

## Announcements

The following is a list of global health events that may interest our OBGYN staff, residents and personnel, as collated by [The Dalhousie Global Health Office](#).

**Jul 25, 2018 at 7PM at the Public Library:** Gender and Armed Conflict from Syria to Sudan - Dr. Rania Alahmer

**Sept 19 - 21, 2018 in Halifax:** [Collaborative Health Conference on Research, Practice and Community Innovations](#)

**Oct 16, 2018 at Rebecca Cohn Auditorium:** [Qualitative Health Research Conference](#)

**Nov 19 - 21, 2018 in Toronto:** [Canadian Conference on Global Health](#)

**Mar 8 - 10, 2019 in Chicago:** [CUGH 2019: Translation and Implementation for Impact in Global Health](#)

### Global Health Interest Group:

The next meeting will take place on **August 16th at 6:30PM** at **Local Jo's** where we will be watching the documentary ***It's a Girl*** about female infanticide. All are welcome!

**Prenatal Refugee Class:** August 2nd

### North End Community Clinic:

The next 2 clinics will be held on August 13th and September 10th.

**HELP NEEDED: Phoenix House** is in desperate need of feminine protection products. Please drop off donations at 6035 Coburg Rd.

For more information, please contact Hala Nader at [hala.nader@iwk.nshealth.ca](mailto:hala.nader@iwk.nshealth.ca) or 470-7176.

## Global Health Fair

May 9, 2018

By: Janet Slaunwhite

After welcoming participants and public, Michael Sangster, IWK Global Health Committee Chair and Dr. Tony Armson, Department Head, Obstetrics and Gynaecology, officially opened the 3<sup>rd</sup> Annual Global Health Fair on May 9, 2018. Organized for the morning were posters from across the Health Centre as well as the Global Health Office at Dalhousie. Visitors to the Goldbloom Pavillion during the morning enjoyed colourful displays and photographs and many stopped to ask questions about the work we are doing in Global Health. The

afternoon was dedicated to

Ted-like-Talks in

the Cineplex-O.E. Smith Theatre. Emotionally charged Ted-Talks from different disciplines, including Pain Management, CV surgery, Neonatology, Simulation training, and the Eye Care team, were well received by a captivated audience. Organizers can only hope that the next Global Health Fair is as successful.



This year's Academic Half-Day took place on June the 8th, 2018 at the MacEachen Institute for Public Policy and Governance from 1PM - 5PM. The focus of the event was on violence against women (VAW) and highlighting different circumstances in which this human rights violation exists. A total of four speakers took part in the day: Hala Nader, an International Development Studies MA candidate, kicked off the afternoon with a presentation on Gender Based Violence (GBV) and Refugee Women using the case study of Syrian refugees in Lebanon. This was followed by a presentation from Dr. Shelly Whitman, executive director of the Roméo Dallaire Child Soldiers Initiative, who gave an intriguing talk on Girls in Conflict Areas highlighting the plight of child soldiers. Dr. Jocelyn Stairs, a third-year resident in the Department of Obstetrics and Gynaecology, defined intimate partner violence (IPV) and its epidemiology in Canada. Finally, Chantelle Murphy, RN and SANE program coordinator, highlighted the issue of sexual assault in Nova Scotia, introduced the Sexual Assault Nurse Examiner (SANE) program and gave the residents tools they could use when they encounter instances of sexual assault in order to provide the best possible care for the client including physical exams, medical treatments, forensic assessment and collection of evidence.

**HRSA Maternal Mortality Summit**

June 19-21, 2018

By: Dr. Heather Scott

In May 2018, the US Department of Health and Human Resources and Services Administration (HRSA) coordinated a Maternal Mortality Summit that took place from June 19 to June 21, 2018. Their objectives were to examine international trends in maternal mortality over the last 25 years including research and data that guides practice, assess evidence based strategies, clinical practices and program implementation, and look at health systems and policies that have positively impacted maternal mortality rates in the USA and around the world.



Canada was asked to participate along with India, Brazil, Finland, Rwanda and the UK. Each participating country outside of the USA was asked to send 1-3 delegates. Representing Canada were Dr. Dorothy Shaw, Vice President, Medical Affairs, BC Women's Hospital, Dr. Jocelynn Cook, Scientific Director of the SOGC and Dr. Heather Scott. During the course of the summit many ideas were shared. In addition, all were in agreement that in high resource settings such as the USA and Canada, attention must be paid to significant racial disparities. In the USA, when all factors are controlled for, African American women have four times the risk of dying of pregnancy related complications than their white counterparts. This is likely the case in Canada as well, particularly as it relates to Indigenous women and immigrants, however information is lacking and there is much to be done to promote a national system of data collection, mortality review and development of recommendations to bring about change.

The use of ultrasound in antenatal care has increased significantly worldwide over the last 20 to 30 years. Currently, the International Society for Ultrasound in Obstetrics and Gynecology (ISUOG) recommends a mid-trimester ultrasound to help confirm pregnancy-dating, number of fetuses, placental location and identify any congenital malformations. If resources and expertise are available, an early ultrasound at 11 to 13 weeks is also recommended to further improve

accuracy of pregnancy dating and early screening of congenital malformations.

While first and second trimester ultrasounds alone have not been shown to decrease perinatal mortality, information provided from these scans can be helpful to organize management plans for the pregnancy, including twin pregnancies and abnormal placentation. In addition, more accurate dating with ultrasound is known to decrease rates of post-date induction of labour. It can also assist with the identification of lethal congenital anomalies and abnormal fetal growth and add to the assessment of fetal well-being.



**Korlebu Teaching Hospital**

Over the last 10 years, Ghana has worked hard to decrease the neonatal mortality rate from 33.6 per 1000 live births in 2005 to 26.9 per 1000 live births in 2016. Despite this decrease, the 4th Millennium Development Goal to reduce child mortality by 2/3 was not been met nationwide. The 3rd Sustainable Development Goal has a new target of decreasing the neonatal mortality rate to 12 per 1000 live births by 2030. Given the top causes of neonatal mortality in Ghana include congenital anomalies, complications of prematurity and intrapartum complications including stillbirth; ultrasound is a tool used in obstetrics to identify some of these at-risk fetuses. Improved ultrasound surveillance of these fetuses including use of umbilical artery Doppler and Biophysical profiles, may help to achieve these goals by 2030.

Korlebu hospital has recently launched a Fetal Assessment Unit within the obstetrical department. Currently, the unit consists of one ultrasound machine, and one CTG machine. I recently had the opportunity to travel to Accra from Halifax, Canada, for a two-week period to conduct lectures and hands-on teaching within the ultrasound unit. This opportunity was afforded to me through a growing partnership between Korlebu, the University of Ghana and Dalhousie University in Halifax. Through further training and education, the goal is to expand and improve the quality of ultrasounds provided at Korlebu Teaching Hospital and augment maternal fetal medicine training within the Department of Obstetrics and Gynaecology. Part of this initiative is to assist with the development of local guidelines for ultrasound assessments including standardized training, appropriate timing and essential components of the ultrasound assessment. With improved and consistent ultrasounds, performed in a timely fashion by skilled care providers improved maternal and neonatal outcomes may be realized.