



LEADERS IN WOMEN'S HEALTH



SOGC ANNUAL REPORT

THE SOCIETY OF OBSTETRICIANS
AND GYNAECOLOGISTS OF CANADA

2004-2005

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is **an award-winning medical society**, recognized for the excellence of its public education programs and resources. The SOGC **promotes optimal reproductive health care for all Canadians** and informed choice in a wide range of medical and public education venues.

As **the leading Canadian authority on reproductive health issues**, the SOGC establishes national practice guidelines and provides medical education to more than 2,800 Canadian obstetricians-gynaecologists and other health professionals including family physicians, midwives and nurses.

A voluntary, non-profit scientific organization founded in 1944, the **Society is North America's longest-standing national organization** devoted to the specialty of obstetrics and gynaecology.

The mission of the Society of Obstetricians and Gynaecologists of Canada is **to promote optimal women's health through** leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology.

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PRESIDENT'S MESSAGE – DR. GERALD STANIMIR

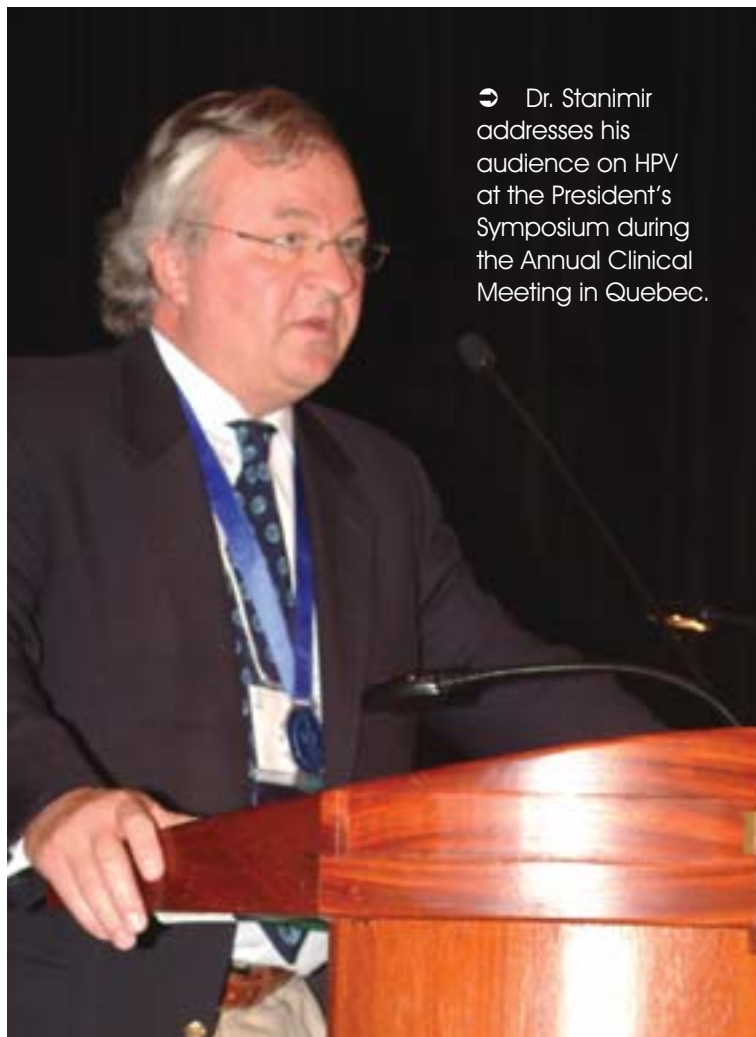
It is with a great sense of accomplishment and privilege that I complete my term as President of the SOGC. Long before I was named president in July 2004, I had often witnessed the endless lengths to which this Society will go to advance the health and rights of women at home and abroad. Throughout my presidency, it has been my honour to help preserve and improve this fine tradition.

It has been a strong year of development for SOGC programs launched in recent years. The new Multidisciplinary Collaborative Primary Maternity Care Project is a shining light upon the issues facing our field, encouraging new ways to streamline Canada's delivery of care. For my part, I have given these important issues an audience with the government and the Ministry of Health, and helped to promote the importance of this new project across Canada's health industry.

After only three years, the MORE⁰⁸ program has gained widespread acceptance and implementation across the country. The important work of the ALARM International program has also brought prestige and recognition abroad, and our long list of global partnerships and friends continues to grow. Earlier this year, I had the opportunity to visit Guatemala and review this program first-hand, and suffice to say, it is impossible to overstate the importance of this program's outcomes.

Of course, improving women's health is a two-way street. The effects of improved service and access are blunted if women are uninformed or unwilling to take an active role in their own health. This is why public education remains one of the pillars of the SOGC mandate. In 2004, we obtained extended funding for the Contraceptive Awareness Project, a program that provides women and men the tools they need to make informed decisions about their sexual and reproductive health.

In addition to my internal work within the Society, it was my honour to represent the SOGC in the media and in promoting public health awareness. I had the opportunity to appear in a public education film for young people on HPV, which despite being one of the world's most common STIs is virtually unknown to the public. I was also privileged to sit on an expert Canadian



➡ Dr. Stanimir addresses his audience on HPV at the President's Symposium during the Annual Clinical Meeting in Quebec.

panel on HPV this past spring, as well as participate in the Menopause Consensus Meeting in Montreal.

As my time as SOGC President has come to an end, I wish to thank those responsible for giving me this opportunity, and those who make the SOGC the fine organization it is. With the appointment of our new President Dr. Michael Helewa, I am confident that the strong traditions established by the SOGC over the past six decades are in good hands. I wish Dr. Helewa only the best, and I look forward to our work to come.

In particular I would like to thank Dr. André Lalonde, who, through his tireless devotion, embodies the principles and values of the SOGC. I would also like to thank all of my friends and colleagues on Council, our dedicated committee members, and all of the staff and members who work hard each and every day to improve the lives of women everywhere. Merci.

Gerald Stanimir

EXECUTIVE VICE- PRESIDENT'S MESSAGE – DR. ANDRÉ LALONDE

The 2004 – 2005 year was a progressive one for the SOGC. Our financial situation was challenging due to a number of factors including expansion of new office space and investment in the MORE^{OB} program, to name a few. However, SOGC investments were solid and helped to balance our budget.

Our core services are evolving and improving, our membership and list of partners are expanding, and SOGC projects established in recent years continue to develop and grow.

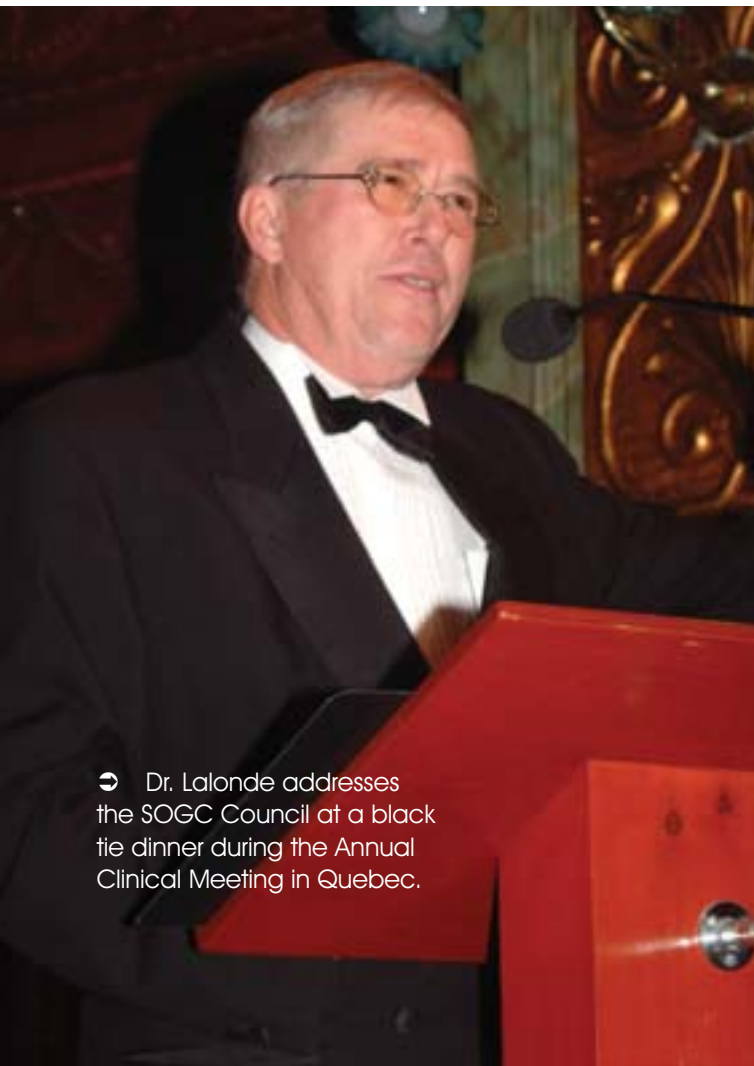
In particular, the Managing Obstetrical Risk Efficiently (MORE^{OB}) program grew substantially this year: in December 2004, the program was adopted by the entire province of Alberta; funding was secured for pilots in British Columbia; introduction of the program in Quebec and the Maritimes is anticipated for 2006;

and preliminary marketing to export the program into the United States is underway. This past year, the number of licensed participants in the program doubled to 5400, and 24 additional hospitals adopted the program for a total of 57. We are also pleased to announce that the program will receive accreditation by the Canadian Council of Health Services Accreditation in 2006 and beyond.

It has also proven to be a strong year for the Journal of Obstetrics and Gynaecology (JOGC). Since repurchasing the publishing rights last year, the SOGC has improved the quality and quantity of Clinical Professional Guidelines published in the journal and increased readership to 7,000. The JOGC publication is an important asset of the Society; in addition to being a source of revenue, improvements to quality and distribution translate directly into advancement of the practice of Obstetrics and Gynaecology practice in Canada and around the world.

We have also made some exciting changes to our traditional member services in the past year, particularly in our Continuing Professional Development (CPD) programs. The SOGC was also awarded exemplary accreditation status for our CPD programs from the Royal College of Physicians and Surgeons of Canada (RCPSC). To increase accessibility to CPD, we have added several accredited E-learning modules that members may complete online. This is particularly important for rural physicians or those who are unable to leave their practice for training. On the administrative side, we have incorporated software upgrades to streamline administrative functions, increase the efficiency of our staff and to better serve our members. Currently, we are undertaking the college's (RCPSC) accreditation process to offer SOGC programs that members can redeem for Section 3 and Section 4 MAINCERT credits. Our core regional CME programs have also seen high enrollment rates this year.

Despite some schedule delays, the Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) has made steady progress over the past year. Our current partners in this project include the Canadian Nurses Association, Midwives, and Family Practitioners. The groundwork of the project has been



➔ Dr. Lalonde addresses the SOGC Council at a black tie dinner during the Annual Clinical Meeting in Quebec.

EVP Message - Dr. Lalonde
(Continued from page 6)

laid, including information gathering through focus groups, surveys, interviews, literature reviews, and a detailed study of existing international collaborative care models. This informational framework will play an important role in defining the most efficient models to providing effective collaborative maternity care.

In the public sphere, the SOGC has continued its role as a leading advocate of improved policy and public education. We negotiated a three-year extension in funding for the Contraceptive Awareness Project in 2004, and the reach of the public and professional information provided by this program continues to grow rapidly. Earlier in 2005, the SOGC also worked with government partners to make emergency contraception nationally available without a prescription. Our Society is very proud to have participated in the development of this progressive new policy, one that will no doubt have a profoundly positive effect on the health of Canadian women.

In closing, I would like to take note of the dedication and excellence of the SOGC staff, and recognize all of our members who volunteer their time and talents to make the work of this Society possible. I would also like to extend my sincerest gratitude to our outgoing president Dr. Gerald Stanimir for his exemplary work over the past year, and also to my managers for an excellent year. Special recognition and appreciation is also due to my associate EVPs Drs. Senikas and Milne for their commitment and unwavering work ethic. Thank you all.



André B. Lalonde



“In this climate of questionable accounting practices, it is a pleasure to be associated with a Society in such good standing, which is fiscally responsible and transparent to its Council and its members.”

Dr. Douglas Black, Treasurer of the SOGC, and Head of the Division of General Obstetrics and Gynaecology at the University of Ottawa and The Ottawa General Hospital.



MEMBERSHIP – PROMOTING OPTIMAL WOMEN’S HEALTH

The SOGC is proud to announce that our membership base has risen to over 2,880 valued members. Currently, the Society’s principal recruitment focus is on nurses, midwives, family physicians and OBGYNs, and this past year we were honoured to welcome over 150 health professionals and medical students from a diverse range of disciplines. New members include Canadian and international specialists in OBGYN, general practitioners, researchers, nurses, midwives and other devoted health care providers.

NETWORKING AND COMMUNICATIONS

SOGC News

The SOGC News is the Society's main communications vehicle to its members. This year, the SOGC News has enhanced its editorial content as part of a continuing endeavour to provide the latest news from the Society, as well as a host of articles on subjects that impact the lives and practice of our membership.

E-Delivery

As a benefit to its members, the SOGC distributes regular editions of its E-Delivery online newsletter, encapsulating the latest in health news and SOGC media reports. The sampling of articles allows members to quickly and conveniently review what the media has reported to the public on health issues.

What are members saying about e-news?

"This is very valuable. Thank you very much!" Ron Livingstone, Toronto.

"Great idea! To be continued!" Rodolphe Maheux, MD, CHUQ-HSFA.

"I just wanted to let you know how much I appreciate this electronic newsletter. It helps me keep abreast of news items so that I can be better prepared for questions I commonly get asked," Karen MacKinnon, RN.

INTERNATIONAL CONNECTIONS

On November 30, 2004, the SOGC and the Japan Society of Obstetrics and Gynecology signed a joint agreement of collaboration in Ottawa. The agreement will include the exchange of young physicians from both countries as well as mutual participation at each society's Annual Clinical Meetings. As an organization devoted to constant improvement, the SOGC understands the benefits of sharing knowledge and maintaining close relations with like-minded organizations around the globe.



"As a Council member, particularly in my role as the APOG representative, I have been impressed by the level of collaboration that the SOGC enjoys with parallel organizations and by its commitment to education for ALL levels of the learner."

Dr. Wylam Faught, President, Association of Professors of Obstetricians and Gynaecologists; Professor and Chair of the Department of Obstetrics and Gynaecology of the University of Alberta.

THE NEXT GENERATION OF OBSTETRICIANS AND GYNAECOLOGISTS

This year's Medical Student Program at the ACM was a resounding success, drawing the highest attendance since the program's inception in 2002. The overarching goal of this program is to promote the OBGYN specialty to bright young minds. The program has helped increase



OBGYN recruiting in recent years, highlighted by full CARMS matching and similar figures in Quebec. These results are a significant improvement over the shortages experienced three or four years ago.

The Leadership Program for Junior Members was also enhanced and expanded, with over 32 Junior Members from across Canada attending at this year's Annual Clinical Meeting. A \$100 000 funding grant was also secured to support a leadership training program for third and fourth year students.

SOGC PARTNERSHIPS: LEADERSHIP IN COLLABORATION

SOGC's expansive suite of programs and services are a result of the Society's ability to foster relationships. It is well documented in the non-profit sector that the right mix of private-public partnership is essential to serve members and promote an organization's mission and vision. The SOGC is often the crossroads where government, education, private and public institutions meet. This past year, the SOGC has continued to foster existing relationships with partner organizations while exploring and developing new partnership opportunities across the globe.

In collaboration with our public and private partners, the Society has realized several goals in the past year, including: renewing its partnerships for the Contraception Awareness Project, thanks to a consortium of socially conscious industrial partners; working with government partners to secure \$2 million in funding to explore the need for collaborative models of primary maternity care; and expanded its Leadership Program for Junior Members. The SOGC has also worked closely with provincial and federal governments, NGO's, medical societies, industry, educational institutions, and international bodies to deliver a remarkable range of women's health initiatives and continuing education opportunities for its members.



“My involvement as a member of the SOGC Council has given me a clear picture of an organization which has realized its mission by adopting a bold and altruistic attitude. The SOGC has far reaching impact in developed countries, where its educational products influence clinical practice and consumer health for the better, and in the Third World, where the International Women's Health Program builds both knowledge and infrastructure to save lives.”

Dr. Scott Farrell, SOGC Council Member.

THE LATEST TECHNOLOGY: BRINGING EFFICIENT COMMUNICATION ACROSS THE NATION

The IT Department has expanded in order to meet the needs of the SOGC and its members. Technology is often at the heart of productivity, and with the ever-changing technologic landscape we have been able to provide enhanced, more efficient services to our clients. Among the biggest changes was the implementation of the iP telephony phone system. With the increasing number of conferences, this new system allows us to hosts our own teleconferences, cutting down on hosting fees.

SOGC AWARDS

President's Award

This year, the SOGC was honoured to present the prestigious President's Award to a dedicated champion of women's health and human rights around the globe. Dr. Dorothy Shaw was selected in recognition of her extraordinary commitment and accomplishments over her professional lifetime. The SOGC commends Dr. Shaw for her leadership in women's health issues, particularly in her promotion of global reproductive health.

➡ Dr. Shaw accepts her award from Dr. Stanimir during the Annual Clinical Meeting in Quebec.



2005 SOGC Abstract Winners

Best Gynaecology Paper Junior Members - O-GYN-JM-003 - Effect of medical visits, pelvic examinations, and primary care provider on the risk of ovarian cancer, by Haim Abenhaim.

Best Gynaecology Paper - O-SCC-001 - Atypical glandular cells (AGC): histologic and clinical significance, by Wylam Faught.

Best Gynaecology Poster Junior Members - P-GYN-JM-002 - Route of hysterectomy: are we optimizing our approach? by Kirsten Smith.

Best Gynaecology Poster - P-GYN-004 - Use of misoprostol before hysteroscopy: a systematic review, by Joan Crane.

Best Obstetrics Poster Junior Members - P-OBS-JM-005 - Prediction of recurrent preterm birth and associated neonatal morbidity/mortality, by Erica Frecker.

Best Obstetrics Poster - P-OBS-002 - A randomized controlled trial of Misoprostol and Oxytocin for the reduction of postpartum blood loss, by Thomas Basket.

Best Obstetrics Paper Junior Members - O-OBS-JM-013 - Le risque de rupture utérine est-il influencé par le type de fermeture ? by Martine Goyet.

Best Obstetrics Paper - O-OBS-MD-006 - Repeated courses of antenatal steroids and cardiovascular and endocrine function in children ages 6 to 11, by Mark Walker.

2005 Reginal Award Winners



Dr. Antonin
Rochette
Quebec



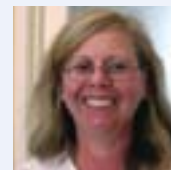
Dr. Cajetan
Gauthier
Quebec



Dr. Paul
McCleary
Ontario



Dr. Gerald
McCarthy
Manitoba



Dr. Sandra
de la Ronde
Alberta



**CONTINUING
PROFESSIONAL
DEVELOPMENT
– PIONEERS IN
EDUCATION AND
RESEARCH IN
PRACTICE**

**ROYAL COLLEGE (RCPSC)
ACCREDITATION APPLICATION**

The Royal College of Physicians and Surgeons of Canada awarded the SOGC full accreditation for a five-year period as an Accredited Continued Professional Development (CPD) provider. This is the longest accreditation period that the College awards. To acquire this accreditation, the SOGC displayed exemplary results inline with several key College standards: attracting external funding, evaluation expertise, technology implementation to meet the needs of participants, and development beyond the

medical expert role in the area of needs assessment. The SOGC will continue to lead in the area of CPD and is pleased to announce this recognition to its members and stakeholders.

MILLENNIUM TECHNOLOGY: FOSTERING TECHNOLOGY KNOWLEDGE

To keep pace with the increasing technology needs of our members, the SOGC is continually reviewing and refocusing its Millennium Technology Course. The course has evolved from a day-long post-graduate course teaching SOGC members how to use a computer, the Internet and PowerPoint presentations, and now offers specialized, focused topics to meet more specific needs of members. Examples of new training topics include working with PDAs and Internet Security. For the past two years, the course has also been included as a Best Practice Session at Regional and Annual Clinical Meetings, and is now offered as a two-hour Breakout Session.

SOGC PROFESSIONAL DEVELOPMENT: WORLD CLASS TRAINING

A total of six Continuing Medical Education (CME) events were held from July 1, 2004 to June 30, 2005: four regional programs (Quebec, Ontario, West Central and New Gynaecology), one international program (Puerto Vallarta, Mexico) and the 61st Annual Clinical Meeting (Quebec), held in conjunction with *Association des obstétriciens et gynécologues du Québec*.

The 18th ICME in Puerto Vallarta, Mexico, was a huge success this year. The ICME offered over 145 participants a diverse range of educational events, including 22 seminars, 11 breakout sessions and concurrent sessions. The SOGC was proud to welcome members attending from as far as Whitehorse and Newfoundland. Feedback for the event was very positive, including kudos from members on the strength and range of the programme.



“The West Central CME was excellent this year. Having trained in Saskatchewan and working in Alberta has enabled me to know a lot of people at this conference. It was small and very friendly. The talks and breakout sessions were great. I especially enjoyed the infertility talks as well as the ‘bio-identical’ hormone discussion. The snow was great too and the sun shone daily at Sunshine.” Kevin Wiebe, MD, Past Chair Junior Member Committee

CPD Event Registration

Meeting	2003			2004			2005		
	Del	Other	Total	Del	Other	Total	Del	Other	Total
Québec CME	161	79	240	188	76	264	N/A	N/A	N/A
Ontario CME	308	89	397	298	100	398	N/A	N/A	N/A
West Central CME	144	48	192	163	51	214	139	62	201
Gynaecology Ontario CME	N/A	N/A	N/A	N/A	N/A	N/A	147	57	204
ICME	119	37	156	150	30	180	107	36	143
ACM	629	216	845	607	156	763	752	160	912

NEW GYNAECOLOGY CME A SUCCESS!



Dr. Bill Ehman, Dr. Vyta Senikas, Ms. Isabelle Denis and Ms. Linda Kollesh.

The New Gynaecology Ontario CME, held April 2005, focused on the generalist OBGYN and family doctors providing women's health care. The sold-out event, offered for the first time this year, was very well-received, and excellent reviews of the program were submitted on member program evaluations.

ANNUAL CLINICAL MEETING, QUÉBEC CITY, JUNE 16-21, 2005



Dr. André Lalonde (centre) receives AOGQ Honorary Membership from Drs. Claude Fortin (left) and Philippe-Yves Laberge (right) during the SOGC's ACM.

This year the 61st Annual Clinical Meeting was held in conjunction with the 39th Annual Conference of the AOGQ, collectively providing 100 years of expertise to our delegates. By all accounts, ACM 2005 was tremendous success, highlighted by six days of riveting speakers, awards, and contemporary workshops. More than 800 participants took part in the symposia, best practice sessions, post-graduate courses and sub-specialty meetings.



“As a midwife member of the SOGC Council, I am impressed with the SOGC commitment to improving maternity care services internationally, nationally and locally in communities where their members work. The SOGC Clinical Practice Guidelines are an example of the intention of the society’s specialists to practice an evidence-based approach to delivery of obstetric and gynecological care in Canada. MORE^{OB}, ALARM and ALARM International promotes the collaboration of care providers to achieve the delivery of safe maternity care throughout the world. The SOGC is one of the key stakeholders in the future planning for retention of maternity care services in Canada and their leadership is extremely steady and of great value.”

Michelle Kryzanasuskas, RM, SOGC Council Member

ALARM COURSE

This comprehensive two-day course is designed to review, update and maintain professional competence in obstetrics, and to ensure that Canada's mothers and newborns have access to the most progressive, effective standard of care possible. The course is offered to specialists, midwives, family physicians and nurses to improve the outcome and process of intrapartum and immediate postpartum care. To ensure a high quality of education, the course is developed, maintained and taught solely by family physicians, obstetricians, midwives and nurses. The course is comprised case-based plenary sessions, hands-on workshops and a comprehensive examination process.



Each course is limited to a maximum 40 participants and maintains a ratio of approximately five participants to each faculty member, ensuring a highly interactive and educational course. Twelve highly subscribed ALARM courses held from July 2004 to June 2005, with approximately 425 registrants.

The syllabus of this program is constantly reviewed to offer the most current educational material, and in January 2005, the 12th Edition of the ALARM syllabus was published and implemented.



“Dr. Pat Mohide introduced me to the SOGC approximately 25 years ago. At that time the influence of the Society was gaining momentum. For the past fifteen years it has been a very strong force advocating for Obstetricians and Gynaecologists as well as for our patients. The enthusiasm and professionalism of our Society is most impressive. There is a strong sense of belonging despite the wide diversity in our membership. I have the feeling we all can learn and also contribute.”

Dr. Don Davis, SOGC President Elect

THE JOURNAL OF OBSTETRICS AND GYNAECOLOGY OF CANADA: IMPROVING CARE THROUGH KNOWLEDGE-SHARING, SCIENTIFIC EVIDENCE AND BEST GLOBAL PRACTICE



The Journal of Obstetrics and Gynaecology of Canada publishes policy statements, committee opinions and clinical guidelines. The JOGC has a distribution mailing list of 9,000 and is the principal publication of the SOGC. It is an important tool for improving the practice of Obstetrics and Gynaecology in Canada, communicating important developments, lowering medicolegal risks and promoting efficient, global best practice methods in Canada. It remains one of the society's most important assets. This year the JOGC continued to publish the latest in OBGYN research and clinical guidelines, and remains among the leading sources of information in the field.

Dr. Tim Rowe, FRCSC,
University of British
Columbia, Vancouver, BC

Editor-in-Chief
of the JOGC



The SOGC has developed 70 contribution guidelines since 2002, and has hosted workshops to assist authors in producing reliable and accurate content. These initiatives have increased the number of contributing principal authors and produced an integrated set of contribution guidelines, ensuring information can be disseminated accurately and concisely.

(full list of guidelines included in the Annexe)

SOGC PROGRAMS

[Trailblazing Hospital Safety Program Delivers Lower Risk Births In Canadian Hospitals: MORE^{OB} Taking Care Of Life](#)

The MORE^{OB} program is a strategic, proactive approach to increasing patient safety, managing the risks of adverse events and improving the quality of obstetrical care. The program benefits health care providers, hospitals and, most importantly, Canadian mothers and their babies. MORE^{OB} creates a new model of care by breaking down traditional hierarchy and practices, and by directing the focus on teamwork and building a cooperative learning and

The Journal of Obstetrics and Gynaecology Canada (JOGC) is fully indexed. According to a recent CMA reader survey of JOGC, 95% of OBGYNs spend an average of 46 minutes reading each issue and 46% of family doctors spend 22 minutes reading each issue.

work environment. In addition, the MORE^{OB} program facilitates the implementation of practice modification tools, encourages learning from no-harm (near miss) events and harm (incidents and adverse) events, and fosters the integration of HRO (high-reliability organizations) principles into the practice environment.

The 21 health care organizations, involving 33 hospitals, in the pilot phase have completed their evaluation of Module One. Analysis of the data demonstrated that knowledge-base improvements varied by discipline, and were consistent in all levels of patient care acuity.

Most importantly, the analysis showed that by using the same knowledge evaluation tool, all disciplines achieved the same level of core knowledge in their post-test.

Expansion To A National Launch

Our national launch has continued, adding three more hospitals in Ontario for a total of 36 hospitals participating in the province. In Alberta, a third cohort of hospitals joined the program at the end of May, totaling 17 hospitals currently participating in the province. As of the end of June, the MORE^{OB} Program has been implemented in 57 hospitals in five provinces.

In April, the British Columbia Minister of Health announced funding to integrate the program into the province this fall. By the end of the year, the program is expected to be implemented in four British Columbia hospitals.

Recognition From The Canadian Council On Health Services Accreditation

The MORE^{OB} program will receive recognition for meeting CCHSA accreditation standards in 2006. This will be a significant advantage as we market the program to new hospitals in Canada, and market for the renewal of existing three-year pilot programs.

MORE^{OB} Website

A public MORE^{OB} website was launched May 31st, 2004, in both official languages. The site has proven a valuable resource in supporting existing MORE^{OB} participants and in informing the general public about the program.



The program has expanded from 33 to 57 hospitals, an increase of 24 hospitals or 72%. Licensed participants have increased 107%, from 2600 to 5400. The MORE^{OB} program is now operational in hospitals that provide obstetrical care for 42% of all births in Canada.

THE SCOPE PROGRAM

The Surgical Complications of Pelvic Endoscopy (SCOPE) course is designed to improve upon and maintain competencies in the practice of pelvic Endoscopy, and to aid participants in implementing an effective risk management strategy.

The course is offered in two parts. Part one is a CD-ROM format consisting of a pre-test, eight interactive-learning clinical sections and a post-test. The CD-ROM is integrated with a web component, enabling the self assessment pre-test and post-test to be completed online.

Part two is offered as an optional lab practicum, consisting of a one-and-a-half day course. Each participant is given a set of surgical exercises to perform in both a dry and wet lab setting. In addition, interactive "how-to" video sessions review harm and no-harm events and mitigating the fallout should they occur. Prior to attending part two, all participants are asked to complete part one and submit a résumé of their endoscopic cases over the preceding three months. Participants also submit a number of audits, following templates developed by the working group.

The fully subscribed SCOPE course was held in Vancouver on April 22nd and 23rd, 2005.

CONTRACEPTION AWARENESS PROJECT - MEDICAL PROFESSIONALS PROTECTING CANADIANS WITH KNOWLEDGE SHARING

The Foundation for the Promotion of Sexual and Reproductive Health (FPSRH), administered by the SOGC, launched a national initiative in November 2001 aimed at raising contraception and STI awareness in the public and in the medical community. Built on three pillars, the Contraception Awareness Project (CAP) promotes:

- 1) Contraception use and adherence;
- 2) Safer sexual practices (dual protection to prevent STIs) and;
- 3) Sexual well-being free from coercion.

The FPSRH administers five key initiatives:

- Contraception Awareness Project
- Millennium Fellowships
- College of Family Physicians of Canada (CFPC) Fellowships in Women's Health
- Compassionate Contraceptive Assistance Program
- The Canadian Foundation for Women's Health

Achievements

Achievements of the Contraceptive Awareness Project include:

- Over 1.2-million visits to the sexualityandu.ca and masexualite.ca sites registered in 2004, a 33% increase from 2003. The monthly average was 101,030 visitors, spending 9:38 minutes per session.
- Current 2005 statistics show an additional 45% increase in visitors from the previous year. In the first five months, an average of 146,619 visitors per month spent 10:01 minutes browsing the web sites.



"What makes sexualityandu.ca a great resource is it looks at the big picture. The site relates to staying sexually healthy as a life-long process, requiring the well-informed cooperation of patients, health care professionals and everyone in between. I often use and recommend this site, and have seen the value of such a proactive approach to promoting sexual health."

Dr. Amanda Black, Chair, Contraceptive Awareness Program.

Spreading the word: advertising and promotion

- CAP undertook a national public advertising campaign in December 2004, targeting key demographics with the use of Web, radio, subway and transit ads. An online campaign on MSN Messenger and Hotmail in March/April 2005 generated a record-high number of Web visitors. The highly successful Hotmail campaign led to the development of a case study that is posted on the MSN.Sympatico.ca trade site. Further advertising to the public, health professionals and teachers will take place in the summer and fall after consultations with advertising agencies. Heavy Public Service Announcement (PSA) reliance will be the backbone of future campaigns.
- Exhibits at trade and public conferences: Association des Obstétriciens et Gynécologues du Québec, Association of Women's Health Obstetric and Neonatal Nurses, Best Start, Canadian Association of Midwives, Canadian Association of Campus Activities, International Federation on Fertility and Sterility, Pediatrics Gynecology & Obstetrics (POGO), Royal College of Physicians and Surgeons of Canada, Guelph Sexuality Conference, Women's Health Matters, Salon Jeunesse and CFPC.
- "Getting Ahead with Sex" public forum in Edmonton (AB): In partnership with Planned Parenthood Federation of Canada, the SOGC held an event during the summer of 2004 that addressed safer sex, contraception and teen date-rape in an interactive format.
- Continued distribution of promotional items to schools, universities and colleges, sexual health clinics, public health offices, physicians' offices and trade and public conferences. Over 700,000 items promoting the website were distributed in 2004.



Contraception workshops

- Presentation of Contraception Troubleshooting Workshops at all SOGC Continuing Medical Education events (CME). Apart from SOGC CMEs, facilitators also held three Contraceptive Sessions and one Contraceptive Counselling Skills Workshop. A workshop is planned for the College of Family Physicians of Canada's Family Medicine Forum (December 2005) and a contraception update at the Guelph Sexuality Conference (June 2005).
- Partnership with the Association of Professors of Obstetrics and Gynaecology (APOG) for delivery of Contraception Troubleshooting Workshops in all medical schools in 2005.

Compassionate contraceptive assistance program

- The Compassionate Contraceptive Assistance Program has been very successful in providing necessary samples to Canadian women who cannot afford contraception. Over 3,100 requests were processed in 2004, a 12% reduction over the previous year.
- SOGC quality control initiatives were implemented to reduce errors and decrease SOGC turnaround time. Limiting requests to a 6-month supply addressed supplier concerns and ensured that Compassionate supplies were distributed to patients in financial distress. We are also looking at other ways to improve the process by limiting pharmaceutical turnaround time and curbing "excessive" requests.

International outreach

- Presentation of CAP and its working mechanisms at the Japan Society of Obstetricians and Gynaecologists (JSOG) in April 2005. Feedback obtained from JSOG colleagues was so great that they intend to approach sponsors in the near future to develop a similar project.

Millennium fellowships

- **Community Physicians**
 - Lizette Elumir-Tanner and Leanne Kroeker, joint application - Objective: pelvic floor dysfunction traineeship.
- **University/Hospital Based Physicians** - No applicants.
- **Nurses and Midwives**
 - H  l  ne Mongauzy - Objective: literature review to identify and implement appropriate outreach methods to increase mature women's awareness and access to French-language health services in Eastern Ontario.
 - Bonnie Sparrow - Objective: management of gynaecologic conditions common in primary health care practice (assessment and diagnosis of abnormal uterine, cervical, ovarian, vaginal or vulvar conditions).
- **Junior Member Electives in International Women's Health**
 - Ana  s Brosseau-Roberge and Val  rie D  me, area of study in OBGYN at the Universidad Nacional de Rosario in Rosario, Argentina - Objectives: diagnose and treat pathologies frequently found in patients with a low socioeconomic status; participate in prevention and health promotion activities in primary health care centers; OBGYN training.
 - Lisa Avery, OBGYN elective at the University of Nairobi - Objectives: research on demographic data of women affected with HIV/AIDS and clinical exposure to common gynaecological and obstetrical problems in developing countries.
- **College of Family Physicians of Canada (CFPC) Fellowships in Women's Health** - Because CAP funding was obtained after the CFPC award deadline, grants were not provided in 2004. The SOGC has committed funding for 2005 and 2006.

Canadian Foundation for Women's Health

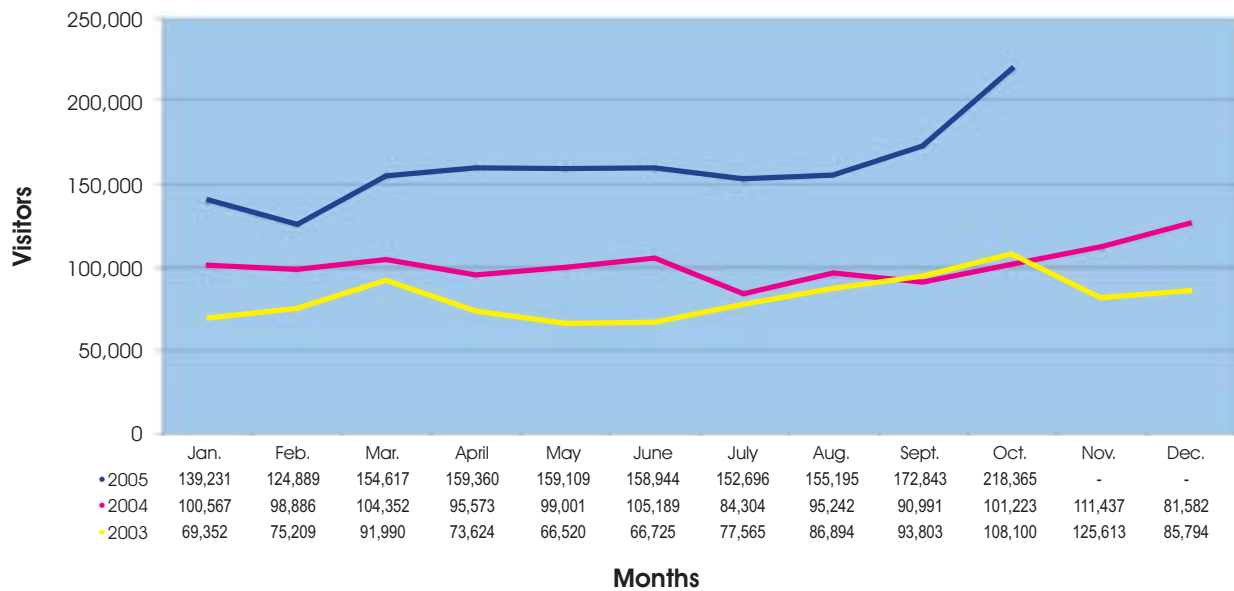
CFWH received a \$200,000 contribution in 2004 (and has committed to equal funding in 2005), enabling them to distribute funds for research projects in women's health across Canada.

[www.Sexualityandu.ca:](http://www.Sexualityandu.ca)
award-winning online resource

- Monthly expedition of sexualityandu.ca e-newsletter.
- Launch of the Sex-Fu Challenge, an interactive game which quizzes players on STI and contraception knowledge. Over 10,000 games were completed in the first month of operation.
- Development and online posting of Learning Modules for the Assessment and Treatment of Male and Female Sexual Dysfunction in Primary Care.



SEXUALITYANDU.CA WEBSITE VISITS 2003-2005



SOGC'S INTERNATIONAL WOMEN'S HEALTH PROGRAM: EVERY WOMAN SHOULD HAVE EQUITABLE ACCESS TO OPTIMAL COMPREHENSIVE HEALTH CARE

health as one of its five strategic directions. The SOGC endeavours to improve women's health globally by strengthening the leadership capacity of peer OBGYN associations in promoting safe motherhood and newborn health.

On the International Scene: Advocating Women's Reproductive Health Around the Globe

As co-chair of the International Federation of Gynaecology and Obstetrics (FIGO) Committee for Safe Motherhood and Newborn Health, SOGC has supported FIGO and partner organizations in many international initiatives including: promotion of the International Confederation of Midwives (ICM)/FIGO's Joint Statement on the Management of the Third Stage of Labour to Prevent Post-partum Haemorrhage (2003); the World Health Organization (WHO)/FIGO and ICM Joint Statement on Skilled Attendants (2004); and the launch of its second generation of Safe Motherhood initiatives entitled "Saving the Mothers and Newborn Health" (November 2004). The SOGC continues to represent FIGO to the Partnership for Safe Motherhood and Newborn Health, a consortium of multilateral, international and national agencies and organizations promoting this issue globally.

Through the Society's International Women's Health program (SIWH), the SOGC remains active within the FIGO Save the Mothers Uganda Canada Project, the SOGC Partnership Program and the ALARM International Program. In 2004, countries of intervention included: Benin, Gabon, Guatemala, Haiti, Kosovo, Uganda, Ukraine and Zambia. Although the core interventions of the FIGO Save the Mothers Uganda-Canada Project terminated in May 2004, the Society's partner, the Association of Obstetricians and Gynaecologists of Uganda (AOGU), continues to conduct community mobilization activities within the Kiboga District. These activities are funded by the CAW Social Justice Fund until December 2005. A formal evaluation of this program is currently being conducted by the Initiative for Maternal Mortality Programme Assessment (IMMPACT), and is expected in late 2005.

The SOGC Partnership

➡ On Thursday, June 16, 2005 the Annual Clinical Meeting of the SOGC was initiated with an overwhelmingly well attended international Women's Health Symposium. The main highlight of the event was a keynote address from Stephen Lewis, UN Special envoy to Africa on HIV/AIDS. Dr. André Lalonde also profiled the contribution of the SOGC to the reduction of maternal mortality and morbidity worldwide.



Women continue to die during pregnancy and childbirth because they lack access to timely and quality health care services. The SOGC's International Women's Health Program works with its partners to decrease maternal and neonatal deaths in low resource countries. This is accomplished by strengthening the capacity of local professional associations to assume a leadership role in the health system. The program provides health care professionals in these countries with much needed quality obstetrical training.

In 1998, the SOGC committed to pursue excellence in international women's health and to work toward the reduction of maternal mortality and morbidity worldwide. In 2000, the SOGC prioritized international

99% of maternal deaths take place in low resource countries and are largely preventable. Every year an estimated 529,000 women die from complications of pregnancy and childbirth.

Program, funded by the Canadian International Development Agency, continued to support the *Federacion de Obstetricia y Gynecologia de Guatemala (AGOG)*, la *Société Haitienne d'Obstétrique et de Gynécologie (SHOG)* and the AOGU in developing their institutional and organizational capacities.

The SOGC welcomed the opportunity to send a delegation of SOGC members to Guatemala City, Guatemala, in January 2005 to support the work of AGOG (*Asociacion de Gynecologia y Obstetricia de Guatemala*). The SOGC also visited Uganda in August 2004 and Haiti in May 2005.



Guatemala visit SOGC/CIDA Partnership Program 2005-2006
L to R: Drs. C.E. Zea Flores (Past President, AGOG); M. Tulio Sosa (Guatemalan Ministry of Public Health and Social Assistance); G. W. Stanimir (President, SOGC); D. Shaw (President-Elect, FIGO); R. Menendez (CEO, AGOG); A.B. Lalonde (EVP, SOGC).

“Thank you SOGC for developing this course (ALARM), I sincerely believe that we can help save mother and children’s lives by providing this training to our peers in other countries.”

Hugette Boislard, Midwife from Québec in Gabon, Africa

Entering its third and final year, the SOGC Partnership Program enhances the capacity of partner organizations in areas such as strategic planning, membership and maternal audits. Within all three partnerships, the Society’s ALARM International Program and FIGO’s Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights are also promoted.

ALARM International

The ALARM International Program completed the third edition of its program manual and educational materials (i.e. workshop, Objective Standard Clinical Examination [OSCE], pre and post tests). The material is currently available in English and French and is being translated to Spanish in Guatemala, D.C.. During the past year, the SOGC was sub-contracted by other Canadian institutions to conduct two ALARM International Programs in Gabon and Zambia. This new form of partnership for the delivery of the ALARM International Program is promising and may provide the Society greater opportunity to expand this program in the future. Consideration is currently being given to an expanded ALARM international program, designed for delivery in a selected district or hospital over a three-year period.

SIWH Program Volunteers:

- **F. Pauls, MD:** Expert Counsel, ALARM International Program (Kampala, Uganda - Aug. 04) and Mentor, FIGO Save the Mother and Newborn Health Initiative (Kiev, Ukraine - Feb. 05 and Pristina, Kosovo - March 05)
- **D. Leduc, MD:** Instructor, ALERTA International Program (Guatemala, D.C. - Sept. 04)
- G. Zevallos, MD: Instructor, ALERTA International Program (Guatemala, D.C. - Sept. 04)
- **F. Beaudoin, MD:** Instructor, SAGO GESTA International (Cotonou, Benin - Dec. 04 and Port-au-Prince, Haïti - May 05)
- **A. Dumont, MD:** Instructor, SAGO GESTA International (Cotonou, Benin - Dec. 04 and Port-au-Prince, Haïti - May 2005)
- **D. Shaw, MD:** Guest Speaker, FIGO’s Code of Ethics (Guatemala, D.C. - Jan. 05)
- G. Stanimir, MD: Expert Counsel, Institutional / Organizational Capacity of Associations (Guatemala, D.C. - Jan. 05)
- **C. Ellis, RM:** Instructor ALARM International Program (Lusaka, Zambia - Jan. 05)
- **H. Boilard, RM:** Instructor / Supervisor GESTA International (Oyem, Gabon - Jan. 05)
- **G. Perreault, MD:** Instructor / Supervisor GESTA International (Oyem, Gabon - Apr. 05)

ON THE DOMESTIC SCENE

SOGC's national work has focused on promoting Safe Motherhood and Newborn Health to the Canadian Government, NGOs and the public to increase support for the issue. In December 2004, the SOGC adopted a position paper entitled "Safe Motherhood: Canada Making a Difference" which has since been distributed widely. SOGC also participated in several Government of Canada led consultation processes linked to the theme. SOGC participated in CIDA consultations related to HIV/AIDS, Commission for Africa, and the Haitian Diaspora. SOGC also participated in an Action Canada for Population and Development (ACPD) policy initiative which aims to strengthen the links between HIV/AIDS and Sexual and Reproductive Health (SRH).



"If we are going to look in the future which lies in the children of today, whose health is highly dependent on their mothers', we need to ensure the health of girls and women before they become pregnant, while they are pregnant, and during childbirth."

Professor Florence Mirembe, Director, Obstetrics and Gynaecology for the Faculty of Medicine, Makerere University, Uganda, during a visit to SOGC to participate in World Health Day Activities.

In recognition of World Health Day and the WHO Health Report highlighting the invisible health crisis of maternal and child mortality, SOGC and other health organizations organized a series of events to promote awareness of this issue domestically.

Partners in organizing these events included ACPD, the Canadian Society for International Health (CSIH), CARE Canada and Planned Parenthood Federation of Canada (PPFC). The activities included a series of seminars in the Ottawa region, and a Newsmaker's Breakfast at the National Press Club attended by Minister Aileen Carroll (International Cooperation), Minister Carolyn Bennett (Canadian Public Health Agency), Senator Lucie Pépin and Professor Florence Mirembe, Head of Department, Mulago Hospital and School of Medicine, Makerere University (Uganda). At the same time, the SOGC launched a fundraising campaign for a joint SOGC/Canadian Physicians for Aid and Relief (CPAR) program to improve maternal and infant health in the rural district of Karatu, Tanzania.

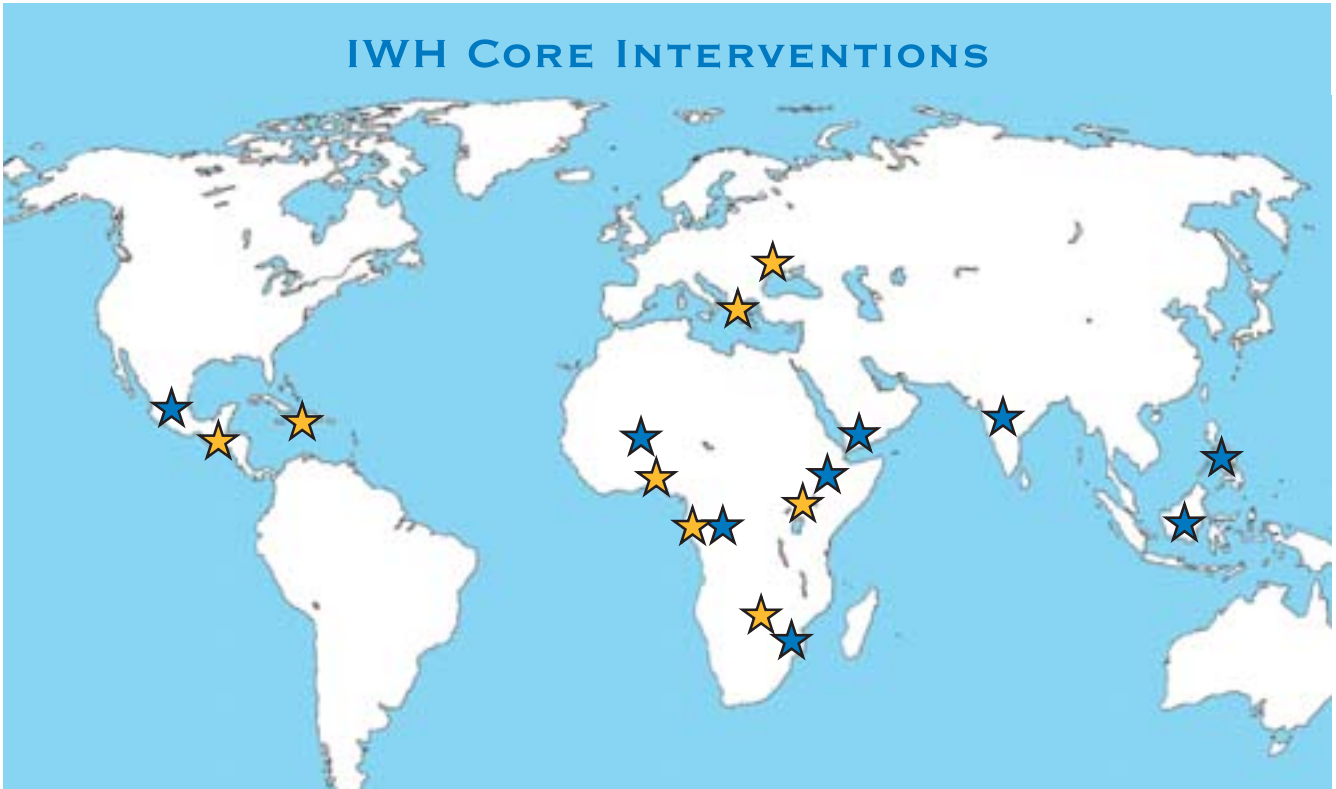


Left to right: The Honourable Aileen Carroll, Minister of International Cooperation, Professor Florence Mirembe and Senator Lucie Pepin at the Newsmaker's Breakfast.

FUTURE INITIATIVES

SOGC is in the process of developing new initiatives within current countries of intervention, and is exploring future partnership opportunities. Funding opportunities are being examined to support potential partnerships with Tanzania and Haiti. Within the FIGO Save the Mothers and Newborn Initiatives, SOGC has been selected as the twin of the OBGYN associations of Ukraine, Haiti, Uganda and Kosovo.

IWH CORE INTERVENTIONS



Countries of IWH interventions included: Benin, Congo, Ethiopia, Gabon, Guatemala, Haiti, India, Indonesia, Kosovo, Mali, Mexico, The Philippines, Uganda, Ukraine, Zambia, Zimbabwe and Yemen.

★ 2004–2005 IWH Core Interventions

★ IWH Core Interventions before 2004



MCP²: BREAKING DOWN BARRIERS TO COLLABORATIVE PRIMARY MATERNITY CARE

In May 2004, Health Canada funded the Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) through the Primary Health Care Transition Funds Program. The project was proposed to address concern for the sustainability of the current system of primary maternity care.

MCP² aims to foster a greater understanding of potential collaborative care models and improve confidence of health care providers and the public in the benefits of collaborative services. The project focuses on activities that will build capacity in primary maternity health care, including engaging key stakeholders in considering alternate models of primary maternity care, the dissemination of information on the benefits of collaboration and the development of catalogs of models, knowledge-transfer guides and implementation tools.



“The overarching goal of this project is to reduce barriers and facilitate the implementation of a national multidisciplinary collaborative primary maternity care strategy as a means to increase the availability and quality of maternity services for Canadian women.”

Dr. Michael Helewa, SOGC President, 2005/2006



MCP² meeting participants: (front row L to R) Ms. Marie-Josée Trepanier, Ms. Julie Duplantie, Dr. Johanna Lalonde, Ms. Marion Clauson, Ms. Rebecca Attenborough, Dr. Renato Natale, Dr. Jennifer Medves, Ms. Anne Maranta, Ms. Margot McNamee, Ms. Jennifer Stonier, Ms. Jackie Oman (back row L to R) Ms. Elaine Borg, Dr. Caroline Knight, Ms. Robin Kilpatrick, Dr. Susan Harris, Mr. Tatum Wilson, Dr. Michael Helewa, Ms. Betty-Anne Daviss, Dr. Vyta Senikas, Dr. Saskia Acton, Ms. Michelle Kryzanasuskas, Dr. André Lalonde, Ms. Betsi Dolin, Dr. Anne Biringer, Ms. Meaghan Moon, Ms. Joy Stang, Ms. Kitty Braceland and Dr. Brian Geller.

MCP² Partner Organizations

- Association of Women's Health, Obstetric and Neonatal Nurses (Canada),
- Canadian Association of Midwives,
- Canadian Nurses Association
- College of Family Physicians of Canada,
- Society of Obstetricians and Gynaecologists of Canada, and
- Society of Rural Physicians of Canada.

The key successes to date

- The development of a National Primary Maternity Care Committee as a legacy objective of the project. The committee currently includes representatives from each partner organization, provincial government representatives and consumers.

- The first meeting of the national committee was on January 12, 2005 in Ottawa, with subsequent meetings in June 2005, September 2005 and Spring 2006.
- The development of key documents such as the Background Research Paper, Survey and Focus Group Reports and an international report on Current Practice in Europe and Australia.
- Development of Guidelines for the Development of Models for Multidisciplinary Collaborative Primary Maternity Care
- Providing general information on the project to a broad spectrum of stakeholders using newsletters and journal articles.

WWW.MCP2.CA

OBJECTIVES OF THE PROJECT

- To develop guidelines to facilitate the establishment and implementation of multidisciplinary and collaborative models of primary maternity care teams for various health care settings that are patient centered (women and babies).
- To develop national standards regarding terminology and scope of practice for all primary maternity care providers, including nurses, midwives, family practitioners and obstetricians.
- To facilitate the harmonization of legislation and policies of governments, professional regulatory colleges, professional associations, funding agencies, insurers and educational institutions throughout Canada as it relates to the provision of multidisciplinary primary maternity care.
- To facilitate information sharing on collaborative primary maternity care experiences.
- To facilitate collaboration among professionals involved in primary maternity care.
- To facilitate change in practice patterns for primary maternity care providers.
- To promote to the public and maternity care providers the need for and benefits of multidisciplinary collaborative maternity care.



**OUTREACH AND
PUBLIC EDUCATION:
ALLOWING WOMEN TO
MAKE APPROPRIATE,
INFORMED HEALTH
CHOICES**

This year, the SOGC has invigorated its relationship with Canadian media, hosting four major media events on Human Papillomavirus Virus, Intimate Partner Violence, Emergency Contraception and Maternal and Infant Death. The SOGC's communications to its members and the public has been refocused, providing more relevant and more interesting information to stakeholders and the public. As stated in the Communications Plan for 2005, the SOGC has capitalized on its existing communications vehicles to enhance communications and create awareness.

MEDIA RELATIONS

The Canadian Media continues to consider the SOGC an expert resource on women's reproductive health and international women's health issues. More than 45 media interviews were completed from January 2005 to June 2005. Interview topics included contraception, menopause, international women's health, nurses prescribing contraception in Quebec, c-section on demand, patient care during pregnancy, sexually transmitted diseases, the ALARM International Program and MORE^{OB} program, to name only a few.

AWARDS

The SOGC/CFWH Journalism Award for Excellence in Women's Reproductive Health Reporting recognizes outstanding reporting on women's reproductive health issues appearing in consumer newspapers, magazines and broadcasts across Canada. Accurate, responsible and insightful communication enables women to make informed health and lifestyle choices. Recognizing this, the SOGC and the Canadian Foundation for Women's Health (CFWH) designed this award to highlight journalism's valuable service to the public.

WINNERS 2005



Shelley Page, the Ottawa Citizen **"Birth of a Crisis"**

This series investigated women's reproductive rights in Kenya, while also looking at the plight of women throughout the developing world.

Ms. Page interviewed women in the poorest parts of Kenya, from Maasai Mara region to the slums in Nairobi. She talked to these women about their inability to exercise their reproductive rights or access contraception. The series focused on the consequences of the Bush administration's "Global Gag Law" which has resulted in the closing of dozens of family planning clinics.



André Picard, The Globe and Mail **"Generations of Family Planning"**

This series looks at an issue that preoccupies virtually every woman in Canada but which is rarely spoken of in the mainstream media – contraception. The series tackles a number of taboo topics, from menstrual suppression to the morning-after pill, in a straightforward and informative manner; the related controversies are put into much needed context, and the tough personal decisions surrounding contraceptive choices are given human face.

MEDIA EVENTS

[The SOGC: pioneers in the struggle for emergency contraception access](#)

The recent SOGC News Releases in response to the April 19 Health Canada announcement stating Canadian women will have access to emergency contraception (EC) without a physician's prescription generated extensive national and international coverage for the Society. The SOGC has long played an integral role in the struggle to give women access to EC without a prescription. The SOGC's work began on this initiative back in 1988, when the Society committed to developing a strategy to ensure access to EC for Canadian women. Canadian Press quoted the Society extensively, resulting in media coverage in more than 50 newspapers, 10 television interviews, and national and regional radio coverage across the country. The story was also reported as far away as India and in media



outlets in New York City. The SOGC is pleased that the dedication and hard work of many women's health advocates and SOGC members resulted in better EC access for Canadian women.

[Human papillomavirus: the most common sexually transmitted infection](#)

The SOGC, with an unrestricted educational grant from Merck Frosst, was able to embark on a national targeted media awareness campaign providing video, print and radio resources to journalists across Canada. The campaign was launched April 28, 2005 and resulted in several major media hits. Both Dr. A. B. Lalonde and Dr. G. Stanimir were interviewed on this topic, resulting in extensive national coverage. Because of the media's ability to inform patients, the public dissemination of health-related information by journalists is of great interest to the SOGC. HPV is an important but complex topic that often fails to receive the coverage it deserves. In this instance, a proactive approach by the SOGC helped demystify and inform the public of an important health issue, a health issue that otherwise may have slipped under the radar of mainstream media.

[The SOGC takes action against intimate partner violence](#)



The Society has identified violence as an important determinant of women's health and is committed to supporting its members in their care of abused women. The SOGC released its Intimate Partner Violence Consensus Statement in the April Edition of the JOGC. A full media event was launched in Montreal on June 2, with targeted National media relations the same day. Intimate partner violence is a significant, underlying cause of poor health and is well

documented as a serious public health issue. Aside from the risk of physical harm, victims of all forms of violence are vulnerable to complications which can eventually lead to chronic health problems. This comprehensive media event was funded through an unrestricted educational grant from Merck Frosst.

[A partnership for accurate and balanced Reproductive health reporting](#)

The SOGC created a joint partnership with the Association of Professors of Obstetricians and Gynaecologists of Canada (APOG) to develop an e-learning module for health journalists and journalism students to help them better understand and articulate women's health issues to the Canadian public. This project was initiated through meetings with the SOGC Media Relations Committee and the Director of Communications and Public Education. The launch is scheduled for January 2006.

[Outreach activities](#)

This past February, the SOGC sponsored and participated in a Canadian Women's Health Network event on Parliament Hill. Dr. Vyta Senikas represented the SOGC and spoke on women's health issues at the roundtable session with Senator Lucie Pépin and the Honourable Ujjal Dosanjh, Minister of Health.

[World Health Day](#)

Supporting the celebration of World Health Day by the International Women's Health Division's Consortium, two media interviews were held with Radio Canada International. One interview covered maternal and infant death and the SOGC Alarm International Program and the other was on MORE^{OB}. The journalist recognized the SOGC as a health leader, and illustrated the two programs as examples of sustainable solutions for women's health issues.

Public education: www.sogc.org

The SOGC website continues to provide information produced by SOGC experts directly to the public. A full suite of public education products and information are available free of charge online. Furthermore, the SOGC's national clinical guidelines are also available to health care practitioners and the public, promoting informed choice for women in Canada and abroad. Currently, the SOGC has more than 25 public education brochures and more than 200 guidelines available to the public.

Website Activity

Month	Hits
August 2004	1,199,018
September 2004	1,228,438
October 2004	1,362,766
November 2004	1,326,727
December 2004	1,089,971
January 2005	1,604,476
February 2005	1,955,768
March 2005	2,168,479
April 2005	1,716,955
May 2005	1,575,505
June 2005	1,560,836
July 2005	1,499,841
Total	18,288,780

Publications

SEX SENSE is a new, comprehensive book about sexuality and contraception written by the Society of Obstetricians and Gynaecologists of Canada and recommended by Planned Parenthood Federation of Canada.

Written for real people, this book addresses everything one would ever want to know about sexuality and contraception. The second edition of Sex Sense is scheduled for release December 2005.

HEALTHY BEGINNINGS: This handbook is written by the SOGC to empower women, giving them the information they need to make good choices in pregnancy. It is based on the SOGC's publication "Healthy Beginnings: Guidelines for Care During Pregnancy and Childbirth", the guideline Canadian doctors use in their practices to make decisions based on the most current research. The third edition of Healthy Beginnings is scheduled for December 2005.



The **Society of Obstetricians and Gynaecologists of Canada** is North America's longest-standing national organization devoted to the specialty of obstetrics and gynaecology.

www.sogc.org