

Canadian Perinatal Programs Coalition

Future Opportunities for Collaboration between the SOGC and Perinatal Programs

Dr. Jennifer Blake, CEO, SOGC
June 24, 2015

Agenda

- About the SOGC
 - Profile, mission, strategic directions, demographic information
- Continuing Medical Education
 - Annual Clinical and Scientific Conference 2014
 - Regional CME Programs
- Quality of Care
 - SOGC's Guideline Development Process
 - Some Metrics
- Women's Health Programs and Initiatives
 - Healthier Pregnancies
 - Aboriginal Health
- Next Steps

Our Mission & Strategic Directions

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



Continuous
Professional
Learning &
Quality of Care



Global &
Aboriginal
Women's
Health



Public
Education



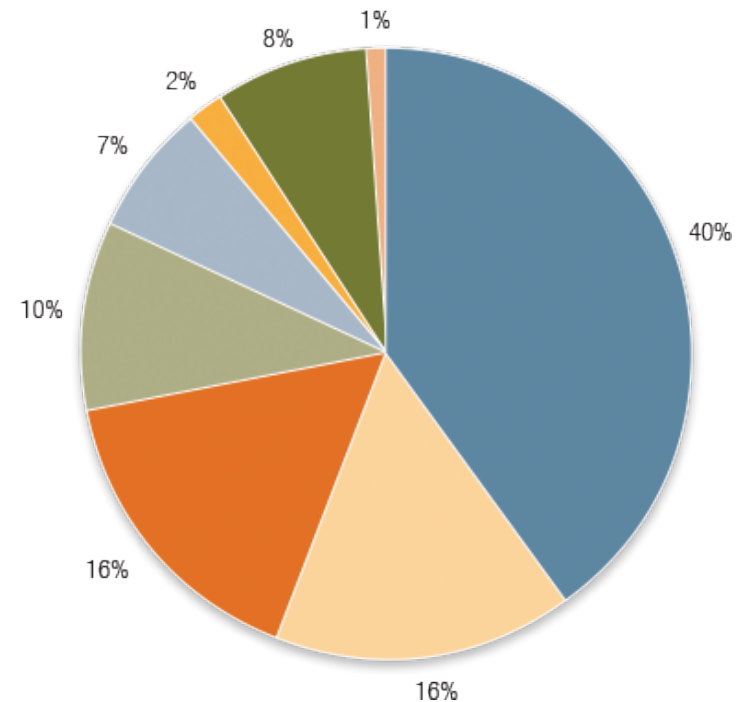
Promoting the
Profession



Demographics of Our Membership

The SOGC represents over
3,500 members

Ob/Gyn:	40%
Associate MD:	16%
Junior Member / FP Resident:	16%
Associate Midwife / Associate RN:	10%
Student Health-Care Training /	
Research:	7%
Associate Research PHD / Associate	
Health-Care / Allied Health-Care:	2%
Life and Honorary Member:	8%
International:	1%

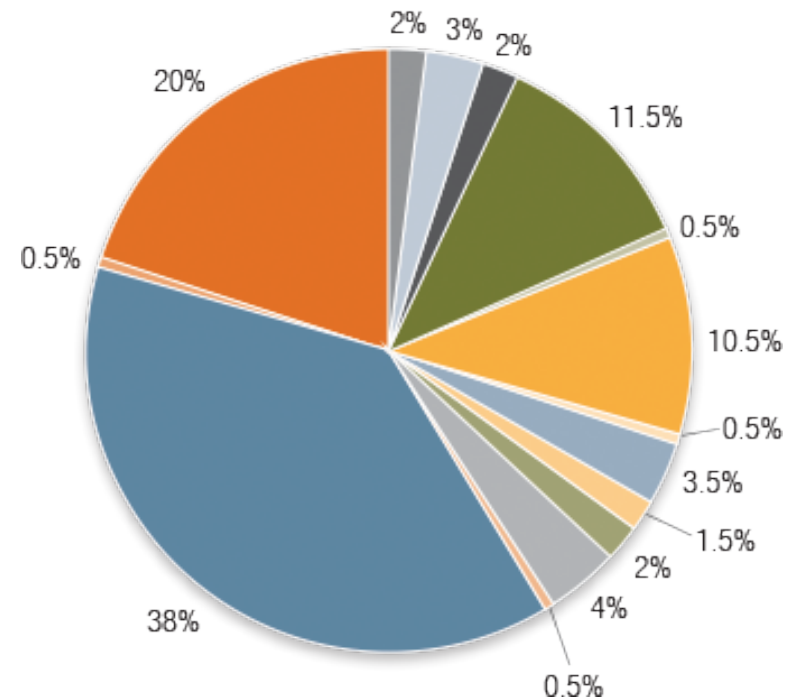


Demographics of Our Membership

The SOGC represents over

3,500 members

Ontario:	38.0%
Quebec:	20.0%
Alberta:	11.5%
British Columbia:	10.5%
Saskatchewan:	4.0%
Manitoba:	3.5%
New Brunswick:	2.0%
Newfoundland:	2.0%
Nova Scotia:	3.0%
Northwest Territories:	0.5%
Nunavut:	0.5%
Prince Edward Island:	0.5%
Yukon:	0.5%
USA:	1.5%
International:	2.0%



Continuing Medical Education- 2014-5

- Regional CME (Ontario, West, Quebec)
- 71st Annual Clinical and Scientific Conference, June 2015, Québec city, with AOGQ



Quality of Care

- Clinical Practice Guidelines
- Renewed Guideline Process
- SOGC Guideline Metrics
- Implementation



Guideline Process

- 200 active Guidelines
- 100 requests for added guidelines
 - must-have; no longer a nice-to-have
- Volunteer expert authors
 - reliable but long development cycle
- Collaborative development

Guideline Development

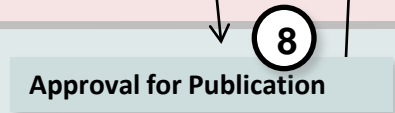
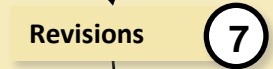
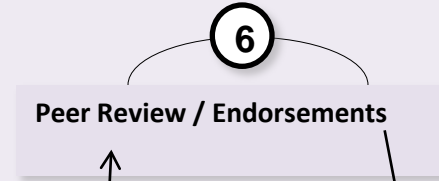
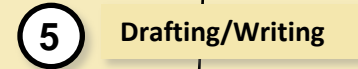
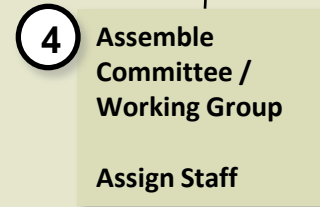
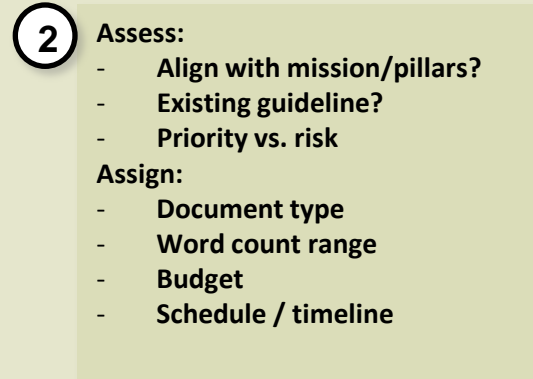
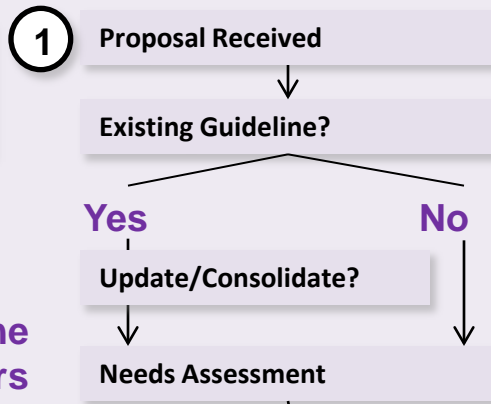
Guideline Stakeholders

Guideline Committee / Working Group

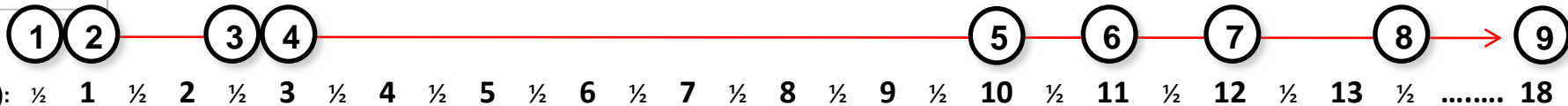
Guideline Management Oversight Committee
GMOC

Executive

Council



TIMELINE:



SOGC Guideline Metrics

- 2013: 17 guidelines published

- 2012: 14 guidelines published

- Accessible on-line

– Desktop	45,756
– Mobile	9,348
– Tablet	6,725

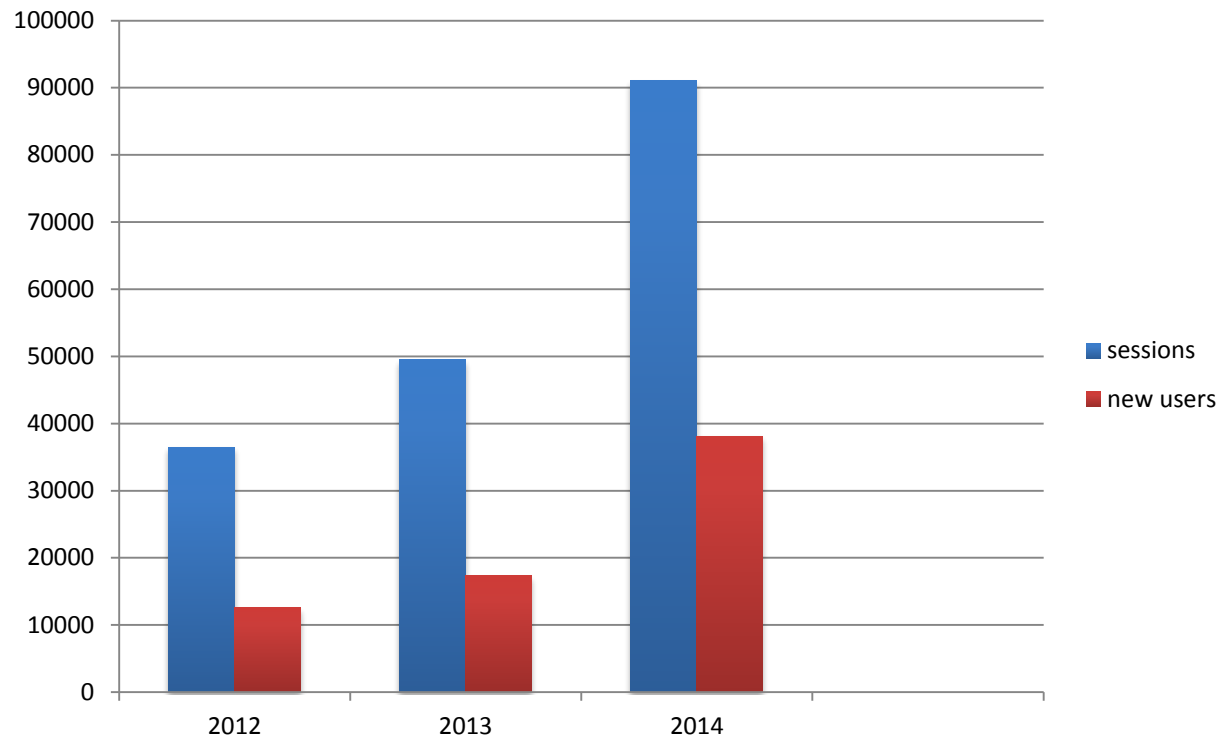
Guideline Metrics by Country & Province

Country / Territory	Sessions	New Users
Canada	91,091	39,116
United States	27,389	23,613
France	9,735	8,206
India	8,373	6,835
United Kingdom	6,437	5,521
Australia	4,087	3,290
Malaysia	2,629	2,119
Indonesia	2,597	2,103
Philippines	2,374	1,984
Mexico	1,808	1,139



Guideline Visits

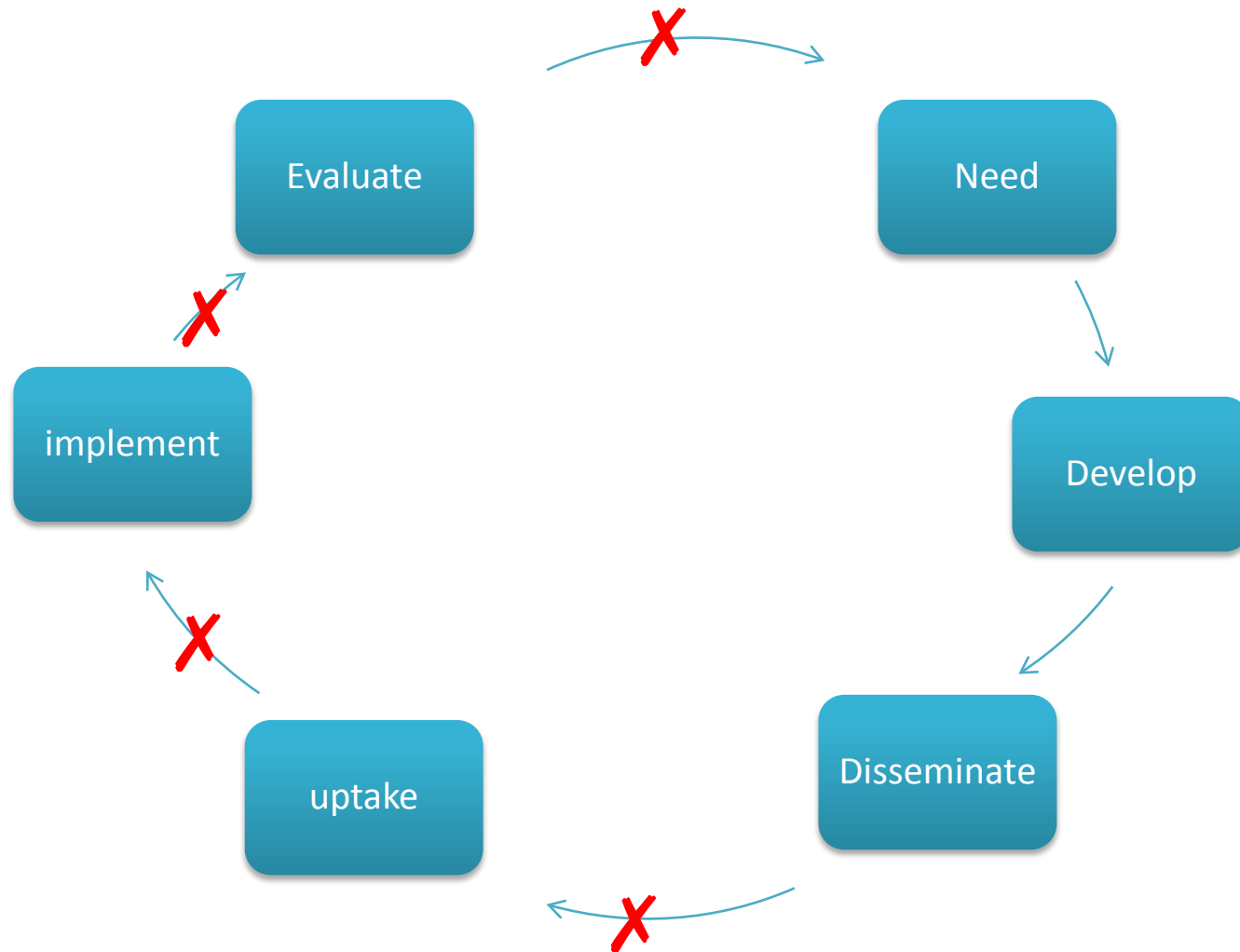
Jan- Jun: 2012-2014



Top 10 Accessed Guidelines

Publication Date	Guideline Title	#of “Hits”
Sep. 2013	Induction of Labour	4,300
Mar. 2008	Diagnosis, evaluation and management of the hypertensive disorders of pregnancy	3,975
Sep. 2007	Fetal health surveillance: antepartum and intrapartum consensus guideline	3,108
June 2005	Fetal soft markers in obstetric ultrasound	2,986
May 2013	Guidelines for the management of abnormal uterine bleeding	2,557
Mar. 2007	Diagnosis and management of placenta previa	2,446
Aug. 2013	Intrauterine growth restriction: screening, diagnosis and management	2,272
May 2011	Magnesium sulphate for fetal neuroprotection	2,270
June 2009	Vaginal delivery of breech presentation	2,223
July 2010	Endometriosis: diagnosis and management	2,067

The Disconnects



Induction of Labour-Sept 2013

SOGC CLINICAL PRACTICE GUIDELINE

No. 296, September 2013 (Replaces No. 107, August 2001)

Induction of Labour

This clinical practice guideline has been prepared by the Clinical Practice Obstetrics Committee, reviewed by the Maternal Fetal Medicine and Family Practice Advisory Committees, and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Disclosure statements have been received from all contributors.

The literature searches and bibliographic support for this guideline were undertaken by Becky Skidmore, Medical Research Analyst, Society of Obstetricians and Gynaecologists of Canada.

Abstract

Objective: To review the most current literature in order to provide evidence-based recommendations to obstetrical care providers on induction of labour.

Options: Intervention in a pregnancy with induction of labour.

Outcomes: Appropriate timing and method of induction, appropriate mode of delivery, and optimal maternal and perinatal outcomes.

Evidence: Published literature was retrieved through searches of PubMed, CINAHL, and The Cochrane Library in 2010 using appropriate controlled vocabulary (e.g., labour, induced, labour induction, cervical ripening) and key words (e.g., induce, induction, augmentation). Results were restricted to systematic reviews, randomized control trials, controlled clinical trials, and observational studies. There were no date or language restrictions. Searches were updated on a regular basis and incorporated in the guideline to the end of 2010. Grey (unpublished) literature was identified through searching the websites of health technology assessment and health technology-related agencies, clinical practice guideline collections, clinical trial registries, and national and international medical specialty societies.

Values: The evidence in this document was rated using criteria described in the Report of the Canadian Task Force on Preventative Health Care (Table 1).

Summary Statements

1. Prostaglandins E₁ (cervical and vaginal) are effective agents of cervical ripening and induction of labour for an unfavourable cervix. (I)
2. Intravaginal prostaglandins E₁ are preferred to intra-cervical prostaglandins E₁ because they results in more timely vaginal deliveries. (I)

J Obstet Gynaecol Can 2013;35(9)

Key Words: Induction, labour, cervical ripening, post-dates

This document reflects emerging clinical and scientific advances on the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these options. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the SOGC.



Implement and Evaluate



- Quality of Care and Patient Safety Council
 - To set safety and quality targets
 - To report on best practice
 - To help develop the safety and quality culture within members

Women's Health Initiatives

- Public Education Programs & Initiatives
- Partnering on Aboriginal Health
- Partnering on Healthier Pregnancies



SOGC Public Education Programs & Initiatives

Providing needed information and resources :.

- Partnering for Healthier Pregnancies
- Partnering for Aboriginal Health Initiative (AHI)
- Partnering on Sexual Health (CAP)
- Partnering on Endometriosis
- Partnering around the World
- Partnering on HPV Prevention
- Partnering on Menopause & Osteoporosis

Partnering on Healthier Pregnancies

- NEW: SOGC Pregnancy Website
- Partnering with Women to Improve Care



HER JOURNEY STARTS HERE

pregnancy.sogc.org



PARTNERS IN PREGNANCY

<http://pregnancy.sogc.org/>



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

YOUR JOURNEY STARTS HERE

The facts on pregnancy and childbirth from Canada's experts.

TOPICS



Routine tests



Health before and during pregnancy



Nausea and vomiting in pregnancy



Alcohol and pregnancy



Due date calculator



Other considerations



Labour and childbirth



After pregnancy



Fertility and reproduction

<http://pregnancy.sogc.org/>

Partnering on Aboriginal Health

- Human Development Index (HDI)
- Rates of Diabetes
- Health Professionals working with First Nations, Inuit and Métis consensus guideline
- Infographic



Human Development Index

The HDI measures standards of:

- Life Expectancy
- Standard of Living
- Education
- GDP collected at the national level

Canada ranks 6th out of 177 countries

but Canada's First Nation communities rank 68th

Rates of Diabetes in Canada

First Nations on reserve have a rate of diabetes *three to five times higher* than that of other Canadians. Rates of diabetes among the Inuit are expected to rise significantly in the future given that risk factors such as obesity, physical inactivity, and unhealthy eating patterns are high.

Diabetes in Canada: Facts and figures from a public health perspective, December 2011



Health Professionals working with First Nations, Inuit and Métis consensus guideline



Inside the Guideline

Up-to-date information on key topics:

- Demographics
- Health systems and policies
- Sexual and reproductive health
- Maternal and child health

Knowledge and tools for health professionals to deliver culturally safe care to First Nations, Inuit and Métis women, and through them to their families

Supporting Documents

Companion piece and infographic:

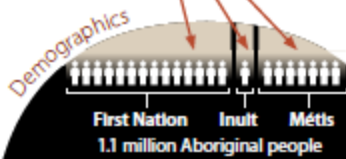
Highlights key facts, tips and information in accessible language for distribution among:

- First Nations, Inuit and Métis women
- Social services workers, health navigators, community health workers, cultural-liaison workers
- Health services researchers
- Policy analysts
- Other stakeholders

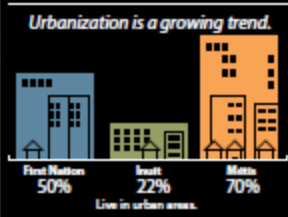
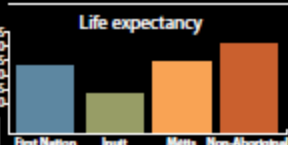
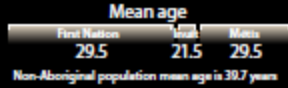


Infographic

The realities of wellbeing for First Nations, Inuit and Métis in Canada



This is the fastest growing segment of the Canadian population.



20% change their place of residence within one year.

Young age and mobility make it more difficult for patients to access quality care and build a sense of trust in health professionals and for health professionals to ensure continuity of care.

According to the Human Development Index: Canada = 6th in the world, First Nations = 68th

Allocation of resources by the Federal government has been capped and is therefore unable to adequately respond to the resource needs of this population.

Traditional medicines have been used for thousands of years by Aboriginal peoples in Canada, with demonstrated efficacy in treating a wide range of health issues.



You are pregnant. Imagine having to leave your family and community weeks before your due date. Imagine giving birth alone, without the support of those who know and love you.

The presence of family members at a birth is an important way many First Nations, Inuit and Métis are reclaiming birth and healing communities.

Create and protect spaces for Aboriginal mothers as givers of life.

Aboriginal languages such as Cree, Ojibway, Michif and the dialects of Inuktitut, are the mother tongue for almost 20% of Aboriginal peoples.

Most clinicians will encounter First Nations, Inuit and Métis in their practices.

Culture and Language

Despite systematic assimilation efforts, First Nations, Inuit and Métis communities continue to express their strength through language and culture

Self-determination

Empowerment

Resilience

The benefits of eating country foods are cultural, economic, and nutritional. Access to traditional foods is increasingly affected by climate change and environmental pollutants.

Housing

poor infrastructure, inadequate and unsafe housing, overcrowding → communicable disease

1/3 of First Nations communities are under a boil-water advisory.

Land



In the backyards of many Aboriginal communities: Hazardous waste disposal sites, garbage landfills, incinerators and industrial plants.

What's in your backyard?

Health professionals must recognize the effects of colonialization on health, sexuality, reproduction and birth, access to care, health care policies, and the ability of health professionals to deliver culturally safe care.

Poverty

In 2010, 70% of Inuit preschoolers were found to live in food insecure homes.

~ 20 YEAR TREND ~
15% of Aboriginal peoples are unemployed.

39% of Aboriginal single mothers earn less than \$12,000 per year. Is this enough for your family?

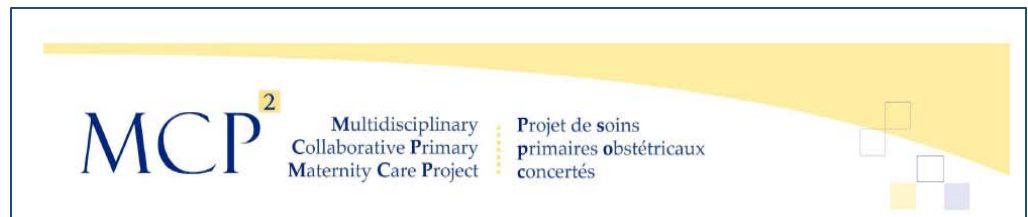
Being aware of the social determinants of health enables health providers to deliver safer care.

Inter-professional Care



- ALaRM adopted by CCFP as IP Emergency Obstetrics course
- Supported by Obstetric Content review

- Covering 90% of Canadian hospitals



National Birthing Initiative:

1. Listen to women.
2. Facilitate maternity care stakeholder engagement, collaboration and networking.
3. Establish a process for collection of data and information on maternity care providers and outcomes.
4. Create standardized guidelines for all maternity providers.
5. Standardized curricula for post-secondary UG and PG education
6. IP continuing ed: manage risks, improve patient safety and collaborative woman-centred practice.
7. Establish multidisciplinary collaborative maternal and newborn care models.

Moving Forward, some themes

- Collaboration
- Quality goals and targets
- System re-design
- Attention to the most vulnerable
- Mobile technology
- DOAHD/ Critical 1000 days
- Overdue Investment in future health?