



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

2009–2010 ANNUAL REPORT



The Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education.



Table of contents

A message from the president	2
A message from the executive vice-president and associate executive vice-president	3
Our guiding principles	4
Our Council	5
Our membership and committees	6
Aboriginal health	10
Advocacy	12
Continuous professional learning	15
Human resources in obstetrics and gynaecology	19
International women's health	20
Patient safety	23
Women's health issues	24
The Canadian Foundation for Women's Health	27
Financial reports	29
Summarized financial statements	31



A message from the president



Dr. Michel Fortier

Let me begin by stressing just how much I have enjoyed the opportunity to be your president this past year; my appreciation for the immensity and depth of the SOGC's many initiatives has grown tremendously. I want to thank all of the Society's members and staff who have helped to make my term a pleasure to fulfill.

The SOGC is healthy and growing, with over 3,700 members from varied backgrounds. Together, you've given tremendous amounts of time and expertise to support the Society's mission. We have over 350 volunteers working on committees, training health-care professionals in Canada and throughout the world, developing clinical practice guidelines, and running 86 different programs to improve women's health. That's impressive dedication and we should be proud of our collective effort.

While the Society has had a successful year, it has not been without its challenges — some were anticipated, such as the H1N1 pandemic, while others, like the earthquake in Haiti, were tragically unexpected. But, all were met with determination, professionalism and passion by SOGC Executive and Council, staff and members. I am very proud of how we worked together during these times to address critical issues of safety for women and babies at home and abroad.

Looking back on the year, we should also recognize Canada's strong showing at the FIGO XIX World Congress of Gynecology and Obstetrics, held in South Africa in October 2009. Once every three years, the international ob/gyn community gathers to share ideas, learn from each other and collaborate towards improving women's health worldwide. A large Canadian delegation made the journey to this year's event; Canada was once again elected to the FIGO board for a term of six years, and our International Women's Health Program team facilitated meetings on capacity building, promoted the ALARM International Program and participated in the FIGO-Gates Program.

It has been a full year since I was inaugurated in Halifax in June 2009, and ambitiously proposed four projects: developing a gynaecologic surgery teaching program to increase technicity in the Canadian ob/gyn setting, promoting Aboriginal women's health through involvement in a community-level project, facilitating a cervical cancer prevention program in Burkina Faso, and creating a Past President's Committee within the Society. While some of these were achieved and have been implemented, there is still much work to be done towards the completion of others. I will continue to make all necessary efforts to fulfill these goals; the objectives of a sitting president are actually those of a team, and often these objectives have to unfold over the course of a few years in order to be realized.

Looking to the immediate future, I will stand behind the new SOGC president, Dr. Ahmed Ezzat, who I greatly admire for both his judgment and honesty. Over the course of the next year, as Past President I will continue proudly to serve you all.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michel Fortier', written in a cursive style.

Dr. Michel Fortier, president

A message from the executive vice-president and associate executive vice-president



Dr. André Lalonde

To say that it has been a busy year for the SOGC would be an understatement. The H1N1 pandemic may well be one of the most difficult public health challenges we have ever faced as a profession. Though pregnant women are no more susceptible than anyone else to contracting this virus, and when treated early can fight off the infection well, if a pregnant woman does not receive treatment within 48 hours of symptom onset, the effects can be devastating. This was a situation that required the Society to be both proactive and persistent in its advocacy and public education efforts – and, with the help of our dedicated members and staff, our voice was heard. We produced public education materials to make sure that patients understood the risks and benefits of vaccination so that they could make the right choice. Through working with government representatives and partner organizations, the SOGC was able to play a significant role in ensuring that pregnant women had timely access to the vaccine and were motivated to go out and get the shot.



Dr. Vyta Senikas

At the same time, our International Women's Health Program was already gearing up for advocacy activities related to the G8 Summit to be hosted by Canada — advocacy activities which, of course, kicked into an even higher gear when Prime Minister Harper announced that maternal and child health would be a primary focus of the meeting in June 2010. The SOGC worked closely with non-governmental organizations, Members of Parliament and various maternal health coalitions to build consensus and unify our voices, so as to send

one clear message to the leaders of G8 countries: more needs to be done to prevent the tragic deaths of women, newborns and children in low-resource countries. At the Summit, G8 leaders reaffirmed support for improving maternal, newborn and child health, with the Canadian government pledging \$1.1 billion in new money towards this cause.

These are both excellent examples of how, by working together through a strong and unified organization, members of the Society can have widespread, tangible and positive impacts on the health and well-being of women. Of course, the generous spirit of our members was never more visible than following the devastating earthquake in Haiti on January 12, 2010. Your response was immediate and substantial, allowing our partner association in Haiti to proceed with re-establishing maternal care services when they were needed most.

With major opportunities and challenges such as these faced during this reporting period, perhaps you are wondering if all of our routine activities were left by the wayside. Of course not. The SOGC delivered seven world-class, accredited continuing medical education events. Our ALARM program saw the addition of eight new, state-of-the-art mannequins. The public education programs administered by the Society continued to produce new products for physicians and patients and keep website content up-to-date. Committees continued to produce excellent new guidelines. What a year.

Our Society is a leading authority in women's health; a credible, long-standing professional association with a growing and robust membership. Let us be proud of what we have accomplished this year, and continue to look to the future.

Sincerely,



Dr. André Lalonde, executive vice-president



Dr. Vyta Senikas, associate executive vice-president

Our guiding principles

Mission statement

To promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education.

Strategic directions

The SOGC is dedicated to improving and enhancing the health of all women, in Canada and abroad, while reaching out to address the unique challenges of traditionally underserved and disadvantaged populations. This unwavering commitment, supported by financial resources and strong action plans, ensures that the SOGC can make a real difference in the health care of women: in their treatment, their pregnancies, their fertility challenges and their gynaecological care.

Aboriginal health

To advance culturally safe health and healing for Aboriginal women.

Advocacy

To increase the influence of the SOGC on the public policy agenda as it relates to women's health and the practice of obstetrics and gynaecology.

Continuous professional learning

To become the preferred provider of knowledge and continuous professional learning in obstetrics and gynaecology.

Human resources in obstetrics and gynaecology

To develop and implement human resource strategies for ob/gyn care.

International women's health

To collaborate internationally, focusing on capacity-building initiatives aimed at improving women's health, especially in low-income settings.

Patient safety

To overcome the barriers to patient safety and to promote equitable access.

Women's health issues

To promote access for all women to obstetrical and gynaecological care, facilitate public education about women's health issues and highlight the determinants of health essential to women's health.

We believe that ...

- ... women should have equitable access to optimal, comprehensive health care, provided with integrity and compassion.
- ... women should have the information they need to make choices about their health.
- ... our members should have the right to practice in a safe and supportive environment.
- ... the practice of obstetrics and gynaecology must be based on the best scientific evidence available.
- ... we have a responsibility to facilitate change in relation to health system issues affecting the practice of obstetrics and gynaecology.
- ... we have a responsibility to continue promoting patient safety throughout health-care systems.
- ... we have a responsibility to be visible through advocacy efforts in support of women's health globally.

Our Council



▲ Left to right, back: Dr. Roye; Dr. Bocking; Dr. Quance; Dr. Sabbah; Dr. Ehman; Ms. Campbell; Dr. Murdock; Dr. Amimi. Left to right, middle: Dr. Farrell; Dr. de la Ronde; Dr. Stauffer; Dr. Lalonde. Left to right, front: Dr. Black; Dr. Racette; Dr. Fortier; Dr. Leclercq; Dr. Crane; Dr. Ezzat; Dr. Heywood.

Executive Committee

President	Michel Fortier, MD, Québec
Past president	Scott Farrell, MD, Halifax
President-elect	Ahmed Ezzat, MD, Saskatoon
Executive vice-president	André Lalonde, MD, Ottawa
Treasurer	Mark Heywood, MD, Vancouver
Vice-presidents	Nicole Racette, MD, Vancouver Douglas Black, MD, Ottawa

Regional chairpersons

	<i>Chair</i>	<i>Alternate chair</i>
Western region	Sandra de la Ronde, MD, Calgary	Stephen Kaye, MD, North Vancouver
Central region	Annette Epp, MD, Saskatoon	Margaret Burnett, MD, Winnipeg
Ontario region	Charmaine Roye, MD, Brantford	Myriam Amimi, MD, Sault Ste-Marie
Quebec region	Corinne Leclercq, MD, Victoriaville	Robert Sabbah, MD, Montréal
Atlantic region	Ward Murdock, MD, Fredericton	Joan Crane, MD, St. John's

Other representatives

Junior member	Ardelle Stauffer, MD, Saskatoon
Associate member (FP)	William J. Ehman, MD, Nanaimo
Associate member (RN/NP)	Margaret Quance, RN, Halifax
Associate member (RM)	Kimberley Campbell, RM, Abbotsford
APOG	Alan Bocking, MD, Toronto
Public	Ms. Maureen McTeer, Ottawa
Corresponding member	Senator Lucie Pépin, Ottawa

Our membership and committees

As our membership grows, so does our strength

As a non-profit organization, the Society depends on its members to get involved, collaborate and make a difference. Having grown to over 3,700 members representing a variety of disciplines — obstetrics, gynaecology, nursing, midwifery, family practice, research, medical education and other health-care professions — the Society comprises a wealth of experience and knowledge in women's sexual and reproductive health matters.

The SOGC has been working to raise awareness about the benefits of membership through continued recruitment, renewal and retention initiatives. We continued to work closely with regional and advisory committees to 'close the gap' for non-renewed memberships. During this reporting period, the Society's staff also reviewed and revised our promotional material for recruiting members.



Following up on a successful pilot program which was introduced in 2008–2009, an online renewal system was implemented this year. This convenient, cost-saving and environmentally-friendly option was well-received by members, with over 1,000 people using it to renew their memberships.



SOGC representatives attended several partner association conferences this year, promoting our activities, benefits and educational programs. Over 80 new members were recruited to the society at these events, such as the Family Medicine Forum in Calgary (pictured at left) where the SOGC's Linda Kollesh won "best booth representative." Ms. Kollesh is pictured with SOGC Council member Dr. William Ehman. In total, hundreds of new health-care professionals joined the SOGC this year.

Honorary members, our allies around the world

The Society awarded honorary memberships to five deserving individuals in 2009-2010:

Dr. Anthony Dale Falconer

As upcoming president of the Royal College of Obstetricians and Gynaecologists (RCOG), based in the United Kingdom, Dr. Falconer has positioned the RCOG as a critical source of information in women's health globally.

Dr. Carlos Fuchtner

A Bolivian ob/gyn and professor, Dr. Fuchtner has worked tirelessly to promote women's health in Bolivia and internationally, with a particular focus on cervical cancer prevention.

Dr. Miguel Gutierrez Ramos

Dr. Gutierrez, an ob/gyn with experience in the management, teaching and research of sexual and reproductive health, has been active in moving women's health forward at home in Peru, as well as abroad.

Dr. Quazi Monirul Islam

Dr. Islam is a public health specialist, and director of the World Health Organization's department of making pregnancy safer, responsible for maternal and newborn health.

Prof. Kazunori Ochiai

Prof. Ochiai, who specializes in gynaecologic oncology, is actively involved in moving women's health forward in Japan.



▲ From left, Dr. Ochiai; Dr. Gutierrez; Dr. Michel Fortier, SOGC president; Dr. André Lalonde, SOGC executive vice-president; Dr. Islam; Dr. Fuchtner and Dr. Falconer.



◀ Dr. Andrea Page, a fourth-year resident at the University of Toronto, presents during the ever-popular 'Stump the Professor' challenge at the 2010 Annual Clinical Meeting.

Junior members, our future

The SOGC has nearly 500 Junior members, many of whom are heavily involved in the Society's activities. The Junior Member Committee is the SOGC's largest, with 40 participants. This group provides a forum in which residents from across Canada can come together to express opinions and provide recommendations on issues affecting ob/gyn training.

Other opportunities for our Junior members include the popular 'Stump the professor' challenge at the Annual Clinical Meeting, the Elective Grants Program, two yearly exchanges with the Japan Society of Obstetrics and Gynecology and the Collège National des Gynécologues et Obstétriciens Français, and the Resident Professional Development Program at our Annual Clinical Meeting.

Communicating with our members

Our goal is to provide our members with the information they need to stay informed about key trends, developments and achievements with respect to the practice of obstetrics and gynaecology. This year, efforts were made to harmonize our three primary member communication vehicles, to ensure that members are getting the news they want in a way that is convenient and accessible.

www.sogc.org

The Society continued to maintain a comprehensive website, www.sogc.org, with information for the public, health-care professionals and media. Here, members can renew their memberships, learn about our committees, access our clinical practice guidelines, order public education materials for their clinics, register for continuing medical education events and get an update on our latest activities.

The SOGC News

Ten editions of our bilingual member newsletter were published and distributed this year, with articles covering a wide variety of topics. Beginning in January, many members chose to receive their newsletters electronically in PDF format. This is more convenient for many tech-savvy readers, who prefer to get their news on-the-go, while also being cost-effective and environmentally-friendly. At the same time, print copies of the newsletter began being sent in a combined mailing with the *Journal of Obstetrics and Gynaecology Canada (JOGC)* to reduce costs.

Group email broadcasts

The SOGC sends out group email broadcasts to its members; these can be administrative notices, messages from the president, CME registration reminders, surveys or information on awards, bursaries and grants. We have taken steps to coordinate this practice to increase its effectiveness: reducing the overall number of emails we send, by using other means of communication when possible, and targeting each email to as specific an audience as possible.



◀ A new design for the www.sogc.org home page was approved and launched this year. This version is more dynamic and allows for quicker access to key information. As well, Web pages devoted to the SOGC's awards, bursaries and grants programs were updated to reflect the content in a new booklet which was reviewed and approved by the Executive Committee and Council.

▶ The *SOGC News* carries editorials from our leaders, notices about the Society and the health-care sector, stories from and about our members and their activities, and much more.



Our committees, our core

The Society's success depends on the involvement and commitment of its members, who are dedicated to the improvement of obstetrical and gynaecological care in Canada through research, professional education and public outreach. During the past year, hundreds of members contributed to the development and implementation of the SOGC's clinical practice guidelines, committee opinions, policy statements and other initiatives through their active participation in our committees.

2009-2010 committees

- | | |
|--|---|
| Aboriginal Health Initiatives Committee | JOGC Canadian Editors |
| ALARM Committee | JOGC International Editors |
| ALARM/GESTA International Committee | Journal – Editorial Advisory Board |
| Annual Clinical Meeting Host Committee | Junior Member Committee |
| Annual Clinical Meeting Statutory Scientific Committee | Junior Member Executive Committee |
| Archives and History Committee | Maternal Fetal Medicine Committee |
| Atlantic Regional Committee | Medico-Legal Committee |
| CANPAGO | Membership Committee |
| CAP Core Working Group | Nomination Committee |
| Central Regional Committee | Obstetrical Content Review Committee |
| Chairs Committee | Ontario Regional Committee |
| Clinical Practice - Gynaecology Committee | Promotion of the Specialty Committee |
| Clinical Practice - Obstetrics Committee | Public Affairs Committee |
| Council | Quebec Regional Committee |
| Diagnostic Imaging Committee | Reproductive Endocrinology Infertility Committee |
| Ethics Committee | RM Advisory Committee |
| Executive Committee | Associate RN/NP Advisory Committee |
| Family Physicians Advisory Committee | Social and Sexual Issues Committee |
| Finance Committee | Society of Investigators of Ob/Gyn of Canada |
| Genetics Committee | Society of Minimally Invasive Gynaecology |
| Gesta-Quarité | SOGC Informatics Committee |
| GYN Risk Management Committee | SOGC/GOC/SCC Policy and Practice Guidelines Committee |
| Infectious Disease Committee | Urogynaecology Committee |
| International CME Planning Committee | Western Regional Committee |
| International Women's Health Committee | |

Aboriginal health

Our strategic direction: To advance culturally safe health and healing for Aboriginal women.

Since 1994, the Society has been working with Aboriginal stakeholders and organizations to develop guidelines and information that are specific to First Nations, Inuit and Métis people. The SOGC strives to ensure pan-Canadian, cross-cultural representation on its Aboriginal Health Initiatives Committee (AHIC), and this year invited an Inuit midwife to join the group. During this reporting period, the AHIC saw much success renewing and creating partnerships within the Aboriginal community.

A strong relationship with the Wabano Centre for Aboriginal Health in Ottawa continued. This is an organization which truly has its finger on the pulse of health concerns facing urban Aboriginal women. As well, throughout the year the SOGC's executive vice-president, Dr. André Lalonde, and associate executive vice-president, Dr. Vyta Senikas, held meetings with government officials to explore ways to promote Aboriginal women's health. Dr. Lalonde visited the Mistissini and Chisasibi First Nations communities in northern Quebec in February 2010 to learn and explore practical ways in which Aboriginal women's health can be improved.

The SOGC was also involved in projects to improve preventative initiatives in support of optimal cervical cancer screening, STI screening and maternity care for the Aboriginal population. SOGC staff met with various stakeholders to discuss ways that preventative health-care for Aboriginal communities can be improved. As well, the SOGC played a key role in the consensus process for national flyer and poster information regarding H1N1, which was of serious concern for pregnant Aboriginal women and their families. All H1N1 pandemic material produced by the Society was endorsed by the Assembly of First Nations (AFN) and other key partners.

As part of a sexual rights and access initiative, we recently met with the director of Non-Insured Health Benefits (NIHB) to discuss the benefit plan as it relates to access and coverage for Aboriginal women's health. An ongoing concern has been a lack of awareness on the part of physicians, pharmacists and clients about the NIHB program, what is covered and how to access the services. Many drugs (including over-the-counter products) are covered, but a prescription is necessary — coupled with lack of awareness, this presents a very real barrier to access. The SOGC, the AFN and the NIHB program will continue working together to make changes where possible and to improve access.

The UN's Declaration on the Rights of Indigenous People

Canada can be a pretty safe place to give birth... unless you are Aboriginal.



Between 2004 and 2006, the Government of Canada invested \$2.3 million to bring together doctors, nurses and midwives to develop a blueprint for maternity care in Canada.

The Report (mcp2.ca) was the result of consultation, collaboration and commitment; it provides an action plan on what needs to be done to increase the availability and quality of maternity services for all Canadian women.

But MCP2 **didn't include Aboriginal people, communities and health care organizations.** Their voices have not been heard about the delivery of maternity care in their communities – on reserve, in remote settings, or in the inner city. And this in the face of an Aboriginal infant mortality rate **3 to 7 times higher than the national average.**

Canada urgently needs an Aboriginal Birthing Initiative. The SOGC urges the Government of Canada to step up and invest in the health of Aboriginal mothers and babies. Let's make sure that these families have access to the best possible care, inspired by traditional values and delivered in a culturally-sensitive way.

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In the fall of 2009 the AHIC wrote a letter urging the Canadian government to support the UN's Declaration on the Rights of Indigenous People. This letter was approved by the SOGC Council and sent to all members of Canadian Parliament. An ad, pictured at left, was placed in the September 2009 edition of *The Hill Times* promoting Aboriginal women's health.

Promoting Aboriginal women's health through professional development

The SOGC is currently working with the National Aboriginal Health Organization (NAHO) to update its guideline for health-care professionals working with Aboriginal peoples. The last version of this document was published in 2000, and since then there have been many changes in Aboriginal health issues which need to be addressed. In partnership with NAHO, the SOGC is creating a guideline development proposal and seeking funding for such a project.

The Society also signed a memorandum of understanding with the Indigenous Physicians Association of Canada (IPAC), agreeing to work together on improving the health of Aboriginal peoples with a focus on delivering culturally-competent care.



◀ The Aboriginal Health Initiatives Committee has also been revising its *Returning birth to Aboriginal, rural and remote areas* policy statement; the updated version will be published in 2010.

Developing culturally-safe public education initiatives

The AHIC has made great strides to develop a strong partnership with the Assembly of First Nations (AFN), and recently had the exciting opportunity to meet with National Chief Shawn Atleo. Our organizations are working together on several initiatives, including sexual health rights, access to contraception, an NIHB education project, youth initiatives and sexual health education programs.

With the Youth Council of the AFN, the SOGC promoted its public education materials about contraception, sexually transmitted infections, emergency contraception and sexual health. As part of this initiative, an SOGC public education booklet, *A snapshot of facts on HPV and Sexuality*, was adapted to make it culturally-sensitive and accessible to Aboriginal communities. This brochure is available in English, French and electronically in Inuktitut.

The SOGC has been working with the Native Youth Sexual Health Network to promote sexual health rights awareness, as well as other youth-centred initiatives throughout the year. The SOGC worked with Aboriginal youth for the HPV-awareness campaign, *Spread the word, not the disease*, and representatives from the Society attended tradeshows, such as *Northern Lights* and the AFN Annual General Assembly, to reach Aboriginal youth and disseminate information on relevant health topics.



▲ Four public service announcements promoting Aboriginal women's health, featuring well-known Canadian Aboriginal actor Adam Beach, were disseminated online in August and were featured at the SOGC kiosk at the Assembly of First Nations Conference.

Advocacy

Our strategic direction: To increase the influence of the SOGC on the public policy agenda as it relates to women's health and the practice of obstetrics and gynaecology.

Preparing for the G8 Summit: Being the voice of our members

The SOGC was very active in advocating for maternal and child health this past year in light of the opportunity presented by having Canada host the G8 Summit in June 2010. By providing our expertise and working closely with members of Parliament and government officials, the SOGC contributed to the development of Prime Minister Harper's signature Muskoka Initiative on Maternal, Newborn and Child Health. As part of our advocacy efforts, the SOGC published several ads in the political newspaper *The Hill Times*, delivered numerous presentations at Parliament, organized press conferences and mobilized the support of SOGC members through an advocacy postcard campaign and online e-card campaign.

Throughout the year, the International Women's Health Program of the SOGC collaborated with non-governmental organizations, civil society organizations, members of Parliament and various maternal health coalitions to build consensus on maternal, newborn and child health issues and to ensure that the perspective of health care professionals was included in advocacy activities leading up to the summit.



▲ G8 advocacy postcard campaign.

As well, taking into consideration the SOGC's experience of advocating for maternal, newborn and child health in light of the upcoming G8 summit, it was decided that the International Women's Health Symposium at the Annual Clinical Meeting offered an excellent opportunity to analyze the successes and challenges of advocacy strategies adopted by our international partners and by various organizations pushing forward issues linked to sexual and reproductive health.



◀ In December, the SOGC hosted a board meeting for the Partnership for Maternal, Newborn and Child Health (PMNCH). With board members in Ottawa, the SOGC took the opportunity to throw a public awareness event and Parliamentary breakfast aimed at influencing members of Parliament and opinion leaders in light of the upcoming G8 Summit.



◀ In December, Dr. André Lalonde (who is a member of the PMNCH board) was selected as personality of the week by Radio Canada and Le Droit, for his role in leading the SOGC's participation in global efforts to reduce maternal and newborn mortality and morbidity.

Planning for the H1N1 pandemic

Beginning in the summer of 2009 and extending into the fall, representatives of the SOGC met with members of Parliament to discuss the impact of the H1N1 pandemic on pregnant women: what steps needed to be taken to ensure that this population received timely and adequate access to vaccination, and how to make sure that pregnant women had the knowledge and motivation to take action. The ad pictured at right was published in the October 2009 issue of *The Hill Times*, and *H1N1: A clear and present danger to mother and babies* was published in the January 2010 edition.

The SOGC has also been working to expand its website to make it an effective advocacy tool, aimed at target audiences such as the media, public and governments; a new H1N1 section was added to the homepage and left navigation bar in response to increased demand for this category of information during the pandemic.



H1N1 in Pregnancy

A high-risk for mothers and babies

The good news is that pregnant women are not more likely to get the H1N1 flu.

The bad news is that if a pregnant woman does develop the H1N1 flu virus, she is **more likely to suffer complications**, such as pneumonia and severe respiratory distress, conditions that can put both the mother and baby's health at risk. Severe complications from the flu can even lead to early delivery or miscarriage, and tragically in several cases, death.

As experts in obstetrical health, the SOGC is working hard to avoid those devastating outcomes.

Along with the Public Health Agency of Canada, other jurisdictions and organizations, the SOGC is spreading the message that the **H1N1 vaccine is safe for pregnant women and their babies**, and that early treatment of H1N1 symptoms is key to a healthy outcome.

Go to http://sogc.org/h1n1/infopregnantwomen_e.asp and download posters and information sheets about H1N1 and pregnancy for your constituency office. Help us keep pregnant women safe from H1N1.

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▶ The SOGC was involved in producing several H1N1 public education products in the fall of 2009, promoting vaccination for pregnant women.

H1N1 Flu Notice

Stay Informed www.sogc.org
www.fightflu.ca

Pregnant women with H1N1 face higher risk

Get the vaccine. Be prepared.

- Discuss with your health care provider the option of an advance prescription for antiviral medication.
- Have a thermometer at home to check for fever.
- If you get **mild flu symptoms**, fill and start your prescription, and call your health care provider for follow up.
- If you have **severe flu symptoms** or your symptoms worsen even after starting your prescription, go to **Emergency immediately.**

Mild flu symptoms

- Fever
- Cough
- Sore throat
- Sore joints
- Sore muscles
- Fatigue

Severe flu symptoms

- Shortness of breath
- Difficulty breathing
- Chest pain
- Bloody sputum (phlegm)
- Severe or persistent vomiting



Media advisories and news releases

During this reporting period, the Society continued to be proactive in making sure that our members were accessible to the media to comment on key women's health issues, and that the Society's voice was seen as a source of reliable and timely information for the public.

To achieve ongoing presence in the media, throughout 2009 and 2010, the SOGC began to issue a monthly news release featuring the latest clinical practice guidelines or feature articles published in the *Journal of Obstetrics and Gynaecology Canada (JOGC)*. All releases are available at www.sogc.org.

List of media advisories and news releases

October 2009

- Canadian Menopause Coalition Launched in Ottawa

November 2009

- Getting Women and Children on the 2010 G8/G20 Agenda
- A Call for Engagement for Maternal, Newborn and Child Survival

December 2009

- W. Garfield Weston Foundation Partners with Canadian Foundation for Women's Health
- Canadian Foundation for Women's Health Unveils New Website with New Look and New Focus for the New Year
- Dr. Lalonde Honoured as Champion for Women's Health

January 2010

- Canada's Obstetricians and Gynaecologists Commend the Prime Minister
- An Open Letter to the Prime Minister
- Journalism Awards for Excellence in Women's Health Reporting Announced

February 2010

- Women's Health Specialists Welcome New Cervical Cancer Prevention Vaccine
- Women's Health Specialists Welcome Approval of New HPV Vaccine for Males

March 2010

- SOGC Calls on All Provinces and Territories for Full Funding of IVF Treatments
- Safety of Oral Contraceptives Containing Drospirenone

April 2010

- Elective Single Embryo Transfer Following In Vitro Fertilization Could Reduce the Number of Multiple Births with a Minimal Reduction in the Live Birth Rate

May 2010

- Over 800 Women's Health Experts Meet in Montreal, June 2-6

June 2010

- Canada's Obstetricians And Gynaecologists Commend the G8 on their Commitment to Maternal, Newborn and Child Health
- SOGC Position Statement – Maternal, Newborn and Child Health Initiatives in Low-Resource Countries
- Eighty Per Cent of Maternal Deaths in Low-resource Countries Take Place at the Moment of Delivery and Childbirth
- Sexual Desire: More Than Just a "Feeling"
- Am I pregnant? -- The SOGC Launches a New Online and Mobile Application to Help Canadian Women Determine the Likelihood they are Pregnant

During this reporting period, there were 193 media inquiries to the SOGC. Having members and subject-matter experts who are accessible to the media, and who can provide accurate and useful information, contributes to a positive public image of our profession, and also helps to disseminate accurate health-care information to the public.

Continuous professional learning

Our strategic direction: To become the preferred provider of knowledge and continuous professional learning in obstetrics and gynaecology.

Our guidelines: a product to be proud of

The SOGC's clinical practice guidelines, based on the leading scientific knowledge available, are designed to advance the obstetric and gynaecology specialties and promote informed choices for women in Canada and internationally. These guidelines are published each month in the *Journal of Obstetrics and Gynaecology Canada (JOGC)* and are available on the SOGC website, www.sogc.org

The development process for clinical practice guidelines continued to be reviewed this year. The SOGC medical research analyst was increasingly involved in developing and providing core literature searches for SOGC guidelines, and a standardized description of methodology was incorporated to reflect this contribution. The Society has also been working to improve the dissemination and uptake of published guidelines through evaluating statistics and reports on readership and use.

Guidelines published in 2009-2010

Month	Title
July 2009	PS: Midwifery PS: Conflict of Interest PS: The Role of Obstetrician-Gynaecologists in Canada CPG: Initial Evaluation and Referral Guidelines for Management of Pelvic/Ovarian Masses
August 2009	CPG: Guidelines for the Management of Vasa Praevia TU: Preimplantation Genetic Testing
September 2009	CPG: Antibiotic Therapy in Preterm Premature Rupture of the Membranes CO: Evaluation of Prenatally Diagnosed Structural Congenital Anomalies
October 2009	CPG: Active Management of the Third Stage of Labour: Prevention and Treatment of Postpartum Hemorrhage
November 2009	CPG: Immunization in Pregnancy
December 2009	PS: Mifepristone
January 2010	CPG: Supracervical Hysterectomy
February 2010	CPG: Obesity in Pregnancy
April 2010	CPG: Cytomegalovirus Infection in Pregnancy CPG: Elective Single Embryo Transfer Following In Vitro Fertilization
May 2010	CPG: Ovulation Induction in Polycystic Ovary Syndrome
June 2010	CPG: Adhesion Prevention in Gynaecological Surgery

CO = Committee Opinion

CPG = Clinical Practice Guideline

PS = Policy Statement

TU = Technical Update



▲ Every year, the Society offers seven education events, including five regional CME programs, one international CME program and the Annual Clinical Meeting (ACM). Pictured above is a Best Practice Session at the ACM in Montréal.

Our CME events: Important forums for exchange

Attracting specialists of national and international reputation, continuing medical education (CME) events provide SOGC members with a forum for the exchange of ideas, information and views on all aspects of obstetrics and gynaecology and related specialties. For each CME event, the format includes interactive plenaries, breakout sessions featuring case discussions on current topics, and concurrent sessions. An ideal opportunity for professional development, CME events are also a great place to meet and network with other health-care professionals.

The SOGC continued to implement several strategies to increase the number of health-care professionals who participate in our continuing medical education (CME) events. Regional CME events and the Annual Clinical Meeting were promoted through both the *SOGC News* and the *JOGC*. In addition to print ads in these publications, we distributed CME promotional items, such as preliminary programs, with the newsletter and journal mailings, allowing the Society to keep distribution costs low while providing high exposure to our target audience.

The Society also made an effort to increase the number of group email broadcasts sent out through partner organizations, and to gain exposure on their websites to solicit additional attendees outside of our own membership base. Website development work at www.sogc.org improved the speed of the registration process, and a large number of attendees have now converted to using the online system.

The SOGC has seen increased registration at CME events from all of its combined promotional efforts.

As well, the SOGC has been working to identify existing CME resources and communicate their availability to members. As part of these efforts, a full accreditation report was submitted to the Royal College of Physicians and Surgeons of Canada in December 2009.

2009–2010 CME events

21st Quebec CME

September 17-19, 2009, Charlevoix, Quebec

5th Quebec Obstetrics CME

November 19-20, 2009, Montréal, Quebec

28th Ontario CME

December 3-5, 2009, Toronto, Ontario

International CME

Update in Obstetrics and Gynaecology
March 8-12, 2010, Costa Rica

West/Central CME

Update in Obstetrics and Gynaecology
March 18-20, 2010, Banff, Alberta

Ontario CME

Update in Gynaecology and Mature Women's Health
April 15-16, 2010, Toronto, Ontario

Annual Clinical Meeting

June 2-6, 2010, Montréal, Quebec



◀ A wall and desk calendar were again produced this year, being in high-demand from our members; these pieces promote the SOGC's CME events, as well as our public education campaigns — keeping us at the front of our members' minds, on their desks and in their offices.

Our Annual Clinical Meeting: An opportunity to recognize achievement and progress

Nearly 1,000 health-care professionals from across Canada and around the world came to enjoy the scientific, social and cultural offerings at the Society's Annual Clinical Meeting (ACM), hosted this year in Montréal in partnership with the Association of Obstetricians and Gynecologists of Quebec.

This meeting offered five days of world-class, accredited scientific sessions including 20 post-graduate courses, 23 best practice sessions, 2 sub-specialty sessions and several international symposia. Topics covered the entire spectrum of obstetrics and gynaecology, and meetings were designed for subspecialists and practice management.

In addition to a scientific program that featured world-renowned experts in women's sexual and reproductive health, such as special guests Dr. Alessandra Graziottin and Dr. Nathalie Gamache who discussed sexual desire, the Annual Clinical Meeting allowed us to acknowledge the individual achievements of some of our members.

President's Award

Dr. Michel Roy was this year's winner of the President's Award, the most distinguished prize that the Society bestows. Dr. Roy, a founding member of the Society of Gynecologic Oncology of Canada and the Society of Canadian Colposcopists, was recognized for his outstanding contributions to the field.



Dr. Roy



Dr. Lefebvre

Distinguished Service Award

Dr. Guylaine Lefebvre received this year's Distinguished Service Award. She has devoted a significant amount of her time to the Society since she first became involved in 1993. She participated on many committees and served on the Executive Committee for seven years. Dr. Lefebvre recently served as the director of the Canadian Foundation for Women's Health.

Abstract Awards

The SOGC offered a three-day schedule dedicated to highlighting the latest research in obstetrics and gynaecology and related fields. The program featured oral and poster presentations on cutting edge topics in Canadian research and the newest clinical techniques. The best presentations, as selected by a panel of judges, were recognized for their achievements.

Obstetrics – Best oral abstract

Dr. François Audibert: *Screening for preeclampsia using first trimester serum markers in nulliparous women*

Gynaecology – Best oral abstract

Dr. Nathalie Gamache: *A randomized comparative trial of levonorgestrel intrauterine system and cyclic medroxyprogesterone acetate in the treatment of heavy menstrual bleeding*

Best urogynaecology abstract

Dr. Magali Robert: *Patient expectations, subjective improvement and objective cure: is there a difference between the transobturator tape and the tension free vaginal tape procedure?*

Obstetrics – Best poster abstract

Dr. Paula Mallaley: *A randomized trial of providone-iodine versus chlorhexidine gluconate skin preparation for elective caesarean section*

Gynaecology – Best poster abstract

Dr. Clarissa Bambao: *Prognosis and rate of regression of p16 oncoprotein negative low grade squamous intraepithelial lesions of the uterine cervix: a pilot study*

Obstetrics – Best oral abstract (Junior member)

1st place: **Dr. Éric Himaya:** *Boue intra-amniotique (« amniotic sludge ») et risque d'accouchement prématuré*

2nd place: **Dr. Sandrine Warrant:** *Resolving access limitation to first trimester down syndrome screening: is 3D nuchal translucency measurement combined with biochemical markers valid?*

Gynaecology – Best oral abstract (Junior member)

1st place: **Dr. Marie-Ève Bergeron:** *Le rôle de l'anesthésie sur l'absorption de glycine en hystérocopie opératoire*

2nd place: **Dr. Roland Antaki:** *An algorithm combining ultrasound monitoring and urinary LH testing: a novel approach for timing intrauterine insemination*

Obstetrics – Best poster abstract (Junior member)

1st place: **Dr. Carrie Palatnick:** *Misoprostol for medical induction in the second trimester: a retrospective review of 245 cases*

2nd place: **Dr. Ashley Waddington:** *Folic acid as a determinant for preterm birth, low birth weight and small-for-gestational-age: a systematic review and meta-analysis*

Gynaecology – Best poster abstract (Junior member)

1st place: **Dr. Jamie Kroft:** *Are Canadian residents being adequately trained to perform laparoscopic hysterectomies?*

2nd place: **Dr. Marilyn Sutandar:** *Survey of menstrual cycles: the prevalence of menorrhagia and its impact in the workforce*

CANPAGO – Best oral abstract

1st place: **Dr. Nathalie Fleming:** *St. Mary's home: evaluation of a unique Canadian community outreach program providing obstetrical care for pregnant adolescents*

2nd place: **Dr. Lisa Allen:** *Use of the levonorgestrel-releasing intrauterine system for menstrual suppression in the developmentally delayed adolescent*

Medical student abstract award – Best poster

1st place: **Dr. Christa Preuss:** *The effect of homocysteine on placental extravillous trophoblast invasion*

2nd place: **Dr. Sharon Sadry:** *The impact of ethnicity on awareness, knowledge, and attitudes of the HPV vaccine in adult women*

Medical student abstract award – Best oral presentation

1st place: **Dr. Melica Nourmoussavi:** *Mortality and morbidity associated with surgery for endometrial cancer in women ≥ 70 years*

2nd place: **Dr. Stephanie Roberge:** *Role of sex in response to antenatal glucocorticoids to prevent respiratory distress syndrome: systematic review and meta-analysis*

Journal of Obstetrics and Gynaecology Canada (JOGC)

The *Journal of Obstetrics and Gynaecology Canada (JOGC)* is Canada's peer-reviewed journal of obstetrics, gynaecology and women's health. Each monthly issue contains original research articles, reviews, case reports, commentaries and editorials on all aspects of reproductive health. The *JOGC* is the original publication source of evidence-based clinical guidelines, committee opinions, and policy statements that derive from standing or ad hoc committees of the SOGC. The *JOGC* is included in the National Library of Medicine's MEDLINE database, and abstracts from *JOGC* are accessible on PubMed.



Beginning in January 2010, electronic distribution of the *JOGC* became the default option for our members — the journal is delivered in PDF format via email. Members who still wish to receive print copies of the journal are able to do so by making that selection when renewing their memberships. However, many members enjoyed the speed of delivery and convenient access that this new option provided, and it is also environmentally-friendly and cost-effective for the Society.

Human resources in obstetrics and gynaecology

Our strategic direction: To develop and implement human resource strategies for ob/gyn care.

There are currently approximately 1,370 obstetricians providing birthing and delivery care in Canada; evidence suggests that there is an emerging shortage of ob/gyns. Today's ob/gyns are coping with overwhelming caseloads of 200 to 300 births per year and more, as well as putting in hundreds of on-call hours each month. The future of obstetrics and gynaecology human resources is an important concern. The SOGC recommends immediate action at the federal and provincial government levels. Over the past year, the SOGC has been working to develop strategic partnerships with these governments, as well as licensing authorities and other organizations, to address these human resource needs.

Recruiting obstetrical and gynaecological care providers: the future of our specialty

The SOGC manages programs for medical students and Junior members, to attract these trainees to the specialty and ensure that residency positions in Canadian universities are available.

As part of the Society's work to implement communications plans for each of its seven strategic directions, and developing advocacy strategies where appropriate, we have collaborated with the Association of Professors of Obstetrics and Gynaecology to promote enrollment into our specialty. A fully-articulated medical student program was promoted and funded in conjunction with the 2010 Annual Clinical Meeting in Montréal, which involved over 60 participants. Feedback from medical students who took part in this program was overwhelmingly positive.

There were several articles published in the *SOGC News* by the Junior Member Committee and respective university representatives throughout the year, to engage this audience and keep them informed of their peers' activities.

Retaining ob/gyn care providers by improving the practice environment

The Society works to promote positive attitudes about the profession and healthy practice lifestyles, and to disseminate the research results on alternative models of care and payment plans, as well as facilitating the transition of residents into practice.

This year, the SOGC conducted further data mining into the Health Human Resources study; in general, results confirmed that lifestyles are changing and models of care are evolving. This is a project which the SOGC began in 2007-2008 with support from Health Canada, as part of the Society's seven point action plan to address emerging concerns about the current level of maternity care women in Canada are receiving, and what needs to be done immediately to ensure that an appropriate level of care is available now and in the future.

The SOGC distributed a regional breakdown of results across Canada, to allow provincial ob/gyn associations, universities and hospitals to advocate at the provincial/territorial level on issues specific to their region. A slide deck was prepared with a summary of the regional breakdown, for use at CME events.

International women's health

Our strategic direction: To collaborate internationally on capacity building initiatives aimed at improving women's health, especially in low-income settings.

Promoting international women's health initiatives

The SOGC has been reviewing and expanding its awareness and support strategy related to its International Women's Health Program (IWHP). This year, efforts were made to update promotional material, maintain the IWHP website, produce articles for several publications, host public events, develop awareness videos, and recognize volunteers at the International Women's Health Symposium at the Annual Clinical Meeting.



The IWHP website was updated on a regular basis, with positive feedback received from members and outsiders alike. Four SOGC articles were published in FIGO's journal, which presented and showcased the different dimensions of the Society's experience at an international level.

The SOGC also participated in FIGO's World Congress in South Africa, facilitating a number of activities, including one session presenting our capacity building experience gained through the CIDA Partnership Program.

CIDA Partnership Program

Since 2007, the SOGC has been implementing the second phase of this initiative, a capacity building program through which the Society provides support to the ob/gyn associations of Guatemala, Haiti, Uganda and Burkina Faso. In 2009, the Society completed a mid-cycle review of organizational capacity of all four associations using its Organization Capacity Improvement Framework tool and used the results of this exercise to prepare a workshop on capacity building held during the FIGO World Congress. A draft of a graduating policy was also developed and discussed with partners in response to the need for an exit strategy. This policy has been adopted by the SOGC and will be used to plan the phase-out of partner countries that are ready to graduate.

The Society has published findings regarding the impact of capacity building initiatives on health outcomes and have shared this information with Canadian health associations who are interested in doing similar work. The SOGC has also started exploring new partnership opportunities in light of a third phase of our Partnership Program.

ALARM International Program

The ALARM International Program (AIP) is a course developed by the SOGC to train and mobilize professionals involved in the delivery of essential obstetrical care in low-resource countries. Since the launch of the first edition, the program has been delivered to approximately 3,000 health-care professionals in over 20 countries. For the reporting period, Canadian AIP instructors have volunteered their time to offer courses in Morocco (September and October 2009), Guyana (September 2009), Kenya (February and May 2010), the Democratic Republic of Congo (April 2010), Uganda (September 2009 and May 2010), and Burkina Faso (November 2009). Furthermore, the SOGC is promoting a more comprehensive initiative, called AIP +, which supports training interventions within a monitoring and evaluation framework. The initiatives taking place in Kenya, Guyana and Morocco follow this model.

FIGO Saving Mothers and Newborns Project

The SOGC is a twin partner/mentor for the ob/gyn Societies of Haiti, Kosovo, Uganda, Ukraine and Uruguay within the FIGO Saving Mothers and Newborns project. This initiative aims at developing the capacity of professional associations to conduct projects relevant to safe motherhood and improved maternal health care. Canadian mentors have been visiting our assigned

countries and providing the technical assistance requested within the corresponding project. During the fall, Ukraine and Kosovo were visited by the Canadian mentors and a subsequent visit to Kosovo took place again in May 2010.

Since May 2009, the SOGC has taken responsibility for the management of all 10 FIGO Saving Mothers and Newborns projects. The SOGC's staff has conducted monitoring visits to Kenya (July 2009 and February 2010), Nigeria (September 2009) and Kosovo (April 2010).

Helping Haiti recover after the earthquake



▲ On March 22, Dr. Lauré Adrien (right) performed the first Caesarean section at the Croix-des-Bouquets Maternity Centre in Haiti. The room and equipment which made this milestone possible were a result of the Mothers and Newborns of Haiti Donation Campaign, a relief initiative spearheaded jointly by the SOGC's International Women's Health Program and the Canadian Foundation for Women's Health in response to the devastating earthquake that hit the Port-au-Prince area on January 12, 2010. To read more information about this campaign, see page 28.

The FIGO-GATES Project

The Society has agreed to participate in the FIGO-Gates Project *Improving maternal and newborn health in low-resource countries through strengthening the role of obstetric and gynecological national associations*. More specifically, the SOGC will act as an expert for the organizational capacity strengthening component. The program manager of the SOGC assigned to this program has started institutional assessment exercises in participating countries (Cameroon and Nigeria in April 2010, and Mozambique and Ethiopia in May 2010).

QUARITE

The SOGC continues its participation in the research project *QUARITE*. The objective of this clustered randomized control trial is to demonstrate the impact of the ALARM International Program on maternal mortality in referral hospitals in Mali and Senegal. In October, a re-certification took place for the participants trained in both countries and supervision visits have been conducted every three months to provide support to the 23 hospitals targeted in Senegal and Mali.

MSPP-UNICEF contract

The SOGC's agreement with the Ministry of Health of Haiti (SOGC – MSPP – UNICEF) to implement a second phase of the AIP in nine health-care centers has not yet concluded. The agreed trainings have taken place but the monitoring/evaluation activities have not occurred because of hurricanes and political changes in the Ministry of Health. The earthquake in January 2010 also slowed down progress and in some cases prevented any discussion with government officials.

Projects in the pipeline

The International Women's Health Division is currently working on several other project proposals: a new collaboration for an AIP initiative with Morocco's Ministry of Health, with the financial support of UNFPA; a new collaboration for an AIP initiative with Guyana's Ministry of Health, with the financial support of PAHO; and an AIP initiative in Namibia in collaboration with the Ministry of Health and with the financial support of the Rotary Club of Calgary. The SOGC is also in discussion with CIDA on the possibilities to approve funds for a third phase of the Partnership Program.

Recognizing our volunteers

The SOGC has 82 volunteers participating in activities related to international health. These volunteers are AIP instructors, FIGO project mentors, or members of committees involved in international affairs: the International Women's Health and the ALARM International Program (AIP) committees. The AIP has 27 instructors trained to deliver the 4th edition of the course. Of those 27 instructors, 18 participated in field missions in 2009 and 10 participated in the delivery of AIP courses in the first four months of 2010. In the last five years, the SOGC has received over 200 expressions of interest from SOGC members wishing to become AIP instructors.

Supporting sexual and reproductive health and rights throughout the world

The SOGC has been working at the international level to promote greater involvement of professional associations in high-resource countries in sexual and reproductive health and rights initiatives globally. The Society continues its collaboration with the Partnership for Maternal, Newborn and Child Health (PMNCH) through the active participation of our executive vice-president in its regular meetings. The SOGC also continues to participate as a consultant on two WHO committees, one on maternal mortality and one on post-partum hemorrhage. Every opportunity to promote a greater involvement of partner associations in sexual and reproductive rights initiatives is systematically taken. Numerous presentations on this topic were given throughout the year.

A new version of the booklet on sexual and reproductive health and rights was printed and distributed during the FIGO Congress in South Africa in October, and will be part of the promotional materials that are given to the participants of the AIP or to partners and friends in the SOGC's network. We have been collaborating with FIGO in its effort to promote the sexual and reproductive rights approach, and supporting our partner associations who have not yet adopted this FIGO Code of Ethics to do so.

Patient safety

Our strategic direction: To overcome the barriers to patient safety and to promote equitable access.

MORE^{OB}: Promoting a culture of patient safety in our practice environment

To expand the MORE^{OB} program to all provinces and territories, the SOGC supported SALUS Global Corporation in developing a complete contact list of Canadian health-care centres and hospitals that have not yet adopted the program. An email and mail campaign was conducted to promote the benefits of MORE^{OB} in Canada and across the U.S. The Society also worked with Chile to conclude an agreement on bringing MORE^{OB} to that country.

The SOGC worked on building a template for return on investment, to be used for all client hospitals as they approach completion of the third MORE^{OB} module; this would be leveraged to engage these hospitals to proceed with the fourth module of the program. This year, the Society worked with HIROC and SALUS to produce a report on return on investments.

Members of the SOGC's patient safety-related committees — such as the Obstetrical Content Review Committee and the newly-formed Gynaecological Risk Management Committee — continued to write papers for publication and make presentations at provincial, national and international meetings in order to disseminate the positive impact of the SOGC patient safety programs.

ALARM: Improving care provided to women and babies

The SOGC places the utmost importance on improving intrapartum care, from the process to its outcomes. One way to achieve that objective is through offering CME programs such as the ALARM (Advances in Labour and Risk Management) course.

ALARM was developed by family physicians, obstetricians, midwives and nurses, who jointly continue to maintain and teach this two-day course offering case-based plenary sessions, hands-on workshops and a comprehensive examination process. The SOGC strives to keep the content of the ALARM course up-to-date, incorporating the latest research, clinical practice guidelines and best practices for providing care. This year, the ALARM program delivered eight courses throughout the country to health-care professionals.



▲ One of the ALARM program's new mannequins.



▲ The SOGC's Melissa Gauthier travelled to Iqaluit to facilitate two ALARM courses.

The program invested in eight new, state-of-the-art mannequins which were introduced this year. These PROMPT models provide a more realistic hands-on experience than previous mannequins, as well as a force monitoring system which provides instantaneous feedback through a laptop.

Women's health issues

Our strategic direction: To promote access for all women to obstetrical and gynaecological care, facilitate public education about women's health issues and highlight the determinants of health essential to women's health.

Producing public education materials on key women's health issues

Pursuing the Society's goal to have a comprehensive education program supporting new or revised clinical practice guidelines and policy statements, the SOGC produced several public education pamphlets this past year.

- H1N1 and pregnancy - poster and fact sheet (Fall 2009)
- Menopause (October 2009)
- Folic Acid (November 2009)
- Normal Childbirth (December 2009)
- Immunization in Pregnancy (May 2010)
- Endometriosis (June 2010)

In June 2009, the SOGC also released the 4th edition of its book on preconception, pregnancy and childbirth, entitled *Healthy Beginnings: Giving your baby the best start from preconception to birth*. The French edition, *Partir du bon pied: de la préconception à la naissance de votre bébé*, was released in November 2009.



Helping 'Restore the peace within' at endometriosisinfo.ca

Driven by preparations for a new clinical practice guideline on endometriosis, to be published in July 2010, the SOGC's endometriosis public education program saw progress in several areas during this reporting period.

The first of a series of four endometriosis public forums took place in June 2010, in advance of the Annual Clinical Meeting. A PowerPoint presentation was developed, SOGC members accepted to serve as speakers, and SOGC staff are committed to manning information kiosks at each of the scheduled events.

In coordination with the planning for the public forums, an endometriosis pamphlet was added to the SOGC's suite of public education brochures. Much work was put into an extensive website update for endometriosisinfo.ca, based on information from the upcoming guideline, and the revised and improved online material is expected to go live in July 2010.



▲ A contraception comparative chart was completed in July. This patient hand-out is complementary to, and based on the content of, the contraception flipchart (Choosing a Contraception that is right for U) used by health-care professionals to counsel their patients about contraception options. A similar STI Comparative Chart was completed in December, based on the STI flipchart, *Understanding STIs*.



▲ A new *S.O.S. – Stay On Schedule* online application, to help individuals determine the best course of action to take if they have missed or extended the use of their contraception, was launched in August 2009. It can be found on the sexualityandu.ca website. The mobile version of this application was completed early in 2010, making it available on portable devices such as iPhones and Blackberries.

Focus on contraception, STIs and healthy sexuality at sexualityandu.ca

The SOGC administered a pan-Canadian public education initiative on contraception, STIs and healthy sexuality.

This year's campaign continued to focus on encouraging adherence – the appropriate and consistent use of contraception. The campaign, *Stick to the script*, emphasized that people should not “improvise” when it comes to contraception. The campaign was launched in the fall of 2009 and is being carried through 2010. Print, online, outdoor, and transit advertising opportunities were pursued. A joint Contraceptive Awareness Program (CAP) and HPV Awareness and Education Program 30-second promotional video was produced for the 2010 Olympic Games in Vancouver, using the following tagline: *Sex is a contact sport. Protect yourself.*

Content of the SOGC's *My First Pelvic and Breast Exam* video was made available in 15 languages in July. In addition to the English and French versions, subtitled editions now exist in Arabic, Chinese, Cree, German, Greek, Inuktitut, Italian, Japanese, Ojibway, Punjabi, Russian, and Spanish. The new *My First Contraception and STI Visit* video was posted to the sexualityandu.ca and YouTube websites in August 2009, along with a new *All About STIs* video. Both new videos are also available in 15 languages.

Building on the “case study” approach of the Modern Contraception Challenges Workshop, a new “Q & A” approach using PowerPoint was pilot-tested at the Ontario CME event in December 2009. Early in 2010, the workshop was renamed *Test Your Contraception IQ*. It adopted a “multiple choice” approach using touch-pad technology.

The new *Am I pregnant?* online application was launched in June 2010 at the Annual Clinical Meeting. This application is designed to help young women determine the likelihood that they are pregnant, based on responses to a series of nine questions.

In partnership with the Sex Information and Education Council of Canada, sexualityandu.ca began offering a new monthly feature, *Check the Research*. This resource takes the latest research in sexual health and presents it in a way that is accessible to the public.

Helping to ‘Spread the word, not the disease’ at hpvinfo.ca

A new advertising campaign was developed to help address the issue of a lack of discussion between patients and health-care professionals regarding the human papillomavirus (HPV). Building on the ever-popular campaign slogan *Spread the Word, Not the Disease*, the new ad invites both parties to ‘*Start the Conversation*’.

Over the winter, hpvinfo.ca was updated to reflect the addition of a new HPV vaccine on the market and the approval of a vaccine for Canadian males aged nine to 26.

Based on feedback from teachers who received and distributed the student booklet *A Snapshot of HPV Facts* in the classroom, this publication was adapted to also include information about healthy sexuality. The new booklet was completed in September 2009.

A television segment on preventing HPV and cervical cancer was produced for CTV’s Celebrating Women television series, hosted by Dr. Marla Shapiro. The four-minute segment aired in April 2010 featuring Dr. Vyta Senikas, Dr. Alex Ferenczy and a cervical cancer survivor, Ms. Faith Hoskins. A shortened “healthy minute” segment was displayed on physician waiting room broadcasts for one month, 10,000 awareness cards were produced for distribution, and a Web banner was posted to the WebMd and iVillage websites to promote this segment, which will be available at the www.celebratingwomentv.ca for a minimum of one year, as well as at hpvinfo.ca.

The SOGC supported the Federation of Medical Women of Canada (FMWC) by actively promoting the National Pap Test Campaign to its members. The campaign took place during Cervical Cancer Awareness Week in October 2009. For 2010, the SOGC accepted to increase its role from supporter to full partner with the FMWC to help grow this pilot project into a truly national campaign. A joint proposal was developed and planning is underway.

Helping women take charge of menopause

Many new initiatives were undertaken in 2009–2010 to promote education and awareness about menopause. The Canadian Menopause Coalition, a group of like-minded organizations concerned with women’s health advocacy, was officially launched during a webcast in October 2009, and a new menopause pamphlet was added to the SOGC’s suite of public education brochures.

In addition, two series of Menopause Public Forums were completed during this reporting period. The first series of 11 forums took place in June and July of 2009. Due to the resounding success of these public sessions, the SOGC received funding to host another set of nine public forums in April and May of 2010. Sessions were offered in cities located in British Columbia, Alberta, Saskatchewan, and Ontario.

Abstracts were submitted to five health-care professional conferences, and the SOGC’s menopause CME module was accepted by the Society of Rural Physicians of Canada (SRPC) and the Ontario College of Family Physicians (OCFP).

The menopauseandu.ca website has a new “Ask the Doctor” feature, launched in March, and the creation of a blog function is currently underway.

The Canadian Foundation for Women's Health

The Canadian Foundation for Women's Health (CFWH) is Canada's national not-for-profit fundraising foundation for women's sexual and reproductive health. With the support of individuals, medical organizations and companies, the CFWH funds research that is improving the health of Canadian women at every stage of their lives. The Foundation is a champion for increased funding for research on women's health and strives to foster support for international women's health programs.

Change is afoot at the CFWH

A new website was launched in January 2010, with a fresh and inclusive approach to women's reproductive health. Visitors can find information about the CFWH, broken down into three categories: health research, international women's health programs, and women's health education.



Another big change for the CFWH: in April 2010 Ms. Denyse Campeau was welcomed to its team as executive director. Ms. Campeau has over 30 years of experience working with non-profit organizations, including the University of Ottawa and McGill University. The SOGC welcomes Ms. Campeau.

Ms. Denyse Campeau



CFWH research grant recipients

The Canadian Foundation for Women's Health (CFWH) holds an annual research grant competition to advance evidence-based research in women's health and to put that knowledge to use for those who need it most. The 2010 research grants were awarded during the SOGC's 2010 Annual Clinical Meeting in Montréal.

The Alva Foundation Grant in Neonatal and Newborn Health

This grant promotes research in the field of neonatal and maternal health.

Dr. Alon Shrim: Folic acid supplementation and red blood cell folate in an urban Quebec population: Are pregnant women reaching the recommended level?

The Duchesnay International Elective Fellowships

The CFWH awards two fellowships every year to resident students in obstetrics and gynaecology who desire to complete an elective in a health-care center in a developing country.

Dr. Erin Adams: Fellowship at the Howard Hospital in Zimbabwe.

The 2010 Garfield Weston Foundation Awards

These research grants focus on projects that advance evidence-based research in pertinent female health issues, with this year's awards directed to the area of obesity and reproductive health.

Dr. Andrée Gruslin: Influence of obesity on placental growth and development

Dr. Jennifer Marks: Evaluate the use of levonorgestrel intrauterine system (LNG-IUS) in obese women with various uterine disorders

The CFWH General Research Grant

This grant focuses on finding solutions to reproductive health issues that women face, both in Canada and around the world.

Dr. Gina Ogilvie: Women's attitudes and intentions to receive cervical cancer screening in the setting of HPV testing

The MSFHR/CFWH Research Trainee Award

In July 2009, the CFWH was pleased to enter into a new partnership with British Columbia's Michael Smith Foundation for Health Research (MSFHR), co-funding research in the area of obstetrics and gynaecology.

Dr. Angela Kaida: Reproductive trends among HIV-positive women in British Columbia's HAART era: examining the interplay between pregnancy, antiretroviral adherence, and HIV disease progression

Tragedy in Haiti

On January 12, a devastating earthquake hit Haiti in the densely-populated Port-au-Prince area. Among the many immediate humanitarian crises caused by this disaster, the plight of mothers and babies was of particular concern for the SOGC and its partner organization in the country, the *Société haïtienne d'obstétrique et de gynécologie* (SHOG).

Even before the earthquake struck, Haiti suffered from the highest maternal mortality rate in the Americas — and, as Haiti struggled to recover, take stock, and rebuild after the disaster, childbirth could not wait. The SOGC has maintained a strong partnership with the SHOG for the past 10 years, and has been a vital contributor to FIGO's Saving Mothers and Newborns project in Haiti, which saw the implementation of a maternity centre in the Croix-des-Bouquets area. While the Society had demonstrated its determination and goodwill for the success of this project in the past, its help was now needed more than ever to ensure that the maternity centre could continue to provide maternal and infant health services.

As part of the SOGC's earthquake relief response, the SOGC's International Women's Health Program and the CFWH quickly launched the Mothers and Newborns of Haiti Donation Campaign. This initiative supported the efforts of the SHOG to reopen and expand the services offered at the Croix-des-Bouquets Maternity Centre. The response of the SOGC's members was substantial, immediate and generous. Thanks to the donations received, the Croix-des-Bouquets Maternity Centre is now fully operational, offering quality health services 24 hours per day, including emergency obstetric care, to women and children in Haiti.

As of the end of this reporting period, over \$228,000 had been raised in support of the SOGC's earthquake relief initiative in Haiti. The SOGC, the CFWH, and the SHOG are grateful for the generous support of donors, particularly the Canadian Medical Foundation, FIGO and Well Being of Women. Fundraising is to continue into 2010–2011, as the SOGC and CFWH are dedicated to providing the long-term support needed for recovery from the earthquake.



▶ Women arriving at the centre are now able to receive a full range of health services, including family planning counselling, prenatal services, deliveries including emergency obstetric care, postnatal care, and newborn health services.

▶ Following the earthquake, outdoor displacement camps were set-up. Tents occupied every corner of the city. Camps close to the Croix-des-Bouquets Maternity Centre resulted in an influx of women seeking care.



Financial reports

Treasurer's report



Dr. Mark Heywood

It is my pleasure to report on the finances of the SOGC for the year ending December 31, 2009.

Your finance committee was composed of treasurer, Dr. Mark Heywood; president-elect, Dr. Ahmed Ezzat; three members at large, Dr. André Jules Fortier, Dr. Ian Lange and Dr. Daniel Moreau; SOGC executive vice-president, Dr. André Lalonde; and SOGC finance-IT director, Ms. Linda Desjardins. The committee meets in person in Ottawa, typically twice a year, in May and November, and convenes as needed by teleconference. I was in regular communication with the SOGC office in Ottawa, as all expenses over \$20,000.00 were approved before payments were made by Ms. Desjardins, Dr. Lalonde and myself.

At the May meeting, the draft financial statements from the previous year were reviewed with our auditor, Mr. Andrew Newman of KPMG. The auditor and his team spent close to three weeks reviewing our societies' finances with Ms. Desjardins and the SOGC finance team. Our investments were reviewed and any adjustments deemed necessary were made. We also reviewed our current year-to-date and sponsorship commitments. A report regarding our subsidiary SALUS Global Corporation was also reviewed at this time.

At the November meeting, year-to-date statements were reviewed and either a teleconference or face-to-face meeting was held with each of our four major investment portfolios: ABC funds, Cougar investments, MD Management, and Royal Bank of Canada. During these meetings our objectives were discussed and adjustments were made on an ongoing basis when necessary. This was particularly true in the fall of 2008. SALUS Corporation was reviewed again and the planned preliminary budget for the following year was discussed.

It should come as no surprise to anyone that 2009 was predicted to be a difficult year. The audited financial statement by KPMG was reviewed and accepted; a summary of this appears in this report.

I would like to highlight a few of the major issues:

The sponsorship programs came in above predicted budget for what was expected to be a very difficult year, and the SOGC fared considerably better than many like organizations. Our major programs in 2009 were the Annual Clinical Meeting, Continuing Medical Education (CME) programs, Maternity Care project, HPV awareness and education program, Menopause awareness and education program, and Canadian International Development Agency work.

All areas related to our Journal managed to essentially meet or exceed expectations. Once again, in the fiscal environment of 2009, a major accomplishment, and better than many like publications. Congratulations to our Editor, Dr. Timothy Rowe, and our associate executive vice-president, Dr. Vyta Senikas for an excellent job done.

On the expenditures side of the financial statement, a tight rein was held, thanks to our executive vice-president, Dr. André Lalonde, and the finance team. A few points of note: Salaries and benefits were slightly higher, in part related to maternity leave and back filling of these positions, something not surprising for our society! Support for Dr. Dorothy Shaw's presidency of FIGO as well as Council, Executive and staff attendance at the FIGO meeting in Cape Town, South Africa, was covered by the transfer of funds from the Society's reserve. You will no doubt also have noticed the greening of the Annual Clinical Meeting, and lightening of your conference bag, with the use of the USB stick for conference material, rather than printing. The purchase of a machine necessary for production should lead to much reduced printing costs.

SALUS Global Corporation has achieved a significant turnaround in terms of increasing revenues and decreasing expenses in 2009 compared to 2008. The SOGC and the HIROC made a decision to write off interest due on promissory notes issued by SALUS to SOGC and HIROC, and to revise the interest rate to zero percent. This will aid SALUS into the future and profitability is now an achievable goal, in particular if its move into the US market is successful.

Once again, as last year, I would like to thank Dr. André Lalonde for his leadership of the Society, and Ms. Linda Desjardins and her team, for all their assistance and dedication to our Society. Your Finance Committee reviewed all necessary information and I can report with confidence to the members that the financial administration of the society is sound, transparent and in keeping with the highest standards of accounting.

Respectfully submitted,

Mark Heywood, MD

Auditor's report

We have audited the statement of financial position of the Society of Obstetricians and Gynaecologists of Canada as at December 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at December 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the Canada Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

Chartered Accountants, Licensed Public Accountants

Ottawa, Canada

April 16, 2010

Summarized financial statements

Statement of Financial Position

For the year ended December 31, 2009, with comparative figures for 2008

	2009	2008
Assets		
Current assets:		
Amounts receivable	\$ 1,043,192	\$ 1,044,392
Prepaid expenses	223,622	237,211
Prepaid rent	148,918	148,918
Promissory notes receivable	500,000	667,744
Amounts due from Salus Global Corporation	74,934	182,352
	1,990,666	2,280,617
Investments	4,466,827	4,610,916
Promissory notes receivable	–	500,000
Prepaid rent	1,265,804	1,414,722
Capital assets	235,314	261,061
Net investment in Salus Global Corporation	38,265	404,922
	\$ 7,996,876	\$ 9,472,238
Liabilities and Net Assets		
Current liabilities:		
Bank indebtedness	\$ 941,148	\$ 1,501,507
Accounts payable and accrued liabilities	958,275	956,242
Deferred revenue	1,193,537	1,212,667
Current portion of long-term debt	1,025,221	126,687
	4,118,181	3,797,103
Long-term debt	–	1,025,221
Net assets:		
Unrestricted	3,605,116	3,983,931
Invested in capital assets	235,314	261,061
Invested in Salus Global Corporation	38,265	404,922
	3,878,695	4,649,914
Commitments		
Contingencies		
Guarantees		
	\$ 7,996,876	\$ 9,472,238

Statement of Operations

For the year ended December 31, 2009, with comparative figures for 2008

	2009	Budget (unaudited)	2008
Revenues:			
Registration fees/Funding	6,427,079	6,135,351	6,670,513
Administrative services	403,799	387,000	328,839
Membership fees	574,376	581,325	565,397
Journal	910,576	948,000	882,071
Exhibits	194,452	200,000	221,221
Sales of books and brochures	126,195	185,000	137,152
Social programs	29,141	10,000	18,633
Miscellaneous	133,258	26,000	191,402
Rent from rental units	37,845	37,930	37,930
Funding of international activities	—	—	4,941
Salary administration for tenants	232,079	271,505	139,030
Internal resource	122,228	80,000	84,385
Realized investment income (loss)	(141,360)	87,000	146,403
	9,049,668	8,949,111	9,427,917
Expenses:			
Salaries and benefits	4,204,771	4,131,641	3,910,461
Consulting	793,129	771,302	963,596
Committee travel and accommodation	608,539	600,980	488,077
National travel and accommodation	247,765	213,592	227,179
President's expenses	43,083	49,000	27,501
Memberships and affiliations	1,085	2,000	6,167
Professional development	42,714	45,600	52,647
Development costs	43,206	18,232	22,032
Conference speakers	649,465	662,277	577,618
Translation and interpretation	13,029	24,017	40,952
Books and periodicals	20,541	11,500	14,343
Printing	382,183	399,744	632,862
Publicity/promotion	513,288	487,175	738,132
Prizes and awards	50,576	50,000	67,149
Equipment purchases	104,630	73,500	195,493
General office administration	331,656	328,051	413,806
Equipment rental	110,589	130,221	138,874
Rent	349,425	307,849	285,200
Legal and audit	37,147	35,000	46,752
Insurance	26,638	31,500	26,908
Affiliated meetings	101,569	52,100	67,002
Hospitality	573,244	486,300	614,859
Amortization of capital assets	61,635	68,000	79,025
Interest on long-term debt	56,327	57,000	63,878
Special projects and international activities	216,681	253,416	318,323
Miscellaneous	143,371	89,450	85,192
	9,726,286	9,379,447	10,104,028
Deficiency of revenues over expenses, before undernoted	(676,618)	(430,336)	(676,111)
Proportionate share of net loss of Salus Global Corporation	(635,477)	—	(1,275,814)
Allowance for amounts owing from Salus Global Corporation	(75,000)	—	(81,010)
Interest earned on promissory notes receivable	281,502	291,000	317,300
Deficiency of revenues over expenses	\$ (1,105,593)	\$ (139,336)	\$ (1,715,635)



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SOGC Education websites:

sexualityandu.ca

hpvinfo.ca

endometriosisinfo.ca

menopauseandu.ca

iwhp.sogc.org

cfwh.org



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