Letter from the CEO

Dear colleagues,

The SOGC welcomes new and existing members as we work to deliver the many programs and resources that you count on every day. Moving into the last quarter of 2017, we are reflecting on the successes and lessons behind us, and preparing for some exciting changes on the horizon, including an alliance with APOG later this year. We are working diligently on new resources and courses to help you stay informed about new developments and continuing best practices in women’s health.

An exciting new development is the launch of our new website, PregnancyInfo.ca. This new site received more than 72,000 page views in its first month, a remarkable 1,300% increase from the same period last year. We do hope you’ll share the site with your patients.

Thank you to everyone who attended the 2017 Annual Clinical Scientific Conference in Ottawa this June — your attendance and participation helped make the event especially memorable and a huge success.

We’ve included some highlights from the conference in this newsletter and some wonderful photos of delegates and attendees. As a nod to Canada’s 150th birthday, we kicked off the conference with spirit by hosting a cottage-themed celebration, which many of you attended outfitted in your reds and whites – or favourite team jerseys! As the week continued, you filled the plenary room for important updates and insightful presentations on the latest research and practice guidance for our work in women’s health. We were delighted to see such thoughtful and enthusiastic engagement about the presentations and workshops on social media, those digital spaces where we can talk to you, incorporate your suggestions, and answer your questions quickly and easily.

A special thank you goes to all those who worked tirelessly to make this event the success it was: Our planning committee, the SOGC staff, our hosts at the Westin, and each thought leader that presented or led workshops for their peers throughout the week. We encourage everyone to mark their calendars for next year’s ACSC, which will take place June 26-29, 2018 in beautiful Victoria, B.C. The city is located on the southern tip of Vancouver Island, boasting beaches and historical sites. Victoria is also a wonderful place for summer vacationing if you’re inclined to extend your visit and invite others to join you!

During the ACSC, we wished our outgoing President well; Dr. George D. Carson, thank you for a wonderful year. We welcomed a new President, Dr. Michael R. Bow and are pleased to look ahead with him to 2018. You will find his inaugural remarks reproduced on page 6, along with a welcome to our new Board of Directors.

We also committed to developing a gender-inclusive language policy. You can read more about this initiative in our feature with Dr. Joey Bonifacio on page 1. The longitudinal contraception survey we first ran in 2006 ended its run in 2016, and Dr. Amanda Black shared the results at this year’s ACSC. We go into more detail about the current picture of contraception in Canada on page 11. We also talk with Lisa Morgan on page 3 about the TAMANI project in rural Tanzania, where contraception use is low and maternal mortality rates are high.

Summer is over – and we are getting our first taste of fall weather. This latest issue of the SOGC News will hopefully bring back a bit of the warmth with highlights from over the summer, and information and updates to help you in your practice. As ever, we love hearing from you.

Dr. Jennifer Blake, MD, MSc, FRCSC
Chief Executive Officer
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Creating inclusive spaces for the LGBTTQ+ community: Learning from the experts – Dr. Joey Bonifacio

Dr. Joey Bonifacio is the Clinical Lead of the Transgender Youth Clinic at Toronto’s Hospital for Sick Children.

As experts in women’s health, the SOGC knows how important it is to acknowledge and welcome transgender men and gender non-binary individuals as part of the patient communities we serve. This past June, we committed to developing a gender-inclusive language policy to better reflect the diversity of all people we treat. We were delighted with the nods of support and encouragement we received from members, the public, and organizations across the country when we announced this initiative.

LGBTTQ+ stands for Lesbian, Gay, Bisexual, Transgender, Two-Spirited, and Queer or Questioning. The plus (+) ensures that further identities are included and indicates that nobody is left out. Visit our Sex & U website for more information about these terms, which describe diverse sexual orientations and gender identities.

When asked how health care practitioners can create inclusive spaces for LGBTTQ+ individuals, Dr. Joey Bonifacio’s advice? Keep it simple!

Here are some tips for you to integrate into your practice:

1) Don’t make assumptions.
When first meeting a person in a health care setting, don’t make assumptions about their gender based on the name or the birth sex listed on their health card or file. Try starting conversations with gender-neutral terms until you develop a relationship with someone and understand what makes them feel comfortable.

2) Ask someone what name they like to be called and how they identify.
Regardless of gender orientation, many people go by different names than they were assigned at birth. Beginning with the question, “what name would you like me to use?” is a simple way to start any conversation with someone you’ve just met. From there, you can ask, “what pronouns do you use?”

3) If you don’t know, inquire.
As health care professionals, it is essential to talk to patients about body parts that are part of someone’s binary sex but have historically been associated with a gender identity. Each person is different in how they like to talk about their body no matter how they identify. Decide in conversation with someone how to refer to their body parts and which pronouns to use.

Ask, “What do you want me to call your body parts?”
Or, “What would you prefer me to call your genitals when we are speaking about them?”

4) After that, treat a person like you would treat anyone else – with respect.
Once you’ve learned which pronouns someone uses and what their name is, treat them like you would treat anybody else.

Using medical terms, gendered terms, and marital terms can be affirming and positive if someone has given consent for a practitioner to use these terms. Use the names and terms that patients have named.

Some gendered terms and their more inclusive alternatives:

<table>
<thead>
<tr>
<th>Gendered term</th>
<th>Inclusive alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Father</td>
<td>Parent</td>
</tr>
<tr>
<td>Wife/Husband</td>
<td>Partner</td>
</tr>
<tr>
<td>Maternity/Paternity</td>
<td>Parenthood</td>
</tr>
<tr>
<td>Vagina/Penis</td>
<td>Genitals</td>
</tr>
<tr>
<td>Boyfriend/Girlfriend</td>
<td>Significant other</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Nursing, chest-feeding</td>
</tr>
<tr>
<td>Maternity/Paternity leave</td>
<td>Parental leave</td>
</tr>
<tr>
<td>Maternity unit</td>
<td>Postpartum unit</td>
</tr>
</tbody>
</table>
Building strong community initiatives for cultural, health and social supports for women’s health and maternity care

Maternity care for Indigenous women in Canada is in crisis in many regions. Centralization of care and reduction in community level services has had a significant impact on these women, particularly those in remote regions. There is growing evidence that community level care represents best practice for Indigenous women; however, there are significant political, economic, and human resource challenges associated with making community level care a widespread and immediate reality.

The SOGC is working in partnership with The Sioux Lookout First Nations Health Authority (SLFNHA) to learn about birthing experiences with health care providers and pregnant women both in, and outside of, their communities. The overarching goal is to understand the specific needs of Indigenous women living in northern Ontario.

A joint two-day workshop will be held later this month in Sioux Lookout to identify gaps and challenges in existing services and practices, offer insight into the challenges and resource limitations these women and communities face, including social determinants that are integral to prenatal health, and identify and prioritize opportunities for improving preconception and maternity care and support in the future.

Watch for updates in future newsletters.

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Examples of inclusivity in questioning:

<table>
<thead>
<tr>
<th>Gendered question</th>
<th>Inclusive alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you and your boyfriend using protection regularly during sex?</td>
<td>Do you regularly practice safe sex? Can you describe to me what this means to you?</td>
</tr>
<tr>
<td>How are her contractions progressing? (When you don’t know how a patient identifies.)</td>
<td>How are the contractions progressing?</td>
</tr>
<tr>
<td>Will your husband be here for the ultrasound?</td>
<td>Will your birthing partner be coming to the ultrasound with you?</td>
</tr>
<tr>
<td>Her vagina is stretching during birth. (Assuming gender based on organs and genitalia.)</td>
<td>What would you like me to call your body parts? You’re stretching right now with the baby’s head.</td>
</tr>
</tbody>
</table>

We look forward to developing new partnerships that will push us to grow in our own understanding of what it means to be inclusive. If you would like to help us with this or any related initiatives, please get in touch.

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Healthy Beginnings 5th Edition
A step-by-step guide to planning a healthy pregnancy

Order Now!
Managing labour and emergency obstetrics in rural Tanzania, where staffing is low, isolation is high, and conditions are very basic: The TAMANI project

An interview with project lead, Lisa Morgan, RM.

The SOGC is a proud partner in the Tabora Maternal Newborn Health Initiative (TAMANI) in Tanzania. Tanzania is a country about 11 times smaller than Canada, with a population of more than 55.5 million. Maternal mortality rates are high, averaging about 550 deaths per 100,000 live births. And in spite of some gains, thanks to previous outreach campaigns, neonatal deaths still make up a high proportion of the deaths in children under five years old.

Tabora is a very poor, uneducated region of the country where almost half of women deliver at home without a skilled birth attendant. Less than a quarter of women use contraception, and almost 40% of teenage girls become mothers.

The TAMANI project is funded by the Government of Canada and CARE and will be investing $12.5 million CAD over five years to directly support 56 health planners, 270 health workers, and 1,000 community health workers by providing them with obstetrical training.

Lisa Morgan is a registered midwife, a Ph.D. candidate in Interdisciplinary Rural and Northern Health at Laurentian University, a former SOGC Board member, and a full-time staff member working on our international team based in Ottawa. She is leading the TAMANI initiative for the SOGC.

“We will be teaching nurses, midwives and medical officers, who are not physicians, and many other cadres of health care providers to manage obstetrical emergencies. Because there is such a human resource shortage, and a physician shortage, we have to utilize any human resources we have in emergency obstetrical training.”

“I am heading to Tabora in the new year and will be putting out a call to members in early 2018.”

- Lisa Morgan

Partners in the project include the SOGC, CARE, the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA), the Canadian Society for International Health (CSIH), McGill University’s Institute for Health and Social Policy, and the Tanzanian government.

“We are doing four training sessions, each lasting two months. We are going twice in 2018 and twice in 2019 to four different hospitals. The training will involve about 25 Canadian coaches and mentors that I will take over with me. And they will be repeating the testing at six months and twelve months post-training to measure retention,” explains Lisa. “What we are doing is called a stepwise approach—it allows us to compare outcomes of providers who have taken the training with those who have not. This is the best way to measure the effectiveness of our efforts.”

The goal of the SOGC’s contribution to this project is to improve the skills of health care workers on the ground to manage labour, and provide quality emergency obstetric and newborn care and respectful maternity care. Investing in these trained workers can improve health care services, especially in isolated and hard-to-reach communities.
Member News

A warm welcome to the 220 new members who have joined since our last newsletter!

Recognizing achievement – SOGC member awards

**President’s Award**

Dr. Mary Hannah was this year’s winner of the President’s Award, the most distinguished award the Society bestows. Dr. Hannah’s research, teaching, and mentoring have focused on answering important and controversial questions about the effectiveness of care of pregnant women and their infants as well as about the care of women with reproductive health problems. Her research has led to the development of an international collaborative network and coordination of large CIHR-funded multi-centre randomized controlled trials, the results of which have had a major impact on clinical practice in Canada and other countries.

**Distinguished Service Award**

Dr. Timothy Rowe received this year’s Distinguished Service Award. Since joining the SOGC in 1975, he has served the Society in a number of positions, including chairing the REI Committee, acting as Director of Continuing Professional Development, and editing the Canadian Consensus Reports on endometriosis, menopause, and contraception. Most recently he served as Editor-in-Chief of the *Journal of Obstetrics and Gynaecology Canada* from 2005 to 2016. Given the chance, he would do it all over again.

Published works

Dr. Thomas F. Baskett is pleased to present a new book entitled *A History of Caesarean Birth*. His new book “traces the evolution of caesarean delivery from post-mortem ritual to the most commonly performed operation on women worldwide.” Copies are available from AbeBooks, Amazon, and the ACOG Bookstore.

**Allen-Carey Scholarship of Excellence in Women’s Health**

The Allen-Carey award supports specialized physician training in women’s health for individuals who seek unique training experiences not otherwise funded. One of the goals of the scholarship is to foster leadership development in talented individuals who wish to improve our health care system through advancements in the field of women’s health.


Have news of your own to share?

Email us at [news@sogc.com](mailto:news@sogc.com)

Member survey reminder

In a recent survey conducted, SOGC members stated that skill, OR time and not having access to a laparoscopic surgical assistant are the largest challenges to adopting MIS or TLH and/or offering these options to patients.

Does this ring true for you in your practice? Please [go to our survey](http://www.sogc.com) to tell us your experience.

Your guide to taking contraception after a missed or extended dose

Stay On Schedule
In Memoriam

Dr. Victoria Jane Davis

The SOGC is deeply saddened by the passing of Dr. Victoria Davis, on June 25, 2017, age 62. “A gifted medical professional, an Obstetrician and Gynaecologist who worked diligently for her patients in the fields of adolescent gynaecology, complex gynecological surgery, infertility treatment, and women's integrated health medicine.” Vicki will be missed by all who knew her. Read her obituary.

Dr. H. James King

The SOGC mourns the loss of Dr. H. James King, on May 1, 2017, age 76. “A member of the Department of OBS/GYN at U.W.O. for 37 years. Under the banner of this department, Jim originated the Urodynamics Unit. He was also an early member of the Colposcopy Unit. He enjoyed his role as resident program director, membership with AMOSO and CTA.” Jim will be missed by all who knew him. Read his obituary.

Dr. Frédérick Leboyer

The SOGC wishes to make members aware of the passing of Dr. Frédérick Leboyer, on May 25, 2017, age 98. A French obstetrician, he was the author of the 1974 book, Birth Without Violence, which some say changed obstetrics. Dr. Leboyer put the baby at the centre of birth, pointing out that babies have sensitivities and that their experience of childbirth shapes the person they become. Read his obituary in The Guardian.

Photo credit: Eamonn McCabe for The Guardian
Compassionate leadership – welcoming new President, Dr. Michael R. Bow and Board of Directors

Dr. Bow is a clinical professor in obstetrics and gynaecology at the University of Alberta and, for 25 years, has actively practiced as a generalist at Edmonton’s Grey Nun’s Hospital. We’re pleased to look ahead with him and support his goals to show how the profession can enhance perinatal safety in case rooms across the country and in promoting safer surgical practice in hospitals, including Enhanced Recovery After Surgery (ERAS) programs and other principles.

Here are a few excerpts from his Presidential address given at the ACSC in June:

“…You may be wondering just who exactly you are getting as President this year…

Well, I grew up overseas, but also in Ottawa – I attended high school about 3 blocks from here, actually. After that, I went out West to attend University, where I began in Physics and then Fine Arts drama, the latter at which I was particularly inept.

So it was on to Medicine, and a rewarding 3 years as a Family Physician in rural Nova Scotia and Winnipeg, and back to Edmonton for ob/gyn residency and on-going generalist practice, including case room call.

[…]

The four pillars of the Vision are Quality of Care, Education, Advocacy, and Growing Stronger. These are themes that have naturally evolved from prior principles and they interact and overlap, continuously guiding our efforts to advance women’s health in Canada and internationally.

But in order to move forward, and this is an important point, we at the SOGC can only be as good as you make us be.

In the business world, no company survives if it doesn’t solicit and analyze data from its users and then use that information to improve the quality of its products.

It is a closed loop, and so too is your feedback to us at the SOGC. Hearing from our members is a critical part of how we can help you become better health care providers for your patients.

So I appeal to every one of you – find out everything you can about your SOGC and let us know how we can best help you.”

To read Dr. Bow’s Presidential address in full, click here.

Thank you, Dr. Carson

The staff and members of the SOGC extend a heartfelt thank you to Dr. George D. Carson, for his outstanding commitment during his tenure as SOGC President.

For the past year, Dr. Carson’s leadership has had a positive impact not only at the SOGC, but also for women and newborns in Canada and throughout the world. His leadership at Council meetings and his dedication to the SOGC’s missions have served the SOGC well. It is thanks to Dr. Carson that the SOGC recently became a supporter of the Choosing Wisely Canada initiative which encourages health care professionals to avoid unnecessary tests while making smart and effective choices for their patients.

Dr. Carson joins a long line of illustrious Past Presidents who have contributed to the SOGC’s activities and whose positive influences will be felt for many years to come. Thank you, Dr. Carson, for all that you have given to the organization and its members, and we look forward to our continued work together.
Welcome new Board of Directors 2017-2018!

Dr. Michael Bow
President
Président

Dr. George D. Carson
Past President and Treasurer
Président sortant et trésorier

Dr. Linda Stirk
President Designate
Présidente désignée

Dr. Ello Dario García
Vice President
Vice-président

Dr. Catherine Popadiuk
Vice President
Vice-présidente

Dr. Baharak Amini-Wornell
Director of the Board
Administratrice

Dr. Hussam Azzam
Director of the Board
Administrateur

Dr. Jon Barrett
Director of the Board
Administrateur

Dr. Marie-Pier Bastrash
Director of the Board
Administratrice

Dr. Amanda Black
Director of the Board
Administratrice

Dr. Michael Boroditsky
Director of the Board
Administrateur

Dr. Graeme Smith
Director of the Board
Administrateur

Dr. Laura Hopkins
Director of the Board
Administratrice

Dr. Boshra (Sara) Hosseini
Director of the Board
Administratrice

Dr. Laurina Leyenaar
Director of the Board
Administratrice

Dr. Margaret Morris
Director of the Board
Administratrice

Dr. Edith Guilbert
Director of the Board
Administratrice

Dr. Ann Sprague
Director of the Board
Administratrice

Ms. Rebecca Wood
Director of the Board
Administratrice

Dr. Jennifer Blake
Chief Executive Officer
Directrice générale

Ms. Melissa Mech
Chief Financial Officer
Chef des services financiers

Dr. Jocelynn Cook
Chief Scientific Officer
Directrice des affaires scientifiques

NEW! Brand Recognition Program
81% of Canadian women would be more inclined to purchase women’s health products that have received the SOGC seal of approval.
The 2017 Annual Clinical and Scientific Conference

June in Ottawa: A beautiful, busy, vibrant place for the SOGC’s 72nd Annual Clinical and Scientific Conference. Nearly 1,000 healthcare professionals from across Canada and around the world gathered to enjoy the latest in obstetrics and gynaecology, and to take in the social and cultural scene that Canada’s capital had to offer for the country’s 150th birthday. The SOGC thanks the speakers, special guests, delegates, sponsors, and staff who made this ACSC an outstanding experience for all.

On the following pages are just a few of the highlights from this year’s memorable event.

The ACSC offered three and a half days of world-class, accredited scientific sessions, including international symposia, plenary sessions, subspecialty sessions, and hands-on workshops. Topics covered full spectrum obstetrics and gynaecology, and meetings were designed with subspecialists and practice management in mind.
This year’s ACSC also coincided with National Aboriginal Day. Speakers delivered impassioned presentations, weaving clinical content with community experiences and personal stories. Delegates who attended these Indigenous and Global Health sessions said that they were inspired to take steps towards integrating cultural competency into their daily practice, and interested in more deeply understanding the complex issues related to Indigenous women’s health in order to effectively deliver culturally-safe care.

The ACSC offered a two-day program dedicated to highlighting the latest research in obstetrics and gynaecology and related fields. Featured were oral and poster oral and poster presentations on emerging topics in Canadian research and the newest clinical techniques. The best presentations, as selected by a panel of judges, were recognized for their achievements. For a full list of winners, please visit our website at: https://sogc.org/conference/acsc/abstracts.html
Each year, the SOGC hosts social events to mix business with pleasure, and to give our participants the chance to catch up with old friends. In addition to the Board and VIP dinner and CFWH gala, the Great Canadian Cottage Party was a particular highlight this year!

To see a full gallery from the ACSC, visit our Flickr page: https://flic.kr/s/aHsm4hkdrb

Journalism awards

In Canada, the media is often the public’s first source for breaking news and up-to-date information related to women’s health. This is why the SOGC and the Canadian Foundation for Women’s Health (CFWH) are pleased to honour Canadian journalists for their important contributions to improving women’s health by recognizing them with a CFWH-SOGC Journalism Award for outstanding reporting on women’s health issues. Congratulations to the winners and thank you to all who were involved in the selection process.

Print category
Lauren Vogel, Canadian Medical Association Journal (CMAJ)
Landmark trial overstated HRT risk for younger women / Will women be swayed by HRT’s preventive benefits? (two-part series)

Broadcast category
W5, CTV
The Desire Deficit – hosted by Dr. Marla Shapiro

Join us next year

June 26 - 29, 2018
Victoria Conference Centre
74TH ANNUAL CLINICAL & SCIENTIFIC CONFERENCE

Save the date
What we’ve learned from the Canadian Contraception Survey

The Canadian Contraception Survey is complete

The SOGC is pleased to announce some key findings from the latest Canadian Contraception Survey (CCS), which provides insights into reproductive-health behaviours, attitudes, knowledge, and beliefs about contraception among Canadian women.

The survey was administered in 2006 and then again in 2016. Over 3,000 Canadian women were surveyed, including over 1,000 adolescents. The survey was distributed throughout Canada on the basis of the population distribution reported in the Canadian Census Profile.

Dr. Amanda Black, lead investigator and SOGC Board Member, presented the data at the recent ACSC in June.

Overview of results

Where are women seeking information about contraception?

The study highlighted the emerging role of digital spaces when women are looking for information about contraception. The use of the internet for information regarding sexual health rose from 25% in 2006 to 50% in 2016. Social media was a source of information about contraception for 20.4% of women. Although the percentage of women who sought information from their physician decreased from 71.3% in 2006 to 58.8% in 2016, physicians remained the most trusted source.

Leading sources of information about contraception

<table>
<thead>
<tr>
<th>2016 CCS</th>
<th>Ages 15 – 19</th>
<th>Ages 20 – 29</th>
<th>Ages 30 – 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Doctor</td>
<td>48.6%</td>
<td>65.5%</td>
<td>69%</td>
</tr>
<tr>
<td>Internet</td>
<td>52.2%</td>
<td>55.3%</td>
<td>35%</td>
</tr>
<tr>
<td>Friends</td>
<td>44%</td>
<td>35.3%</td>
<td>22%</td>
</tr>
<tr>
<td>School</td>
<td>41%</td>
<td>12.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Parents</td>
<td>36.6%</td>
<td>16.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Social Media</td>
<td>28.7%</td>
<td>16.2%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Interestingly, only 20% of women believed that the internet is a trustworthy place to look.

These findings highlight the importance of disseminating credible and trustworthy information about contraception online. This makes the SOGC’s evidence-based SexandU.ca website an even more valuable resource for Canadian women.

How often are women using contraception – or not?

When it comes to the consistency of contraception usage in 2016, 80% of respondents who had vaginal sex in the past six months used contraception at least some of the time. But as age increased, consistent contraception usage decreased.

In teens aged 15–19, 60.6% always used contraception but 10.1% never did, from ages 20–29, 56.4% always did and 16.6% never did, for ages 30–39, 44.3% always did while 31.7% never did, and between the ages of 40–50, 31.5% always did while 51.1% never did.

Reasons for not using contraception varied, but the lack of consistent contraception use, even among women who are not trying to conceive, highlights that a large proportion of sexually active women are at risk of an unintended pregnancy.

Which contraceptives are most popular?

The most commonly-used methods of contraception were male condoms (40.8%), oral contraceptives (28.4%), and withdrawal (14.7%). The use of condoms among adolescents increased from 51% in 2006 to 71% in 2016. However, dual protection – oral hormonal contraception and condom usage – among adolescents decreased from 45% in 2006 to 19.2% in 2016. Oral contraceptives were used by 32% of adolescent respondents and withdrawal by 16%.

The use of intrauterine contraceptives increased over the 10-year period to 7%, but more than 50% of respondents still said they didn’t know much about IUCs.

How prevalent are unintended pregnancies?

The percentage of pregnancies that are unintended is still high despite the number of contraceptive methods available. Of all respondents who had ever been pregnant, 61% said at least one pregnancy was unplanned and/or mistimed.
Of women who did not use contraception at the time of the unintended pregnancy, 36% said they did not think they would get pregnant, 32% were unconcerned about pregnancy, and 27% said it was the “heat of the moment” and that contraception was not available. For those who did use contraception when they conceived, 60% used a male condom, 32% were using an oral contraceptive, and 23% used the withdrawal method.

When asked about what they would do in the event of an unplanned but wanted sexual encounter, almost 70% of respondents said they would get a condom to use. Other respondents said that they would use withdrawal: 11.7% of 30–50-year-olds; 21.1% of 20–29-year-olds; and 19.9% of adolescents. Just over 7% of respondents said they would have sex without contraception.

Next steps
After reviewing the study’s findings, the SOGC launched a contraception awareness campaign that began in mid-August and will run until the end of September. We hope you’ll join in the conversation with us on social media and share our SexandU.ca website with your patients to help promote contraceptive awareness in Canada.

Results will be used by the SOGC to drive the improvement of health care quality, outcomes, and public outreach in Canada in the years to come.

We will let members know when full findings are published.

Expanding our public education initiatives

We’ve delivered! New pregnancy website PregnancyInfo.ca

The SOGC has delivered another redesigned public education website! Although our previous pregnancy website was created not long ago, there have been numerous updates in our field and important new clinical guidelines released in the past year alone. This new website has expanded content about pre-conception health and postpartum considerations, and of course everything in between! The layout and navigation of the website are also redesigned to match new trends in how users access information and behave online. Please share this new resource with your patients: pregnancyinfo.ca

Healthy Beginnings – 5th edition now available

The SOGC’s well-known print resource to guide women through pregnancy and childbirth is now available in its 5th edition. Healthy Beginnings presents the most current information, provided by experts in maternal and newborn health. Share this resource with your patients as a step-by-step guide throughout their pregnancy. For ordering information, please visit our website.

SOS tool back on SexandU.ca

The SOGC heard from several members who emphasized the importance of maintaining the Stay on Schedule (SOS) tool on the Sex & U website. SOS is a guide to a guide to taking contraception after a missed or extended dose. Receiving feedback from members is helpful for us to identify the most useful tools to improve your practice and increase public education. An all-new updated SOS tool is now available at sexandu.ca/sos.
Latest and upcoming Clinical Practice Guidelines

<table>
<thead>
<tr>
<th>Latest</th>
<th>Upcoming</th>
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<tbody>
<tr>
<td>October 2017: Substance Use in Pregnancy</td>
<td>November 2017: Transvaginal Mesh</td>
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<tr>
<td>September 2017: Obstetric Management at Borderline Viability</td>
<td>November 2017: Hirsutism</td>
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<tr>
<td>September 2017: Joint SOGC-CCMG Guideline: Update on Prenatal Screening for Fetal Aneuploidy, Fetal Anomalies, and Adverse Pregnancy Outcomes</td>
<td>December 2017: Early Fetal Anatomy Ultrasound Examination</td>
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<tr>
<td>August 2017: Advanced Reproductive Age and Fertility</td>
<td>December 2017: Treatments for Overactive Bladder: Focus on Pharmacotherapy</td>
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<td>July 2017: Primary Dysmenorrhea Consensus</td>
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Upcoming events

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<th>Event</th>
<th>Date/Location</th>
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<tr>
<td>SOGC Quebec CME</td>
<td>Mont-Tremblant, QC, October 5–6, 2017</td>
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<tr>
<td>SOGC-APOG Ontario CME</td>
<td>Toronto, ON, November 29 – December 2, 2017</td>
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<tr>
<td>25th COGI World Congress</td>
<td>Vienna, Austria, November 30 – December 2, 2017</td>
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<tr>
<td>Canadian Obstetrics and Gynecology Review Program</td>
<td>Toronto, Ontario, February 8-11, 2018</td>
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<tr>
<td>Managing Invasive Placentaion</td>
<td>Peter Gilligan Centre, Hospital for Sick Children, Toronto, April 21, 2018</td>
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<tr>
<td>SOGC Annual Clinical and Scientific Conference 2018</td>
<td>Victoria Convention Centre, Victoria, BC, June 26-29, 2018</td>
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Quick links

- Call for Committee Members
- ALARM courses across Canada – spaces still available
- Reminder – SOGC needs assessment: Surgical education and quality of care program
- Submit your story for the CIHR 150 storybook
- SOGC Online Courses – register now

Research studies:

- The Adamo Lab is looking for pregnant and recently postpartum women to participate in various research studies – [www.adamolab.com](http://www.adamolab.com)
- Help the UBC Perinatal Anxiety Lab to identify women experiencing a clinically significant fear of childbirth – [https://survey.ubc.ca/s/childbirth-fear-study-intake/](https://survey.ubc.ca/s/childbirth-fear-study-intake/)