DALHOUSIE UNIVERSITY

Inspiring Minds

Department of
Obstetrics and Gynaecology

39th Annual Research Day

Tuesday, April 8, 2025

The Lord Nelson Hotel
Regency Room
Halifax, Nova Scotia

At the conclusion of this activity, participants will have:

- Learned about the varied projects being completed within Obstetrics & Gynaecology at Dalhousie under the supervision of our faculty members;
- Identify possible areas of research which they may peruse during their career and mentors which will be able to guide them through their chosen research area;
- Understand the knowledge and skills required to work as members of a multidisciplinary health care team.

Thank you to everyone who contributed to the day:

Judges

Dr. Michelle Jacobson
Department of Obstetrics & Gynecology
University of Toronto

Dr. Anna MacLeod
Continuing Professional Development & Medical
Education , Department of Medicine

Dalhousie University

Dr. Krystal van den Heuvel
Department of Obstetrics & Gynaecology
Dalhousie University

Session moderators

Dr. Chris Nash

Dr. Heidi Bentley

Dr. Navi Bal

Resident Research Day
Department of Obstetrics and Gynaecology
Dalhousie University
April 8, 2025

0830   Reception

0845   Welcome – Dr. J. R. Bentley
            Professor and Head,
            Department of Obstetrics and Gynaecology
            Dalhousie University

            Session I: Moderator, Dr. Chris Nash

0900   **INVITED SPEAKER**
            Dr. Anna MacLeod, Dalhousie University
            Continuing Professional Development & Medical Education
            "Embracing Your Inner Ethnographer: An Invitation to Qualitative Research"
                    Learning Objectives:
            1. Consider qualitative methods
            2. Explore the depth of insight uncovered through qualitative approaches
            3. Describe the role of qualitative approaches in medical education contexts

Please note all trainee presentations will be 10 min in length with a 5 min question period.

1000   Alison Harding, PGY4
            The Association Between FGM/C and Obstetrical Anal Sphincter Injury: A Systematic
            Review and Meta-Analysis

1015   Lara Seefeld, Postdoctoral Fellow
            Understanding help-seeking preferences and barriers in women suffering from postpartum
            posttraumatic stress disorder

1030   Allison Furness, PGY5
            Treating leukocytospermia with empiric antibiotics in the setting of assisted
            reproductive techniques: A retrospective cohort study

1045   **NUTRITION BREAK**

            Session II: Moderator, Dr. Heidi Bentley

1100   Yann Geurin, Research Associate Trainee
            Beyond "women's" health: A natural language analysis of trends in gender-neutral
            language use

1115   Amy Dodge, MSc, MED 1
            The association between interpregnancy body mass index change and gestational
            weight gain: A population-based retrospective cohort study

1130	Sarah Benson, Resident from MUN
	A quality assurance review of virtual care induced diagnostic delays stage for cervical and vulvar cancer

1145	Grace Wang, PhD candidate
	Attached and regulated: Indirect associations between attachment, interpersonal emotion regulation, and sexual well-being among couples navigating Sexual Interest/Arousal Disorder

1200   **LUNCH**

Session III: Moderator Dr. Navi Bal

1300   **INVITED SPEAKER:**
Dr. Michelle Jacobson University of Toronto
"Menopause in 2025"
> Learning Objectives:
1. Review a contemporary approach to menopause in 2025
2. Introduce newer options for menopause management
3. Provide resources on how to be proficient in your approach to menopause

1400	Kim Jovanov, PGY5
	Postpartum Hypertensive Complications in Acute Care: A retrospective review of acute patient presentations at the IWK Hospital in Halifax, Nova Scotia

1415	Adelaide Scott, BSc undergrad
	Episiotomy on TikTok: Assessing misinformation and information quality shared on a popular social media platform

1430	Chelsea Harris, FPMRS Fellow, PGY7
	The association between episiotomy and obstetrical anal sphincter injuries among vacuum-assisted vaginal deliveries: A population-based retrospective Canadian cohort study

1445   **NUTRITION BREAK**

1500	Edman Abukar, MED3
	Childbirth and Post-natal Experiences of Black African Nova Scotian Pregnant Persons during the COVID-19 Pandemic (March 2020-2022): A Qualitative Study

1515	Greta Jang, MSc candidate
	Perceived Partner Dependence, Perceived Unfairness, and Sexual Well-being in Individuals with SIAD and Their Partners

1530	Gillian Ricketts,PGY5
	Expert evaluation of recent hospital-based maternal deaths in Canada

1545   Cameron Bruce, MSc
            Are Associations Between Guideline-Discordant Gestational Weight Gain and Perinatal
            Outcomes Modified by Area-Level Income? A Population-Based Retrospective Cohort Study
            of Pregnant Individuals in Nova Scotia

1600   **Awards Presentation**
            Refreshments to be served

ABSTRACTS

Episiotomy on TikTok: Assessing misinformation and information quality shared on a popular social media platform
Scott A, Harris C, Stairs J

Background: Episiotomies are the most commonly performed obstetrical procedure globally; and while restrictive episiotomy is recommended in Canada, patients may be reluctant to consent. TikTok, a rapidly growing video platform, is a popular resource for patients to obtain health information on episiotomy.

Objective: This study aims to evaluate the information quality and degree of misinformation contained in TikTok videos about episiotomy and examine the relationship between user engagement and misinformation.

Methods: We searched the keyword "episiotomy" on the Canadian TikTok app and identified the 50 "top" videos. We collected metadata including video length, topic, narrator credentials, gender, engagement, and hashtags. Three reviewers scored the videos using the DISCERN instrument for quality of consumer health information and a 5-point Likert scale for misinformation. Correlation between user engagement and misinformation and narrator credentials and misinformation were evaluated using the Pearson correlation coefficient.

Results: 47 videos met the inclusion criteria. The median video length was 57 seconds (IQR 15-89). Most videos were oriented towards education (59.6%) and narrated by healthcare providers (36.2%) or patients (25.5%). Engagement varied (median engagement 1584, IQR 717-19716). Many of the videos (71.74%) contained low quality information (DISCERN score < 3), and 36.17% of videos contained misinformation (Misinformation Rating Likert score >3). We did not find a significant correlation between engagement and misinformation ($r = 0.06$, $p = 0.68$) nor between narrator credentials and misinformation ($r = 0.17$, $p = 0.29$).

Conclusion: TikTok videos on episiotomy often present low-quality information, and over one-third contained misinformation. Neither user engagement nor narrator credentials showed a significant correlation with misinformation. These findings highlight the prevalence of low-quality health information and misinformation about episiotomies on a popular social media platform. Patient education about potential misinformation on these platforms and development of high-quality patient education about episiotomy are essential to support informed decision-making during labour and birth.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
Content Research question: clear and relevant Methods: appropriate Results: Clear and aligned with stated objectives Discussion: put the results into context of what is known Key strengths and limitations were noted	1	2	3	4	5
Presentation Pace and flow of ideas reasonable Appropriate amount/level of information Slides clear and readable Graphs and tables well-designed Kept to the allotted time	1	2	3	4	5
Questions Answered well and appropriately	1	2	3	4	5

COMMENTS AND SUGGESTIONS:

The Association Between FGM/C and Obstetrical Anal Sphincter Injury: A Systematic Review and Meta-Analysis
Harding A, Stirling-Cameron E, Scott A, Stairs J

Introduction: Female genital mutilation/cutting (FGM/C) includes all procedures involving partial or total removal or injury of the external female genitalia for non-medical reasons. Pregnant patients who have undergone FGM/C are at increased risk for perinatal complications including perineal tears. Existing studies on the association between FGM/C and obstetrical anal sphincter injury (OASIS) remains heterogenous.

Objective: The primary objective was to systematically estimate the association between FGM/C and OASIS. The secondary objective was to systematically estimate the association between FGM/C and episiotomy, operative delivery, caesarean section, perineal infection, and voiding dysfunction.

Methods: A database search was conducted on PubMed, Embase, and ClinicalTrials.gov. Observational, English and French-language studies of pregnant patients affected by FGM/C that assessed for OASIS and/or episiotomy, and any of the additional following intrapartum outcomes: operative delivery, caesarean section, infection, or voiding dysfunction were included. The Cochrane ROBINS-E tool (Risk of Bias in Non-randomized Studies - of Exposures) was used to assess for risk of bias. Where possible, data were meta-analyzed to calculate pooled risk ratios. Where outcome data was heterogeneous, the findings were reported descriptively. Review and data extraction were completed using Covidence systematic review software. Analyses were completed using RevMan 5.4.

Results: Of 1181 studies identified, 25 studies met selection criteria. Pregnant patients affected by FGM/C had increased risk of OASIS (RR 1.77, 95% CI 1.16-2.69) and episiotomy (RR 1.80, 95% CI 1.37-2.37). Risk of operative vaginal deliveries was increased among nulliparous patients affected by FGM/C (RR 1.26, 95% CI 1.12-1.41). Patients affected by FGM/C were at increased risk of caesarean section (RR 1.27, 95% CI 1.07-1.52) and emergency caesarean section (RR 2.36, 95% CI 1.56-3.59).

Conclusions: Pregnant patients affected by FGM/C are at increased risk of OASIS, operative vaginal delivery during first delivery, and caesarean section. Episiotomy is also performed more commonly in these patients.

Feedback for __Trainees__

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COMMENTS AND SUGGESTIONS:

Understanding help-seeking preferences and barriers in women suffering from postpartum posttraumatic stress disorder

Seefeld L, Horstmann, Jehn V, Schellong J, Garthus-Niegel S

Background: Postpartum posttraumatic stress disorder (PTSD), encompassing childbirth-related PTSD (CB-PTSD) and general PTSD (gPTSD), is a prevalent but under-researched mental health condition. Although many affected women do not seek professional help, few studies have examined barriers to help-seeking or women's support preferences.

Objectives: This study investigated differences in the likelihood of and barriers to help-seeking among women with CB-PTSD, gPTSD, and those without postpartum PTSD, and support preferences across these groups.

Methods: We analyzed data from the cross-sectional INVITE study, comprising 3,875 standardized telephone interviews with German women 6 weeks to 6 months postpartum. Screening for PTSD was done using the clinical cut-offs of the City Birth Trauma Scale (CB-PTSD) and Primary Care PTSD Screen for DSM-5 (gPTSD). Investigator-developed questionnaires measured likelihood of help-seeking, barriers, and support preferences. The non-affected group was asked to answer questions hypothetically. Analyses of covariance examined group differences.

Results: Women with CB-PTSD ($n = 143$) or gPTSD ($n = 98$) did not differ from non-affected women ($n = 3,618$) in their likelihood of help-seeking. Women with CB-PTSD reported more overall barriers (M_{diff}=2.73, 95% CI[1.31 – 4.14]) and more fears about treatment and stigmatization (M_{diff}=1.24, CI[0.58 – 1.90]) than non-affected women. Both PTSD groups also reported more instrumental barriers (e.g., no childcare, no time) than non-affected women (CB-PTSD: M_{diff}=1.15, CI[0.59 – 1.71]; gPTSD: M_{diff}=1.03, CI[0.35 – 1.72]). In-person support with midwives and family/friends were preferred across groups. Women with CB-PTSD preferred psychological services less than non-affected women (M_{diff}=0.69, CI[-1.24 – -0.15]). Women with gPTSD preferred both direct (e.g., telephone; M_{diff}=0.65, CI[0.23 – 1.08]) and delayed communication (e.g., email; M_{diff}=0.70, CI[0.002 – 1.39]) more than women with CB-PTSD.

Conclusions: Reducing instrumental and fear-/stigma-related barriers through outreach services, financial subsidies, and educational initiatives may be crucial to improve postpartum PTSD care access. Adjusting services in line with women's preferences could bridge the current treatment gap

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

Treating leukocytospermia with empiric antibiotics in the setting of assisted reproductive techniques: A retrospective cohort study

Furness A, Dufton M, Cockwell H

Background: Leukocytospermia (LCS) is a poorly understood condition that influences fertility treatment recommendations. Despite a paucity of evidence on the optimal treatment of LCS, many patients are prescribed antibiotics.

Objectives: The purpose of this study was to determine the prevalence of LCS in patients undergoing sperm functional assessment (SFA) at Atlantic Assisted Reproductive Therapies (AART). Additionally, we examined the proportion of patients who received antimicrobial therapy, the specific regimens used, and the association between antibiotic treatment and LCS persistence on follow-up testing.

Methods: We conducted a retrospective cohort study using the electronic medical record system at AART. All patients with LCS on SFA between January 1, 2012 to December 31, 2022 were included. Variables collected included age, reason for SFA, treatment given (if any), antibiotic regimen, and follow-up testing results. The association between antibiotic exposure and persistence of LCS was assessed using a Chi-Square test, while logistic regression was performed to assess the effects of independent variables. Fisher's exact test was used to evaluate the relationship between antibiotic type and persistence of LCS.

Results: Among 3201 SFAs performed at AART during the study period, 369 (11.5%) demonstrated LCS. 183 patients with LCS had a follow-up SFA. Antibiotics prescribed were doxycycline (32.2%), azithromycin (25.1%), both azithromycin and doxycycline (10.9%), and trimethoprim-sulfamethoxazole (0.5%), while 31.1% did not receive any antibiotics. LCS resolved in nearly two-thirds of patients at follow-up, with no significant difference between those who received antibiotics and those who did not (OR 0.98, 95% CI 0.49, 1.47). No significant association was found between antibiotic type and LCS resolution.

Conclusion: These findings suggest LCS often resolves spontaneously, with no clear benefit to empiric antibiotic therapy. Further high-quality research is needed to establish evidence-based guidelines on management of LCS.

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

Beyond "women's" health: A natural language analysis of trends in gender-neutral language use
Guerin Y, Maguire F, Clancy A, Stairs J

Background: Transgender and gender nonbinary individuals are more likely to encounter barriers in accessing sexual and reproductive health. Narrow definitions of gender and conflation with sex in inclusion criteria serve to systematically exclude or misclassify certain populations. Further, inclusive language in research more accurately reflects this population, as most studies do not systematically ascertain gender.

Objectives: The aim of this study was to examine trends in gendered language use in abstracts pertaining to obstetrics and gynecology (OB/GYN), among the top indexed journals in obstetrics and gynecology, and use of language specific to the transgendered population.

Methods: We performed PubMed search using E-utilities to download 4.8 million Medline records. We used MetaMap to map biomedical text to concepts within the Unified Medical Language System (UMLS). We constructed an OB/GYN set of concepts, along with sets of concepts for each category of terminology. Each record was assigned one, or combination of, the following categories: gendered, transgender, or gender-neutral.

Results: Of the records we identified, 955,626 abstracts met the inclusion criteria and were classified into language categories. Of those, 59% contained language that was gendered, 0.03% transgendered, and 40.6% gender-neutral.

Over the study period, the use of gendered language and transgendered language increased both overall and when restricted to the top 15 indexed OB/GYN journals in the Journal Citation Report 2024. Transgendered language was not identified in included abstracts until 1996.

Conclusions: In this study, we estimated that 40.6% of abstracts contained gender-neutral language and the use of gender-neutral language has rapidly increased. Additionally, abstracts that contain transgender language have increased in this field. This shift may represent a response to journal policies on language, and the growing recognition of the applicability of OB/GYN to a broader population than cis-gendered women.

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

The association between interpregnancy body mass index change and gestational weight gain: A population-based retrospective cohort study

Dodge A, Piccinini-Vallis H, Stanojevic S, Woolcott C

Background: Prepregnancy body mass index (BMI) and gestational weight gain (GWG) are both associated with adverse perinatal outcomes but inversely associated with one another. Understanding the relationship of interpregnancy BMI change (IPBC) and GWG in a subsequent pregnancy would inform the trade-off between these potentially modifiable components of pregnancy-related weight.

Objective: To estimate the association between IPBC and GWG in the subsequent pregnancy.

Methods: A population-based retrospective cohort study of parous individuals with singleton deliveries between 2004 and 2022 was conducted using the Nova Scotia Atlee Perinatal Database. Linear regression models estimated the mean difference in GWG per unit of IPBC. Risk ratios (RR) for the association between IPBC and GWG above and below recommended amounts were estimated using Poisson regression models adjusting for confounding variables. Analyses were stratified by prepregnancy BMI.

Results: 72,254 deliveries were included. Each 1 kg/m^2 increase in IPBC was associated with a mean 0.87 kg (95% confidence interval [CI] 0.84, 0.89) lower GWG; this association was stronger in higher prepregnancy BMI categories. Relative to people with minimal (± 1 kg/m^2) IPBC, the risk of GWG under the recommended amount was 44% lower in those with IPBC loss (RR 0.66; CI 0.62, 0.70) and 58% higher with IPBC ≥ 3 kg/m^2 (RR 1.58; CI 1.51, 1.64). RRs associated with IPBC ≥ 3 kg/m^2 were greatest for those categorized as having overweight (RR 2.31; CI 2.06, 2.59) or class 1 obesity (RR 2.32; CI 2.02, 2.68). Risk of GWG under the recommended amount was 22% lower in those with IPBC ≥ 3 kg/m^2 (RR 0.88; CI 0.86, 0.91) but 22% higher in IPBC <1 kg/m^2 (RR 1.22; CI 1.19, 1.25); RRs associated with IPBC loss were greatest in people categorized as underweight (RR 1.46; CI 1.16, 1.84).

Conclusion: This study supports an inverse relationship between IPBC and GWG. Heterogeneity by prepregnancy BMI status highlights the importance of tailoring recommendations.

Feedback for __Trainees__

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COMMENTS AND SUGGESTIONS:

A quality assurance review of virtual care induced diagnostic delays stage for cervical and vulvar cancer

Benson S, Janes I, Neveu J

Background: Cervical and vulvar cancer provides huge potential for morbidity and mortality in Canada. With screening programs in place, the outcomes have significantly improved because of early diagnosis and curative treatment. The impact of the COVID-19 pandemic and the widespread implementation of virtual care pose the potential for delayed presentation and more advanced stages of cancer at the time of diagnosis. This trend has been demonstrated in renal cell carcinoma with a 12.6% increase in patients diagnosed with stage pT3 in the years following COVID-19 pandemic, in Newfoundland and Labrador (NL).

Objective: The objective of this study was to assess the impact of virtual care on stage at presentation of new vulvar and cervical cancer diagnoses in NL.

Methods: A retrospective chart analysis was conducted on vulvar and cervical cancers diagnosed between January 1, 2018 – December 31, 2023. Patients afflicted with these diagnoses were identified in the NL Cancer Care Registry. The assessed study timeframe was sub-divided into pre- and post-pandemic periods, segregated into the two-year period prior to and following 2020 consistent with the onset of the COVID-19 pandemic. Tumour staging for all eligible charts was completed in accordance with the most recent FIGO staging guidelines. Mann-Whitney U Test was used for the primary outcomes of cancer stage diagnosis.

Results: There was no difference in stage of cancer diagnosis in either cervical (n=81, p=0.228) nor vulvar (n=61, p=0.342) cancer in NL.

Conclusions: Strict testing, geographic isolation and continuation of in-person screening programs were likely protective against upstaging as seen in other cancer types. Unlike renal cell carcinoma, a large portion of patients are under the care of a gynecologist or family medicine doctor for routine screening. Further studies are required to elucidate if current specialist care is a protective factor against virtual care diagnostic delays.

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

Attached and regulated: Indirect associations between attachment, interpersonal emotion regulation and sexual well-being among couples navigating Sexual Interest/Arousal Disorder

Wang GA, Bergeron S, Hamel C, Girouard A, Artibello M, Kempster O, Rosen NO

Background: Women and gender-diverse individuals with Sexual Interest/Arousal Disorder (SIAD; distressing low interest/arousal) and their partners experience disruptions to sexual satisfaction. These disruptions may be magnified when individuals report more insecure attachment in their relationship, including greater attachment anxiety (fear of abandonment, need for reassurance) and avoidance (tendency to avoid intimacy). Because SIAD engenders intense negative emotions, interpersonal emotion regulation (IER; attempts to influence a partner's emotions) may influence couples' adjustment. Research has identified four types of perceived IER—responsiveness (understanding, validation), cognitive support (reappraisal, informational support), physical presence (physical availability, nonverbal communication), hostility (dismissiveness, invalidation)—with links to sexual outcomes. Although insecure attachment may limit individuals' ability to enact or notice effective IER, with implications for sexual satisfaction, these associations have not been examined in couples navigating SIAD.

Objective: This dyadic study examined cross-sectional indirect associations between insecure attachment, perceived IER, and sexual satisfaction.

Method: Individuals with SIAD and their partners (N = 155 couples) reported their attachment, IER, and sexual satisfaction. Analyses were guided by the actor-partner interdependence model.

Results: For individuals with SIAD and partners, greater attachment avoidance was associated with their own lower perceived physical presence IER, and in turn, their own lower sexual satisfaction. In addition, individuals with SIAD's attachment avoidance was linked to their partners perceiving less physical presence, and partners were consequently less sexually satisfied. Partners' attachment avoidance was associated with their own lower perceived responsive IER, and in turn, their own lower sexual satisfaction. There were no indirect associations between attachment avoidance and sexual satisfaction via cognitive support or hostility, and no indirect associations for attachment anxiety.

Conclusions: Perceiving less physical presence and responsiveness from a partner may be mechanisms through which avoidant attachment hinders sexual satisfaction for couples navigating SIAD. Findings could inform interventions aimed at enhancing adaptive IER for avoidantly-attached partners to promote satisfying sexual relationships.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
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COMMENTS AND SUGGESTIONS:

Postpartum Hypertensive Complications in Acute Care: A retrospective review of acute patient presentations at the IWK Hospital in Halifax, Nova Scotia

Jovanov K, Stairs J , Nash C

Background: Hypertensive disorders of pregnancy are a leading cause of maternal morbidity and mortality. Many of these cases are diagnosed in the postpartum period following symptomatic presentations in acute care settings. However, few data demonstrate the incidence, risk factors, and optimal management of postpartum hypertensive complications.

Methods & Objectives: A retrospective, cohort study was conducted of postpartum women presenting with hypertensive complications at the IWK Hospital in Halifax, Nova Scotia, between July-December 2021 and July-December 2023. The primary outcome was to quantify the local disease burden of postpartum hypertensive complications. Secondary outcomes were to identify risk factors in those returning to acute care and to assess if early discontinuation of antihypertensives following delivery contributed to these presentations.

Results: 132 postpartum patients presented with a hypertensive complication (mean postpartum day #6). 77% presented with clinically uncontrolled hypertension. 29% had a new diagnosis of postpartum hypertension. 67% were aware of an abnormal blood pressure (home or office measurement) prior to presentation, and 75% were symptomatic. Of those using antihypertensives in the antepartum period, 26% had their medications discontinued following delivery. During their presentation to acute care, 14% and 27% required restart or increase of their antihypertensives, respectively. From 2021 to 2023, a significant decrease in hospital admissions (24% to 8%, p=0.011) and outpatient follow-up plans arranged exclusively in acute care settings (22% to 8%, p=0.019) was noted, possibly reflecting a change in practice style and resource utilization.

Conclusions: Overall, the lack of clinical control demonstrated by this population presenting to acute care emphasizes the importance of continuing antihypertensives and surveillance, especially in the immediate postpartum period. This local data can be used to inform quality improvement initiatives, such as dedicated early postpartum surveillance protocols, and to disseminate further patient and provider education designed to improve maternal outcomes and optimize acute healthcare utilization.

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

The association between episiotomy and obstetrical anal sphincter injuries among vacuumassisted vaginal deliveries: A population-based retrospective Canadian cohort study"
Harris C, Woolcott C, Dodge A, Allen V, Clancy A, Stairs J

Background:
Obstetrical anal sphincter injuries (OASIS) are common and carry risk of maternal morbidity. Vacuum-assisted vaginal deliveries (VAVD) have an increased OASIS risk compared to spontaneous deliveries. The use of a mediolateral episiotomy in primiparous patients undergoing VAVD has been shown to reduce OASIS in some settings, but Canadian studies are mixed, and the practice is not widely adopted.

Objective: To estimate the association between episiotomy and OASIS in patients who underwent VAVD.

Methodology: This population-based, retrospective cohort study included term VAVDs of a non-anomalous, singleton, vertex fetus between 2005-2023. Augmented inverse probability weighting analyses were used to estimate risk ratios (RR) and number needed to treat/harm (NNT/NNH) with 95% confidence intervals (CI) adjusting for confounding variables, overall and stratified by length of the second stage of labour and parity.

Results: Of 8,380 VAVDs, OASIS occurred in 868 (10.4%), of which 88.9% were third degree injuries and 11.1% were fourth degree. Episiotomy was performed in 3,775 (45.0%) VAVD. Episiotomy was not associated with OASIS risk (RR 0.96, 95% CI 0.84-1.09). Among individuals with a second stage ≥60 minutes, episiotomy decreased OASIS risk (RR 0.86, 95% CI 0.74-0.99). In individuals with an active phase ≥60 minutes, episiotomy reduced OASIS risk by 40% (RR 0.60, 95% CI 0.34- 1.06), but not in those with <60 minutes (RR 1.03, 95% CI 0.54-1.97). When stratified by parity, episiotomy reduced OASIS risk in nulliparous individuals (RR 0.86, 95% CI 0.75-0.98; NNT 55, 95% CI 29-525). Episiotomy in parous individuals was associated with increased OASIS risk (RR 1.48, 95% CI 1.08-2.05; NNH 36, 95% CI 19-314).

Conclusions: Episiotomy is protective against OASIS in nulliparous patients and in cases where the active or total second stage of labor exceeded 60 minutes. Episiotomy was not protective among parous patients undergoing VAVD. These findings may inform patient counseling on episiotomy use to reduce OASIS risk.

Feedback for <u>Trainees</u>

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COMMENTS AND SUGGESTIONS:

Childbirth and Post-natal Experiences of Black African Nova Scotian Pregnant Persons during the COVID-19 Pandemic (March 2020 – 2022): A Qualitative Study

Abukar E, Cameron-Stirling E, Hamilton-Hinch B, Cameron P, Christie T, Stairs J

Background: Black birthing individuals are at an increased risk for morbidity and mortality during birth and experiencing racially-biased care compared to White birthing persons. Studies on the impacts of COVID-19 on Black pregnant persons is limited.

Objective: We aimed to explore the childbirth and post-natal experiences of Black African Nova Scotian pregnant persons during the COVID-19 pandemic to inform the advancement health equity in reproductive care.

Methods: We recruited 10 individuals who gave birth between March 2020 and December 2022 who identified as Black African Nova Scotian from community hospitals and tertiary care centres. Semi-structured, 1:1 interviews were completed to saturation and demographic data was collected. Data analysis was grounded in reflexive thematic analysis with a lens of Black Feminist Thought and Critical Race Theory framework. Two researchers independently reviewed interviews and developed a coding frame. Codes, themes and sub-themes were developed and refined.

Results: Four key themes emerged with multiple sub-themes identified. Isolation and poor mental health secondary to COVID-19 restrictions were amplified by systemic racism targeting historic Black communities during the pandemic (e.g. discriminatory and biased care). Deciding on COVID-19 immunization had parents contemplating the need to protect their newborn and the historic maltreatment of Black populations by the healthcare system. Enduring communication gaps with healthcare providers were mitigated by culturally-specific and affinity-based care (e.g. Black pregnancy support groups). Finally, a broad fabric of community provided sources of strength and resiliency.

Conclusion(s): Black African Nova Scotian pregnant persons experienced gaps in reproductive care that were amplified by the COVID-19 pandemic. This study highlights the need for community-based strategies to mitigate gaps and improve the quality of care received during pregnancy, birth, and post-partum period. This included communications training for healthcare providers, creating culturally-specific resources and community-based programming for Black African Nova Scotian pregnant persons, and increased representation in healthcare.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
Content Research question: clear and relevant Methods: appropriate Results: Clear and aligned with stated objectives Discussion: put the results into context of what is known Key strengths and limitations were noted	1	2	3	4	5
Presentation Pace and flow of ideas reasonable Appropriate amount/level of information Slides clear and readable Graphs and tables well-designed Kept to the allotted time	1	2	3	4	5
Questions Answered well and appropriately	1	2	3	4	5

COMMENTS AND SUGGESTIONS:

Perceived Partner Dependence, Perceived Unfairness, and Sexual Well-being in Individuals with SIAD and Their Partners

Jang, G. E., Bergeron, S., Wang, G. A., Hamel, C., & Rosen, N. O.

Background. Sexual Interest/Arousal Disorder (SIAD) is a very common sexual complaint in women and is associated with lower sexual well-being, yet there is limited research on interpersonal factors maintaining this problem. Inequities in household labour responsibilities— whereby women perform the majority—have been linked to lower desire in community samples of women. Proposed mechanisms include women's *perceived unfairness* of the division of labour, and *perceived partner's dependence* on them. However, no studies have examined these factors dyadically or in a clinical sample of women with SIAD.

Objective. This study examined associations between perceived unfairness and partner dependence with sexual well-being in couples coping with SIAD.

Methods. Women with SIAD ($n=147$) and their partners ($n=141$) completed validated measures of perceived unfairness, perceived partner dependence, sexual desire, satisfaction, and distress. Data were analysed using multilevel modelling informed by the Actor-Partner Interdependence Model.

Results. Individuals with SIAD's greater perceived partner dependence was associated with their own ($b= -1.01$, 95% CI [-1.65, -0.36]) and their partner's ($b= -1.01$, 95% CI [-1.78, -0.23]) lower sexual satisfaction, but their partner's greater sexual desire ($b= 0.98$, 95% CI [0.10, 1.86]). When partner's reported greater perceptions of the individual with SIAD being dependent on them, they also reported lower satisfaction ($b= -1.24$, 95% CI [-2.30, -0.18]) and greater sexual distress ($b= 0.72$, 95% CI [0.01, 1.43]), but again higher sexual desire ($b= 1.27$, 95% CI [0.07, 2.47]. Perceived unfairness was not associated with sexual well-being.

Conclusion. Among individuals coping with SIAD and their partners, viewing one's partner as dependent on them to maintain household functioning was linked to lower sexual satisfaction and greater distress, but partners had higher desire perhaps because they feel cared for by the individual with SIAD. Exploring feelings of partner burden as a result of inequities in household responsibilities might be beneficial for individuals and couples affected by SIAD.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
Content Research question: clear and relevant Methods: appropriate Results: Clear and aligned with stated objectives Discussion: put the results into context of what is known Key strengths and limitations were noted	1	2	3	4	5
Presentation Pace and flow of ideas reasonable Appropriate amount/level of information Slides clear and readable Graphs and tables well-designed Kept to the allotted time	1	2	3	4	5
Questions Answered well and appropriately	1	2	3	4	5

COMMENTS AND SUGGESTIONS:

Expert evaluation of recent hospital-based maternal deaths in Canada

Ricketts G, Vercammen K, Boutin A, Edwards W, Metcalfe S, Ray J, Scott H, Van den Hof M, Dzakpasu S

Background: The Canadian Perinatal Surveillance System (CPSS) uses the Discharge Abstract Database (CIHI-DAD) to report on maternal mortality. A limitation of these hospital data is that they do not include a cause of death.

Objective: Using data from the CIHI-DAD, the objective was to review all deaths with an obstetric flag from 2018-2021 to determine the underlying cause of death, timing of death and maternal mortality ratios (MMR).

Methods: An expert panel comprising obstetricians, anesthetists, internists, pediatricians and epidemiologists evaluated all hospital deaths of females aged 12-55 years during pregnancy and up to one year after pregnancy in Canada from 2018-2021, excluding Quebec. The expert panel determined the cause of maternal death based on ICD-10 codes and timing of death. Maternal mortality ratios were calculated, stratified by timing of death (early versus late maternal deaths).

Results: Of the 200 identified maternal deaths, the total MMR for both early and late deaths was 17.6 per 100,000 livebirths (9.4 per 100,000 livebirths within 42 days of pregnancy, and 7.7 per 100,000 livebirths from 43-365 days of pregnancy). Of 200 deaths, 119 (59.5%) were deemed to be "indirect" (i.e., not directly attributable to obstetric conditions), with leading causes of indirect deaths being malignancy (35.3%), diseases of the circulatory system (19.3%) and drug overdose (15.1%). Of the 77 (38.5%) direct deaths, leading causes were obstetric hemorrhage (18.2%) and amniotic fluid embolism (16.9%). Of all 200 deaths, 67 (33.5%) were linked to mental health or behavioural disorders, and 52 (26.0%) to a substance use disorder.

Conclusions: The frequency of indirect and late maternal deaths in Canada is higher than previously reported, and is especially interconnected with mental health and substance use disorders. The lack of cause of death in maternal mortality data limits the ability to implement prevention strategies.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
Content Research question: clear and relevant Methods: appropriate Results: Clear and aligned with stated objectives Discussion: put the results into context of what is known Key strengths and limitations were noted	1	2	3	4	5
Presentation Pace and flow of ideas reasonable Appropriate amount/level of information Slides clear and readable Graphs and tables well-designed Kept to the allotted time	1	2	3	4	5
Questions Answered well and appropriately	1	2	3	4	5

COMMENTS AND SUGGESTIONS:

Are Associations Between Guideline-Discordant Gestational Weight Gain and Perinatal Outcomes Modified by Area-Level Income? A Population-Based Retrospective Cohort Study of Pregnant Individuals in Nova Scotia.

Bruce C , Woolcott C[2] , Piccinini-Vallis H , Mah CL , Lee DG

Introduction: : Gestational weight gain (GWG) is the alteration in weight from conception to delivery. Guideline-discordant GWG (below or above the recommended amounts) is associated with delivery and neonatal complications, yet the impact of area-level income (ALI) on these associations remains unclear.

Objective: The objective of this study was to examine whether ALI modified the associations between guideline-discordant gestational weight gain (GWG) and five perinatal outcomes: preterm delivery, small and large for gestational age (SGA/LGA), shoulder dystocia, and cesarean delivery.

Methods: A population-based retrospective cohort study of Nova Scotian pregnant individuals who had singleton deliveries from 2004-2022 was conducted. The primary exposure was GWG, categorized as below, within, or above the Institute of Medicine guidelines. ALI was measured using the Quintile of Adjusted Income Per Person Equivalent After Tax derived by Statistics Canada from census data and linked to individuals based on residential postal code. Poisson regression models estimated the relative risk (RR) for the associations between guideline-discordant GWG and the five perinatal outcomes stratified by ALI quintiles. The relative excess risk due to interaction (RERI) was calculated to explore whether ALI modified absolute risk differences in the perinatal outcomes between the GWG categories.

Results: The cohort comprised 155,575 singleton deliveries. Guideline-discordant GWG was associated with preterm delivery, SGA, and LGA but not with shoulder dystocia or cesarean delivery, with consistent RRs across ALI quintiles. The RERIs indicated that the absolute differences in SGA risk between GWG categories were heterogeneous across ALI quintiles.

Conclusions: Guideline-discordant GWG is associated with an increased risk of specific perinatal outcomes across all ALI categories. Therefore, minimizing guideline-discordant GWG is important for mitigating adverse perinatal outcomes across the population regardless of income or material resources.

Feedback for <u>Trainees</u>

	Could be improved				Excellent
Content Research question: clear and relevant Methods: appropriate Results: Clear and aligned with stated objectives Discussion: put the results into context of what is known Key strengths and limitations were noted	1	2	3	4	5
Presentation Pace and flow of ideas reasonable Appropriate amount/level of information Slides clear and readable Graphs and tables well-designed Kept to the allotted time	1	2	3	4	5
Questions Answered well and appropriately	1	2	3	4	5

COMMENTS AND SUGGESTIONS:

Event Evaluation Form

Please let us know what you thought about this year's Research Day. The information you give on this form is confidential. It is used to assess our event and to improve the quality of future Research Days.

What is your overall assessment of the event?	Poor 1	2	3	4	Excellent 5

Did the day meet your expectations?	Not at all 1	2	3	4	Absolutely 5

How satisfied were you:	Dissatisfied ☹		☺		Satisfied ☺
With the relevance of the topic areas?	1	2	3	4	5
With its ability to fulfil educational objectives?	1	2	3	4	5
That the program was free of commercial bias?	1	2	3	4	5
With the organisation of the day?	1	2	3	4	5
With the time keeping at the event?	1	2	3	4	5
With the time for audience participation?	1	2	3	4	5
With the venue and facilities?	1	2	3	4	5
With the arrangements and quality of the catering?	1	2	3	4	5
That this program content enhanced my knowledge? If so, please describe how you will utilize this knowledge in your practice going forward?					
Please indicate which CanMEDS roles you felt were addressed during this educational activity	_Expert, _Communicator, __Collaborator, __Manager, __ Health Advocate, __ Scholar, _Professional				
Did you perceive any degree of bias in any part of this program? If Yes, please describe Below	___YES ___NO				
Did you feel that the program was safe and inclusive? (e.g., diversity of speakers, balance of perspectives, program is accessible)	___YES ___NO				
Were the facilitators/instructors/interface effective for delivering the content and engaging participants?	___YES ___NO				
Was the format effective for delivering the content and engaging participants?	___YES ___NO				

If you were dissatisfied with any aspect (i.e. you rated 1 or 2 in the grid above), please indicate the reason:

Do you have any further comments or suggestions?

Thank you for taking the time to complete this evaluation form!