affiliated with the University of British Columbia (UBC) and it's members have Clinical Faculty appointments at UBC and are involved in medical student and resident education.

Lions Gate Hospital in North Vancouver has 269 acute care beds, provides comprehensive care to the residents of North and West Vancouver, the Sunshine Coast and the Sea to Sky corridor through a variety of secondary and tertiary treatment programs. This health service delivery area is part of the Vancouver Coastal Health Authority.

For further details, please contact: Dr. Michele Lipp, Obstetrics/Gynecology Department Head @ 604-980-2800 or Michele@lipp.ca
CVs are to be forwarded to Dr. Richard Lupton, Senior Medical Director, c/o 231 East 15th Street, North Vancouver, BC V7L 2L7
or fax: 604-909-2927 or e-mail: susan.morrison@vch.ca prior to October 7, 2011.

Why is funding from the CFWH important for women's health research?

Dr. Dean Van Vugt of Queen's University was recently awarded the W. Garfield Weston Foundation Award for his work on the effect of exercise on corticolimbic brain responses in obese individuals with metabolic syndrome and the critical role of insulin sensitivity. Though he could not be present to receive his award in person at June's 'Healthy Women, Healthy Future' Gala and Research Awards Ceremony, he had the following kind words to say about the impact of the support he received from the Canadian Foundation for Women's Health.



Dr. Van Vugt

"I would like to thank the W. Garfield Weston Foundation and the Canadian Foundation for Women's Health for supporting my research, and acknowledge their foresight in supporting nutrition and medical research. Obesity research is severely underfunded in Canada, despite recognition that the medical sequelae of obesity will severely tax our health-care system. The W. Garfield Weston Foundation's decision to support obesity research through this award is an important step in the right direction and is in keeping with the priorities of the Canadian Foundation for Women's Health. While the prevalence of obesity is similar in men and women, the complicating effects of obesity on fertility and pregnancy are unique to women. Furthermore,

being overweight or obese carries a greater health risk for women. Effective strategies for obesity treatment and prevention derived from research will have significant health benefits for women."

If you would like to make a donation towards the CFWH research fund to encourage and support women's health researchers like Dr. Dean Van Vugt, please visit the "How you can help" section at www.cfwh.org or email Chantal Sarkisian at csarkisian@cfwh.org.

Flexi-T IUD

Flexi-T Copper IUD is a safe, confident and comfortable choice in contraception



- Flexi-T is the #1 copper IUD in Canada
- High contraceptive effectiveness
- Simple one-step insertion without the use of a plunger
- Easy removal with fertility rapidly returning
- High continuation rate of up to 5 years
- Visible to X-rays
- One of the safest and most cost effective methods of contraception

TRIMEDIC
SUPPLY NETWORK LTD.

To learn more about Flexi-T IUD products, speak with a Trimedinc sales representative at **905.738.7272** (local) or toll free **800.737.3928** or visit **trimedinc.com**.

Prevegyné™

Vitamin C (Ascorbic Acid) 250 mg
Controlled-Release Vaginal Tablets

For the Treatment and Prevention of Bacterial Vaginosis



A **Novel** and **Natural** Approach To Treat and Prevent **Bacterial Vaginosis**

Prevegyné™ controlled-release **vaginal tablets**:

- + Effectively release ascorbic acid to ↓ the vaginal pH level
- + Neutralize malodor following the first application
- + Treat BV by ↑ protective Lactobacilli and ↓ pathogenic bacteria
- + Prevent recurrence of BV

Treatment cycle: 1 vaginal tablet q.h.s. for 6 days.

If necessary, the treatment can be prolonged or repeated to restore or maintain the normal vaginal pH.

AVAILABLE AT THE PHARMACY COUNTER WITH OR WITHOUT PRESCRIPTION



DUCHESNAY

950, boul. Michèle-Bohec
Blainville QC Canada J7C 5E2

For medical information: 1 888 666-0611
medicalinfo@duchesnay.com
www.prevegyné.com