



Annual Report 2025

Department of Obstetrics & Gynecology



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Territorial Land Acknowledgements

The University of Calgary, located in the heart of Southern Alberta, both acknowledges and pays tribute to the traditional territories of the peoples of Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The city of Calgary is also home to the Métis Nation within Alberta (including Nose Hill Métis District 5 and Elbow Métis District 6).

The University of Calgary is situated on land Northwest of where the Bow River meets the Elbow River, a site traditionally known as Moh'kins'tsis to the Blackfoot, Wíchíspa to the Stoney Nakoda, and Guts'ists'i to the Tsuut'ina. On this land and in this place we strive to learn together, walk together, and grow together "in a good way."

The Department of Obstetrics and Gynecology (Ob/Gyn) and the University of Calgary (UofC) are committed to meaningful reconciliation with Indigenous peoples and communities.



Message from the Department Head

As we reflect on the past year, I am reminded of how much can be achieved when a community is united by purpose. Our Department continues to grow, evolve, and strengthen its impact on female and women's reproductive health in Calgary. I am deeply grateful for the dedication each of you brings to this work.

One of the most significant milestones of the year was the successful accreditation of our Obstetrics and Gynecology residency program by the Royal College of Physicians and Surgeons of Canada. This accomplishment reflects years of thoughtful planning, rigorous evaluation, and the unwavering commitment of our faculty and learners. It reaffirms what we already know. Our program delivers exceptional training and continues to attract talented physicians who will shape the future of our specialty. In July, we also had the pleasure of welcoming a new cohort of outstanding residents who bring energy, curiosity, and compassion to our clinical and academic teams.

Our Department grew in meaningful ways with the recruitment of several excellent generalist Obstetrician and Gynecologists (Ob/Gyn) across the city: Dr. Galdon at Foothills Medical Centre (FMC), Dr. Di Palma and Dr. Brennan at the Peter Lougheed Centre (PLC), Dr. Genge at the Rockyview General Hospital (RGH), and Dr. Russell at South Health Campus (SHC). We were also fortunate to welcome new colleagues in Urogynecology, Dr. Mannion, and in Gynecologic Oncology, Dr. Black. Each of these individuals contributes expertise that enhances our ability to provide comprehensive, high-quality care to the patients we serve.

This year also marked important progress in our partnerships with the Calgary Health Foundation and the O'Brien Institute for Public Health. Together with the Calgary Health Foundation, we advanced efforts to secure philanthropic support for women's health care delivery and research. These collaborations are helping us build stronger programs, expand innovation, and ensure that women in our community have access to the care and resources they deserve. Through our work with the O'Brien Institute, we have elevated female and women's reproductive health as a university priority, contributed to research that identifies healthcare disparities and guides system improvement, and engaged the public through educational events, media outreach, and community partnerships such as the Calgary Women's Health Symposium in March and the Reproductive Health is Public Health Fall Forum.

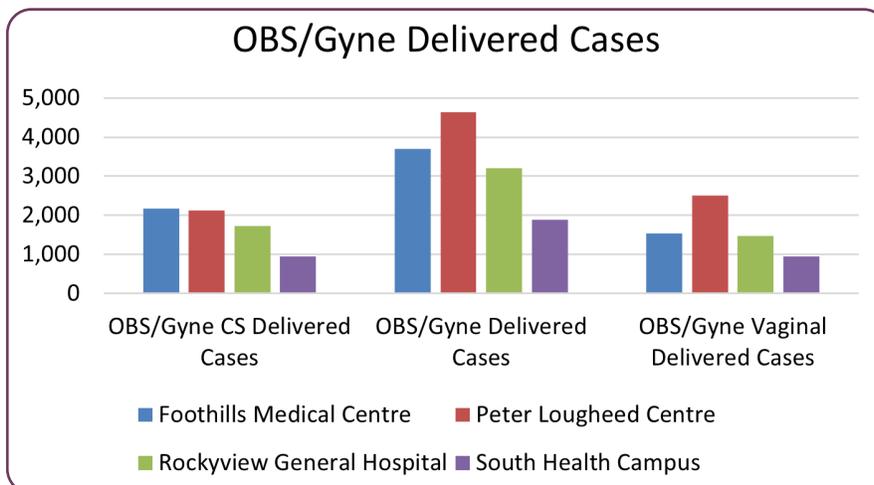
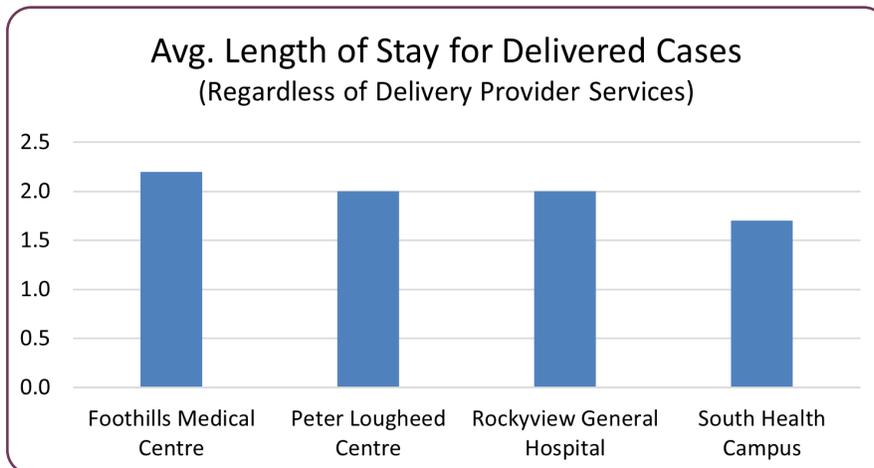
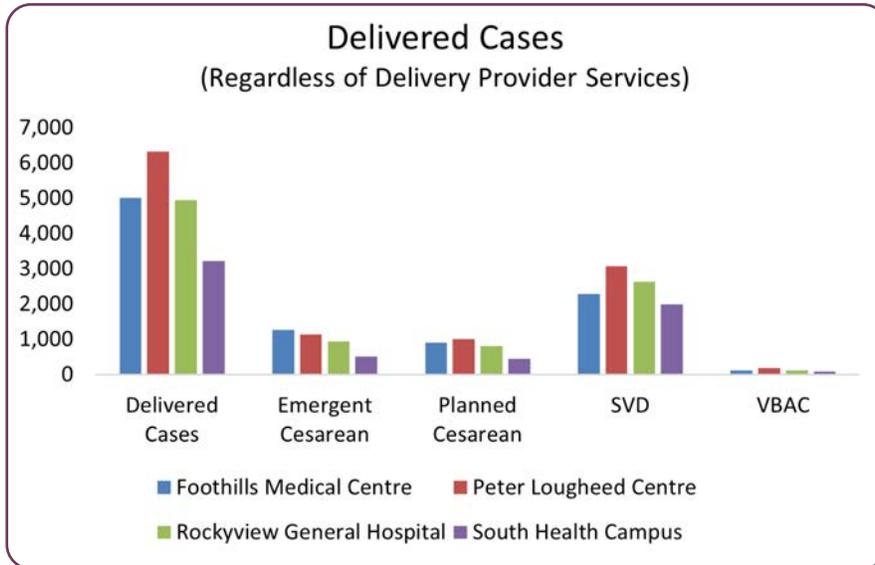


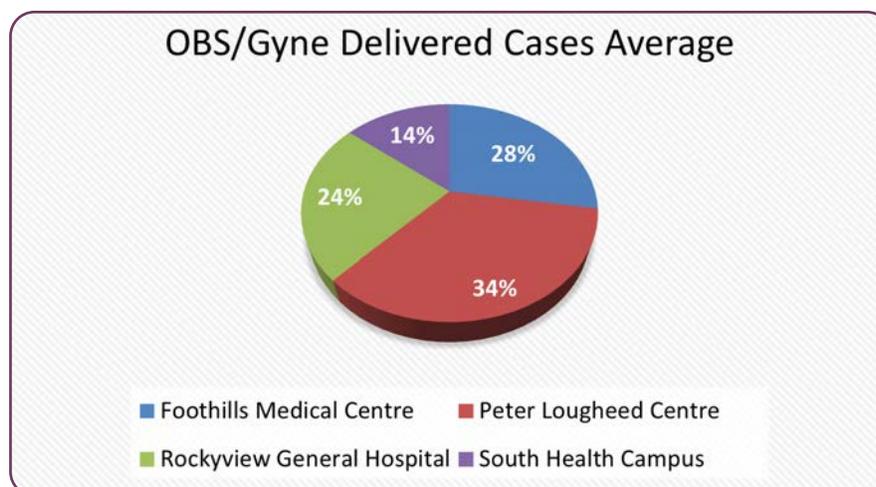
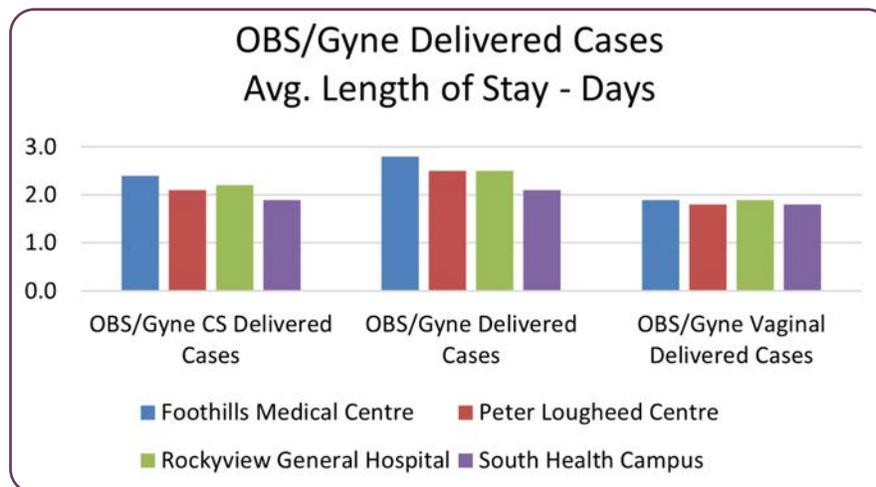
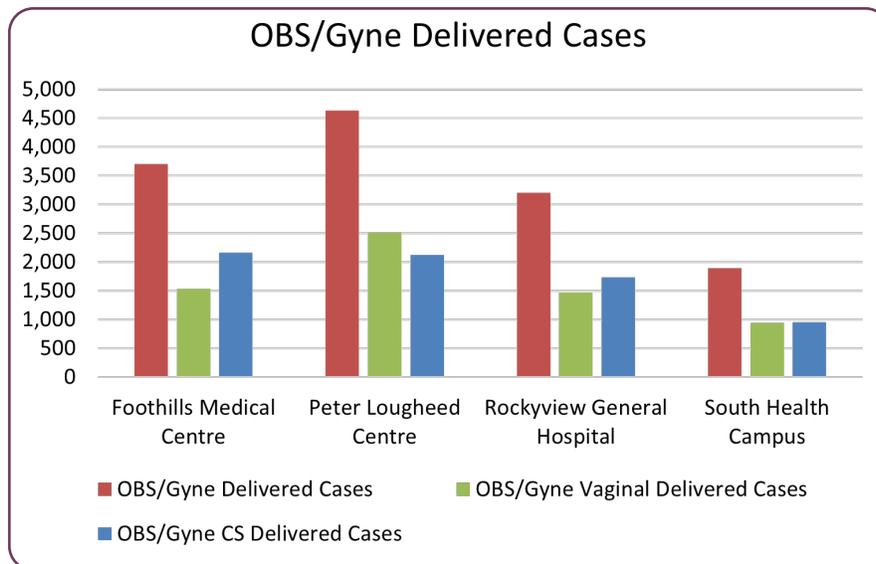
Dr. Erin Brennand
Academic and Zone Clinical Department Head
Department of Obstetrics and Gynecology
Cumming School of Medicine, University of Calgary
Alberta Health Services – Calgary Zone

Amidst all this activity, what continues to stand out to me is the spirit of collaboration that defines our Department. From clinical excellence to research achievements to educational leadership that inspires the next generation, our success is driven by the collective commitment of many people working toward a shared goal of improving the health of women in Calgary and beyond.

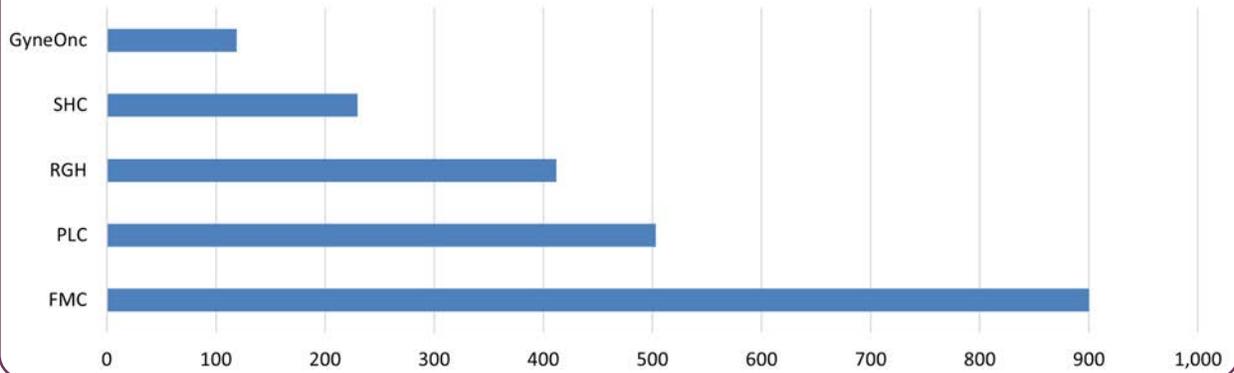
Thank you for your hard work, your resilience, and the compassion you bring to your roles each day. I hope this report provides a meaningful reflection of what we have achieved together and inspires pride as we move into 2026.

By The Numbers





Inpatient and Day Surgery Non-Obstetrical Hysterectomies



Inpatient, Emergency Dept, and Day Surgery Cases Calendar Year 2025

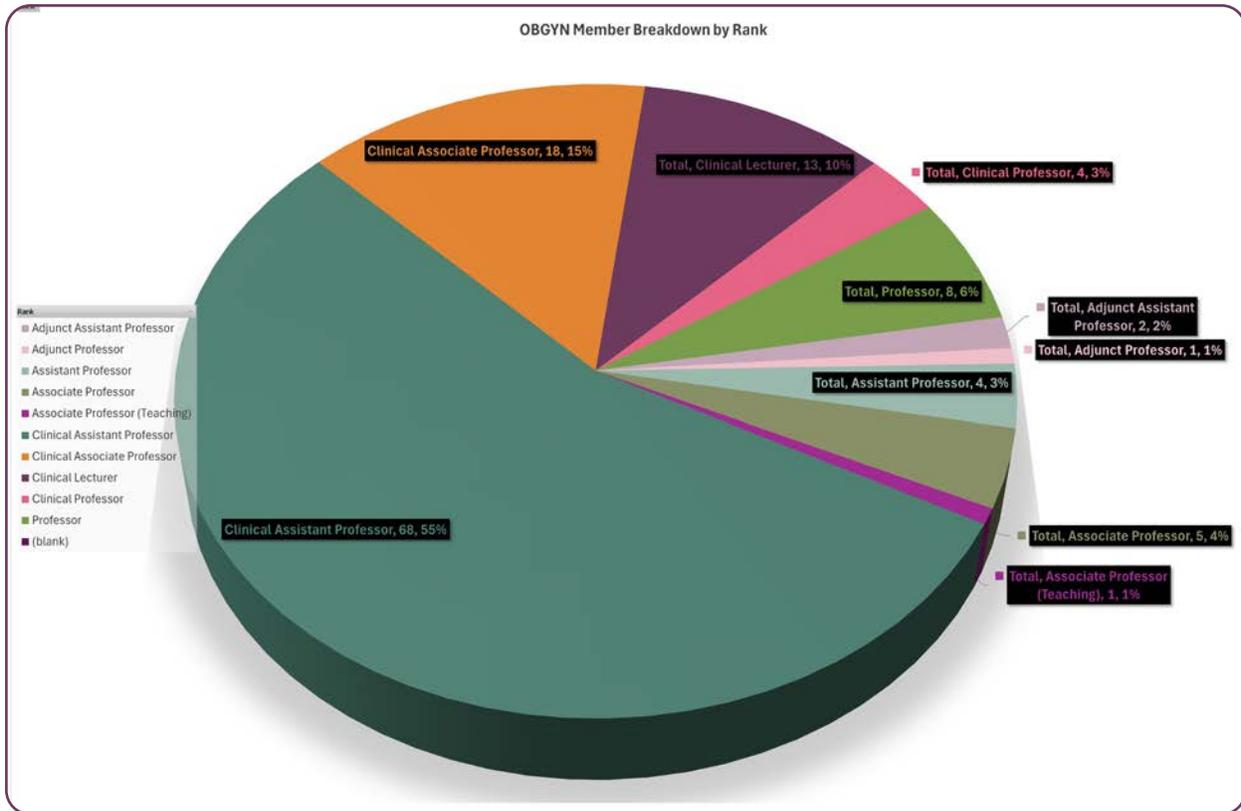
	FMC	PLC	RGH	SHC	Total
Cases with Gynecologic Procedure	5,571	3,081	2,841	1,641	13,134
Cases with D&C with Endometrial Ablation	15	16	34	15	80
Cases with Tubal Ligation Sterilization	46	63	31	21	161

Inpatient, Emergency Dept, and Day Surgery Cases Cases with Gynecologic Intervention Calendar Year 2025

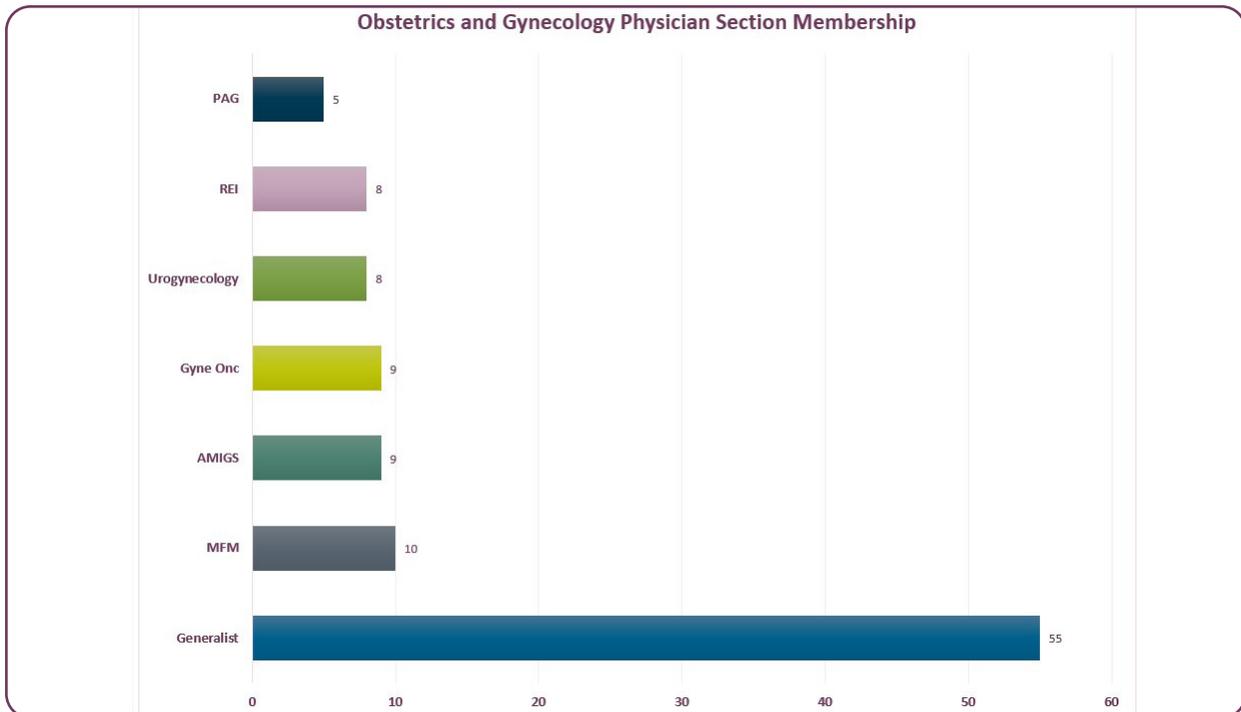
Female Genital Organ	FMC	PLC	RGH	SHC	Total
Therapeutic Interventions on the Cervix	78	55	42	15	190
Therapeutic Interventions on the Fallopian Tube	886	704	615	371	2,576
Therapeutic Interventions on the Ovary	270	216	156	143	785
Therapeutic Interventions on the Ovary with Fallopian Tube	1,019	209	269	157	1,654
Therapeutic Interventions on the Perineum	36	9	12	16	73
Therapeutic Interventions on the Uterus and Surrounding Structures	2,355	1,658	1,557	760	6,330
Therapeutic Interventions on the Vagina	802	88	91	99	1,080
Therapeutic Interventions on the Vulva	125	142	99	80	446

Prepared by Deanne Thibault, Health Information Analyst, Health Shared Services

Department Statistics



Prepared by Issac Lutzko CME Data Analyst – University of Calgary



Prepared by Selphee Tang, Analyst, Maternal & Child Health Data & Analytics Health Shared Services
 Kimberly Iverson and Katiane Ummels – Department of Obstetrics and Gynecology Administration



Site Updates

Foothills Medical Centre

Introduction

2025 has seen the Foothills Medical Centre to continue to evolve and grow to meet the demands of Canada's most rapidly growing corridor. Movement into the area has pushed demand for both Obstetrical and Gynecologic care to new levels. We have continued to see increasing delivery volumes year over year and are moving to face the challenges that come with this. The demands are high and the team of Obstetrician/Gynecologists at Foothills Medical Centre (FMC) has continued to elevate the care of patients and our community.

Current Staff

Dr. Colin Birch, Dr. Michael Sectar, Dr. Jennifer Soucie, Dr. Stephanie Cooper, Dr. Simrit Brar, Dr. Kimber Thornton, Dr. Brian Hauck, Dr. Kristin Ambacher, Dr. Aisling Mahalingham, Dr. Michelle Suri, Dr. Rachel Wang, Dr. Jennifer Galdon, Dr. Sue Baranowski, Dr. Laura Coughlan, Dr. Sarah Kent, Dr. Nancy Soliman and Dr. Shannon Dwinnell.

Dr. Michael Sectar is the current site lead.

Accomplishments and Highlights

SSB Suite

The largest area of growth at FMC has been in the development of an outpatient surgical suite for ambulatory gynecologic patients. Due to the overwhelming demand for gynecologic procedures, we have been able to secure the redevelopment of the former Tom Baker operating room (OR) to create a Special Services Building (SSB) outpatient OR for Women's health. Thanks to the hard work of Dr. Mahalingham, our former site lead, the project was launched in November of 2025. What was originally envisioned as a minor procedure room evolved into more robust hysteroscopic cases. This led to further anesthetic support and this suite now supports most laparoscopic procedures including hysterectomy.

Placenta Accreta Spectrum Service

The Placenta Accreta Spectrum Service (PASS), formerly AIP team, has continued to serve a high complexity patient population. The group comprises four surgeons, Maternal Fetal Medicine (MFM) imaging, nursing and anaesthesia has seen a record number of consultations and procedures in surgically complex obstetrical patients. In 2025, PASS had over 50 consults. 14 cases required caesarean hysterectomy. The rate of focal disease requiring hysterectomy has dropped to 19%. The team has worked diligently to improve diagnostics and push cases beyond 37 weeks as often as possible. We have also worked hard to optimize the surgical approach for patients who may not require hysterectomy.

Further, 2025 had nine emergency overnight activations of the PASS team. 2026 has seen five unplanned in January alone. In response, a Regional On Call Application System (ROCA)

accessed call schedule has been established and serves as a point of contact for the FMC Obstetrics and Gynecology on-call team. The growing volume has been met with hard work and dedication from the service, but further strategy is required to optimize the on-call workload for this team. We have also evolved to have generalist members operate on focal cases with in-house PASS backup, a strategy that has shown efficiency and safety. We hold quarterly rounds for quality assurance, imaging review and attended an international PASS conference as a team in Toronto this fall. Finally, we are expanding to include other complex obstetrical surgery – suprapannicular caesarean, caesarean myomectomy and caesarean hysterectomy for select pathology.

Early Pregnancy Assessment Unit

The longstanding Early Pregnancy Assessment (EPA) continues to be directed by Dr. Sue Baranowski. We have reached record levels of consultations and procedures performed. Patient access for early pregnancy complications has continued to grow.

A Farewell to the North Tower

The former nursing residence had been the home of Women's health for several decades. 2025 saw the move of several programs out of this building and into a newly renovated Special Services Building space. Colposcopy, high-risk obstetrics and gynecology and pelvic floor have all moved into the ground floor space. The move into this space has been successful and renovations to suit the unique needs of our population are in the works. Similarly, the Diabetes in Pregnancy (DIP) program is slated to join us in this space in the coming months.

Dr. Jennifer Soucie has been the physician lead for the ambulatory clinic during this time. She also concurrently runs the Department Education and Research Fund (DEAR Fund), clinical research projects and epidemiologic education. Further, Dr. Soucie volunteers her time for a two-week surgical mission to Guatemala annually. She has recruited surgeons, anaesthesiologists, nurses from both Foothills and other Canadian hospitals to ensure that care can be accessed by huge numbers of patients. This requires meticulous planning, fundraising and is a Foothills success we are proud of.

Research

The Single Dose Antenatal Corticosteroid (SNACS) trial, led by Dr. Nancy Soliman and Dr. Jennifer Soucie has continued to grow and recruit patients. The goal of the study has been to demonstrate non-inferiority of single dose of antenatal corticosteroids. This has the potential to reduce neonatal neurocognitive effects. This multi-centre study is ongoing and actively recruiting.

Dr. Leslie Skeith is about to launch the PARTUM trial – a follow up to a very successful pilot. This international study is looking to recruit 9,000 patients in 11 countries. The trial design is to compare ASA to LMWH usual care regimens in post-partum patients. FMC is going to be the first obstetrical site in Alberta, and we are actively working with Dr. Skeith recruit patients for this important study.

Education

Dr. Rachel Wang has continued in her role as Undergraduate Medical Education (UME) clerkship director for Obstetrics and Gynecology at FMC. Her hard work has continued to ensure an excellent and diverse clerkship experience. Dr. Wang was also the recipient of the 2025 prestigious Golden Speculum award for resident education.

Dr. Michael Sector was the FMC delegate to the residency program committee for much of 2025. Unfortunately, he had to relinquish the role when he transitioned to site lead. Dr. Jennifer Galdon who has recently joined us from Edmonton has taken over in this role since the start of 2026. Furthermore, Dr. Kristin Ambacher continues to be the lead resident clinic supervisor. She has done this now for two academic years. In addition to this she has also taken on a role of research supervisor for Dr. Poskovic, a recent lead resident.

Dr. Kimber Thornton continues her excellence in educational contributions. She is a core teacher for UME clerkship in Obstetrics and Gynecology. Dr. Thornton is also the resident wellness representative on the Residency Program Committee (RPC). She also continues to devote much of her clinical time to the Calgary Urban Project Society (CUPS) clinic and the PLC Women's clinic.

Dr. Michelle Suri continues to work diligently in simulation. She oversees simulation training for residents at our site. Dr. Suri also frequently works in a continuing education capacity with nursing to enhance skills and unit collaboration.

Quality and Informatics

Dr. Philippa Brain continues to lead FMC in health care quality. She is the current Medical Lead for Women's Health for Acute Care Alberta. Dr. Brain is also the Obstetrical Quality Indicator Lead for Canada. This quality committee represents obstetrical care both nationally and provincially. She runs the Alberta Obstetrical Survey System (AOSS) and is the Chair of FMC Obstetrics and Gynecology aggregate working group for the Calgary zone, developing multi-disciplinary working groups to review and form recommendations for specific clinical cases.

Dr. Brain's active projects include reducing type and screen for elective caesarean section, reducing wait times for Pediatric and Adolescent Gynecology (PAG) consultation, and Entonox sedation for Intrauterine Device (IUD) insertions. She is also the current Chair for the Provincial Surveillance and Research Program for Moderate-Severe Hypoxic Ischemic Encephalopathy

(Calgary Health Trust). Dr. Brain is also working on specialist link clinical pathways for Abnormal Uterine Bleeding (AUB) in the adolescent and ovarian cysts in the adolescent. She has most recently given a provincial webinar for the Provincial PPH project in November of 2025.

Dr. Laura Coughlan has joined Dr. Brain as a quality co-lead. She also sits on the Aggregate Working group – the formal subcommittee of the Calgary Zone WHQAC. Dr. Coughlan is also an active surgeon on the PASS and works outside FMC at the PLC Women’s Health clinic.

Dr. Simrit Brar is the medical informatics lead for Women’s Health in Calgary and has been instrumental in overseeing the provincial launch of connect care in the ambulatory and acute care settings. She has been profoundly valuable in much of the builds and functional tools of this software as we continue to transition into a completely integrated patient health record. This colossal undertaking no doubt improved the quality of patient care for the province. Dr. Brar is also the Provincial Obstetrics Program Lead for Rural Surgical and Obstetrical Networks of Alberta (RSONA). Dr. Brar has also been actively involved in resident research recently publishing on outcomes in pregnancies of advancing maternal age and impacts of birth tourism in Canada.

Workforce

This academic year has seen the addition of two generalist Ob/Gyn. Dr. Jennifer Galdon has been in practice for over ten years. She has joined us from Edmonton where she was most recently in practice at the Grey Nuns hospital. In 2023, Dr. Galdon was named teacher of the year at her hospital. She has moved her family to Calgary and has had a successful and seamless transition to FMC. Dr. Galdon is currently in practice at Avivo Health Alliance.

We are also thrilled to welcome Dr. Sarah Kent to our group. Dr. Kent is a recent graduate of the Calgary Obstetrics and Gynecology residency program. She will be joining the team at Avivo Health Alliance. She is an exceptional addition to our team and will be the interim director of Continuing Medical Education for the department of Obstetrics and Gynecology.

After nearly 40 years of service each, Dr. Brian Hauck and Dr. Philippa Brain have stopped doing on-call obstetrics. Dr. Hauck continues to be involved in colposcopy, gynecology and caesarean deliveries. He maintains a busy outpatient practice. Dr. Brain has transitioned into a PAG and gender-diverse specialty practice. Both Dr. Brain and Dr. Hauck are pillars of Obstetrics at FMC. They both served as long time site leads and have contributed so much to the group and the city over their many years of Obstetrical care. We continue to look to their wisdom and experience for guidance.

We also announce the retirement of Dr. Stephen Wood. Dr. Wood formed so much of the culture of Foothills over the last 30-plus years. This hospital and community owes Dr. Wood much gratitude for his contributions to Women’s health in Calgary. He has been a champion of evidence-based obstetrical care for his entire career. He is also a profoundly skilled surgeon and

has ensured that the most minimally invasive techniques of vaginal hysterectomy were not lost in an ocean of minimally invasive surgery (MIS) focused graduates. He is responsible for training an entire generation of Calgary Ob/Gyn residents in epidemiology – at a level unmatched by any training program in the country. Dr. Wood has been one of the most productive obstetrical researchers in Canada over his career. He is actively working on important HIE outcomes as well as the P3 (prematurity) trial. Dr. Wood has published countless high-impact papers that have changed practice in Obstetrics and Gynecology. We congratulate Dr. Wood for his incredible career and contributions to the Foothills Medical Centre.

FMC is trying to recruit general obstetricians and gynecologists. We are looking to grow in high-risk surgical care, PAG, MIS and Maternal Fetal Medicine (MFM). Currently there are active postings for a 0.5 FTE and 1.0 FTE generalist. We also have a current posting for a 0.5 FTE OB only posting.

Challenges and Future Growth

As the acuity at FMC continues to build we have been faced with numerous capacity challenges. Most pressing is our antepartum patient capacity. We are constantly spilling over into other units as we only have 36 beds for both antepartum and post-partum. Our MFM space continues to also be an active issue with frequent infrastructure concerns.

Dr. Stephanie Cooper has been recently appointed as the Maternal Fetal Medicine Division head. Together with site leadership Dr. Cooper intends to grow the MFM presence on antepartum to continue to improve the care of our most high-risk obstetrical patients. We are currently working with operations to find more optimal spaces for urgent inpatient imaging, more antepartum beds and a day unit for MFM patients. We are also looking for ways to improve care of complex medical patients who require multi-disciplinary care and similarly, off service pregnant patients.

Dr. Cooper is excited about her new role. She continues to develop patient education tools for preeclampsia and other maternal disorders of pregnancy. She works frequently in both CME and simulation and runs the only dedicated preconception clinic at FMC.

We continue to be limited by OR resources. It is our hope that the additional uplift time in the



Dr. Michael Sector
Foothills Medical Centre OB/GYN Site Lead

SSB outpatient OR becomes a permanent reality. This will hopefully allow us to expand our personnel and hire a larger cohort to support both obstetrics and gynecology.

Foothills Medical Centre is slated to have additional support from the Physician Associate (PA) program this year. We are anticipating a full-time PA within the next six months. We may also be getting some additional support from the Nurse Practitioner Program.

Peter Lougheed Centre

Accomplishments and Highlights

Delivery Volume

The Peter Lougheed Centre (PLC) hit a record number of deliveries this year, delivering 6133 babies over the past 12 months! It is currently the busiest site for deliveries in Calgary, and amongst the top two in Alberta. Our site has worked hard with management to recruit skilled nurses and Obstetricians (OBs) to care for the steady growth in patient population. We have also implemented many creative ways to support our workforce (see below) during this period of growth.

New Labour and Delivery Unit Leadership

A new Patient Care Manager (Stephen Caron) and Labour and Delivery (L&D) Unit Manager (Megan McQuiston) joined the PLC L&D team this past year. Their leadership has been instrumental in positively shaping the culture of the unit, as well as creating momentum and plans for many of our projects below.

Nurse Practitioners

Additional Nurse Practitioners (NPs) have also joined our team. The PLC now has two NPs to help the Obstetrics and Gynecology and FM-Obstetrics and Gynecology patients on postpartum, as well as a dedicated triage NP. These positions were recruited to help ensure timely assessments in triage, and efficient discharge process on postpartum. They have been a great addition to our team.

Two Obstetric and Gynecology Anesthetists On-Call

Due to our increase in patient volume, there are now two Obstetrics and Gynecology anesthetists on L&D every weekday from 8 a.m. to 4 p.m. They divide the work for the epidurals for labouring patients, anesthesia consults, and elective Caesarean Section (C-Section) spinals. This change in workforce will be instrumental to help with our growing patient population and planned elective C-section slate (below).

Lactation Consultant on Postpartum

Many years ago, we lost funding for a Lactation Consultant (LC) for our postpartum patients. This has put more work on our hard-working postpartum nurses. Our unit has obtained funding for a LC and we will be interviewing shortly for this position.

Success of our staggered call trial and elective C-section slate: see below under Quality Assurance/Quality Improvement and Innovations.

Recruitments

1. We were fortunate to recruit Dr. Lacey Brennan who joined our group in July 2025. She completed a 2-year MIGS fellowship in Ontario and has integrated well at the PLC. She is working as an Obstetrician and has been an excellent resource for our group for complex gynecology. She will be covering for Dr. Kale as the PLC RPC lead during her parental leave. Dr. Brennan also has an MBA and a Masters in Bioethics, and with these skillsets, we are looking forward to her contributions in future leadership opportunities.
2. Dr. Lauren Andrew was one of our residents and 2-year MIGS fellows in Calgary. We were lucky to recruit her to our site, and she officially started in September 2025. Dr. Andrew is working as an Obstetrician and provides complex gynecology care as part of our PLC MIGS team. She has a master's in public health (Clinical Effectiveness) and is continuing her research pursuits as part of her additional contributions.

Community and Committee Contributions

The PLC group provides Obstetrics and Gynecology specialist care to our NE quadrant, and to surrounding communities of our encatchment area. In addition to our in-hospital care, members of our group also provide consulting and surgical services at the Refugee Clinic, Chronic Pain Clinic, PLC Women's Health Clinic, Kensington Clinic and the Alex Clinic. Many of our members also contribute to National Committees (CanSAGE, SOGC) in addition to their clinical and community work.

Challenges

One of our ongoing challenges is the continued increase in patient volumes – both for obstetrics and gynecology. Wait times for Obstetrics and Gynecology consults and surgeries are lengthening. The PLC Emergency Room (ER) renovation will be finished shortly, and our ER will be expected to accommodate more patients. This will inevitably increase our emergency gynecology consults volume, which will increase the number of emergency gynecology OR cases as well. We have started some pilot projects to help with both patient volumes and the intention of maintaining a healthy workforce.

Workforce Planning

We are excited to announce the recruitment of Dr. Shannon Fitzpatrick to our site. She will join us in July 2026. Dr. Fitzpatrick is completing a 1-year MIGS fellowship in Saskatchewan and is also completing additional training in menopause care. We are looking forward to her bringing expertise from her fellowship back to the PLC.

Education

Our site provides excellent medical education for all levels of learners. We contribute to the following onsite at the PLC:

- UME pre-clerkship (shadowing, career explorations, electives)
- UME Obstetrics and Gynecology clerkship
- PGME FM R3 (Child and Maternal Health R3 training)
- PGME EM residency (PGY 1 or PGY 3 Obstetrics and Gynecology rotation)
- PGME FM residency (Obstetrics and Gynecology electives)
- PGME Obstetrics and Gynecology residency (Mandatory rotations for PGY 1 Jr Gynecology, PGY 2 OB, PGY 3 Jr Gynecology, PGY 4 Sr Gynecology, PGY 4 MIS, PGY 4/5 Lead Resident)
- PGME Obstetrics and Gynecology Women's Health Clinic electives (done with WHC staff)
- PGME Obstetrics and Gynecology residency PLC site-based elective rotations
- Midwifery training (through MRU)
- PGME MIGS Fellowship training and Program Director (Dr. Ari Sanders)

Members at our site also contribute to the following medical education opportunities off-site:

- PGME EM residency academic half-day teaching
- PGME Obstetrics and Gynecology residency academic half-day teaching
- UME pre-clerkship teaching

Our members are nominated for teaching awards every year at the UME and PGME levels.

Research

Grants

- CanSAGE Research Grant and DEAR Funding
Dr. Ari Sanders and Dr. Monique Marguerie
Baclofen for post-operative pain control in patients with chronic pelvic pain: An RCT.

Publications

Dr. Mruganka Kale

1. Women's Health Symposium March 2025: Poster presentation/booth on Healthy Vulvar Anatomy (with resident Claire Connors)
2. UBC Vulvovaginal Health Update April 2025: Presentation on Low-Risk HPV Vulvar Lesions

Dr. Ari Sanders Publications

1. Chen, I., Kives, S., Randle, E. Rattray, D, Sanders, A., Vilos, G. Guideline No 461: The management of uterine fibroids. JOGC 2025;47(8):102970
2. Brennan, L., Bujold, E., Maheuz-Lacroix, S., Sanders, A., Bedaiwy, M., Murji, A. Clinical consensus No 473: Diagnosis and management of caesarean scar niche. JOGC 2025;47(11)103143
3. Gingold, J., Hackett, L., Kho, K., Kho, R., Sanders, A., Solnik, M., Xu, X. Author's reply to: Regarding: evidence based practice for minimization of blood loss during laparoscopic myomectomy: Aa AAGL: practice guideline, Journal of Minimally Invasive Gynecology 2025;32(2):113-32

Dr. Ari Sanders Submitted Research

1. Use of tranexamic acid in laparoscopic myomectomy: update on the AAGL practice guideline on minimization of blood loss during laparoscopic myomectomy. Work submitted to: Journal of Minimally invasive Gynecology, 2025.
2. Opioid use patterns after hysterectomy for benign gynecologic disease. Work submitted to: Journal of Gynecologic Surgery, 2025

Dr. Ari Sanders (and Dr. Lauren Andrew) Presentations

1. Marguerie, M., Andrew, L., Sanders, A. Single-port perforated IUD removal with transabdominal hysteroscope. CanSAGE Annual Clinical Meeting, Sept 2025
2. Marguerie, M., Andrew, L., Sanders, A. A Single-port perforated IUD removal with transabdominal hysteroscope. AAGL Global Congress, Nov 2025
3. Thompson, M., Penny, H., Hall, J., Sanders, A. Enhanced myometrial vascularity: Perioperative planning and use of hysteroscopy in management. CanSAGE Annual Clinical Meeting, Sept 2025

Dr. Ari Sanders Faculty research being done/recruiting

1. Baclofen for post-operative pain control in patients with chronic pelvic pain: An RCT.

Quality Assurance/Quality Improvement and Innovations

Success of Our Staggered Call Trial

In March 2025, the PLC trialed a staggered call system that allowed for two OBs to be on call during the unit's busiest time on the weekdays. This call model also reduced the duration of the call shifts during the day, which was a very welcome change for our group. The 'AM OB' would start at 7 a.m. and round on one of the postpartum units, and then start their shift at 8 a.m. The 'afternoon OB' would start at 2 p.m. (12 p.m. if there was no resident) and help in triage, and then took over as the main OB at 4 p.m. If the unit volume was reasonable, the AM OB would be able to leave at 4 p.m. The 'NIGHT OB' would start their shift at 8 p.m. and work until 8 a.m. (and be responsible to round on the other postpartum unit). Having three OBs over 24 hours (instead of two OBs) has helped divide the workload and has built extra support to enhance patient safety and care. Feedback for this change to our call system has been overwhelmingly positive from our nursing OB, and anesthesia colleagues-anecdotally, our team feels more supported and less overwhelmed. We will continue this until our elective C-section slate trial begins in 2026. As we recruit more to our workforce, we are hoping to continue this model for the weekends as well.

Elective C-section Slate

Our C-section volume is increasing along with the expansion of our patient population. Many days we have four elective C-sections booked Monday to Sunday. These elective C-sections are being done by the OB on-call, in addition to them managing all the intrapartum, antepartum, triage and postpartum patients. Even with the two anesthetists on the unit and another OB on during the day, our elective C-sections are often delayed for many hours. We do not have the OR time to run a separate elective C-section slate off the unit, and so for the past six months, we have been working with our PLC administration team on an elective C-section slate with its own surgical team (OR nurses, OB, anesthesia) that will function independently to the on-call/intrapartum OB/anesthesia team. The PLC admin has committed to prioritizing this project and has helped fund additional nurses (including OR training), housekeeping and conversion of a labour room to an 'emergency third OR'. This third OR space cannot be used as an actual OR but can be used for an obstetrical emergency that may need a C-section delivery if the two main ORs are occupied. Our team, along with the help of the Clinical Quality Improvement (CQI) team have participated in a Kaizen and simulations to identify potential safety, patient flow and workflow concerns in advance. Our team has been working hard since these simulations create the workflow to ensure a successful launch, which will be at the end of February 2026. We will be collecting data points (wait time, use of a third OR, complications, Etc.) as part of a QI project on the unit as well.

Elective Cerclage Bookings on Labour and Delivery

Prophylactic cerclage bookings were historically done in the main OR and added to our Gynecology OR slates. However, due to the timely nature of these bookings, it can be difficult to find last minute OR time. For this reason, we have introduced some elective cerclage bookings on our L&D unit to help. As our C-sections slate on L&D gets up and running, these elective cerclages are likely to be added to that separate C-sections slate.

Future Directions and Initiatives

- The PLC has a new Minor OR suite, where the Women's Health Clinic has moved to this past year. The space is also being used by our Plastic Surgery colleagues at this time. There is a long-term plan for Gynecology (and other surgical specialties at the PLC) to share this space for appropriate cases (i.e. hysteroscopies, IUD with sedation). We are excited for Gynecology at PLC to move some of our small procedures into this space in 2026.
- We are excited about all the new projects we are trialling. We will be refining these in 2026 and look forward to providing our next update!



Dr. Jadine Paw
Peter Lougheed Centre OB/GYN Site Lead

Rockyview General Hospital

Accomplishments and Highlights

Dr. Wynne Leung is Acting Rockyview General Hospital (RGH) Surgery Site Chief and Deputy Department Head for Gynecology.

Dr. Caroline LeJour received her Pregnancy, Obesity Medicine and Surgery Fellowship from the University of Toronto. Their project from the Polycystic Ovarian Syndrome Clinical and Patient Pathway Team won the University of Alberta's Award for Cooperation, Collaboration and Teamwork Award in research.

This is the third year for Dr. Gail Lam as Program Director, Obstetrics and Gynecology Residency Program. As part of that portfolio, this will be her first year as organizer of Clara Christie Day. She also participated in a project regarding distributive Obstetrics and Gynecology training in Alberta, presenting in February 2026.

Dr. Mattatall holds two positions at the medical school – Pre-Clerkship Educator and Director of Sex and Gender as a part of the Health Equity team. She is a member on the CMA Media Network and the AHS transgender Committee and advisor to ScienceUpFirst.

Dr. Mannerfeldt continues in the role of Director of the Office of Resident Affairs and Physician Wellness.

Dr. Harris-Thompson handed over the Clerkship Director role after six years of leadership.

Two surgeons in our group had babies this year – Dr. Jago and Dr. Kaderali welcomed babies in the fall.

Dr. Kaderali was the CME lead for our Department, organizing and hosting weekly Grand Rounds education until her leave. Upon her return, she will assume responsibility for the Lead Resident Clinic at RGH.

Dr. Jago was awarded the Golden Speculum Award by the Obstetrics and Gynecology residency program for Subspecialist. She also was awarded a PGME Award for Excellence in Teaching. This while co-chairing the CanSAGE Pelvic Pain Network.

Dr. Jago has been quite productive with the following publications/projects:

1. Guidelines for postoperative care in C-section delivery: Enhanced Recovery After Surgery Society recommendations — 2025 update. Sultan, Pervez *et al.* American Journal of Obstetrics & Gynecology, Volume 233, Issue 6, S184 - S198
2. "Endometriosis Healthcare for Individuals with Intellectual Disabilities: A Systematic Literature Review" to Canadian Journal of Disability Studies (in submission)
3. On-going project in the stepwise implementation of ERAS-Cesarean Delivery following a needs assessment, in the second phase

Challenges

At Rockyview, we've experienced a 20 percent increase in volume of triage visits and deliveries in the past five years. Some of the volume increase is attributable to population change, but there is additional work being done in consultation for the In-House Midwifery program. Many senior nurses recently left the unit for other work and operations have been working hard to replace them.

In triage, there are bed shortages, and the team is looking for space and nursing coverage for iron infusions and outpatient NSTs. There is frequently a lack of nursing for labour and delivery beds, leading to slow downs with induction of labour, time to epidural, and private rooms on Labour and Delivery with one-on-one nursing.

There is a lack of funded postpartum beds and therefore delays in our elective C-sections while waiting for discharges postpartum.

For Gynecology, the site faces a lack of OR time, OR space and nursing. There is hope that a Calgary Health Foundation application for Women's Health Procedure rooms on our third floor will help advance care for the 400+ women waiting for minor procedures in gynecology at RGH. Gynecology has the second longest OR waitlist of the surgical specialties at RGH and the longest Gynecology waitlist in the city. In the past few years, much work was done to facilitate same-day discharges for hysterectomy patients. This has reduced hospital time for patients significantly and become routine practice. Urgent 72-hour direct admissions have allowed patients to wait at home while on the list for urgent surgery.

Workforce Planning

We are pleased to announce that Dr. Rebecca Carrigan was recruited in 2025 to a 1.0 FTE as a generalist in obstetrics and gynecology at RGH. She is expected to begin in January 2027. Dr. Gabrielle Wagner has accepted a 1.0 FTE locum at RGH, commencing with casual work in July and full-time in September, 2026.

Dr. Lo has accepted a position in the Urogynecology Division. While we would love to have her stay at RGH, we acknowledge her many talents and we wish her well in her new role at FMC.

It is anticipated that we'll have five surgeons retire in the coming five years and will need to hire additional Ob/Gyn. The corridor is experiencing unprecedented wait times for gynecologic care, so generalists in obstetrics and gynecology will be sought and models of care may evolve with this need. A Physician Assistant (PA), Lauren Heath, joined us in September 2025 and has helped with the flow of triage and gynecology. This role is expected to expand to antepartum and postpartum.

Appointments

RGH Ob/Gyn are Clinical Assistant Professors at the University of Calgary.

Retirements/Resignations

Dr. Dhea Wallace Chau resigned from medical practice in November 2025. She will be deeply missed day to day at RGH, particularly in her work with the Residency Program as Deputy Lead.

Education

The following RGH physicians played a vital part in cultivating our education for fellows and residents in 2025.

- Dr. Genge teaches the clinical clerks one day each month, at the outset of their Obstetrics and Gynecology rotation, bringing their skills and knowledge up to speed so that they are ready to succeed on the unit. He received the Golden Speculum Award for resident teaching at RGH in 2025.
- Dr. Henning continues in his role as clerkship lead at RGH.
- Dr. Lee coordinates assessment of resident learning at RGH.
- Dr. Mannerfeldt works with the medical students and clerks for the Global Health elective in Mwanza, Tanzania.
- Dr. LeJour presented at the resident academic half day on Obesity and Pregnancy.
- Dr. Kristensen received the Gold Star teaching award from the graduating 2025 clerkship class.
- Dr. Grossi has been a mentor for a rural family medicine physician looking to advance their skills.
- Dr. Jago initiated and helped organize simulation sessions for the Ob/Gyn residents. She taught during the CanSAGE MIGS fellow academic half day. She was also the invited faculty for the CanSAGE pre-conference course (HystSurg).
- Dr. Grossi has served as clinical mentor for a rural family medicine physician looking to improve skills in caesarean sections at second stage arrest.
- Dr. Kristensen was the preceptor for the Lead Resident Clinic from 2024 Jan–2025 October and led Resident Simulation Half Day in Obstetrics from Fall 2024–Fall 2025, receiving a Gold Star teaching award for clerkship instruction.

Research

Publications/Abstracts/Submissions/Presentations

Dr. Leung presented for Bayer at the Alberta Colposcopy meeting.

Dr. Mattatal is an invited speaker for Calgary Board of Education and Shell, locally and Gynecologic Oncologists of Canada and Society of Obstetricians and Gynecologists of Canada.

Faculty Research Being Done/Recruiting

Dr. Leung is working on using AI in scheduling (med student), and how to help patients navigate the health care system (med student).

Dr. Le Jour has applications pending for CIHR Grants focusing on weight stigma, bias and prenatal care in collaboration with Dr. Taniya Nagpal at the University of Alberta.

Quality Assurance/Quality Improvement and Innovation

Dr. Leung and Dr. Kristensen have attended Vanderbilt Leadership courses and AHS leadership development courses. Their work in leadership roles contributes to Quality Assurance, Improvement and Innovation at a hospital site level.



RGH MSA Awards 2025-Drs Le Jour, Kristensen and Leung

Dr. Leung received the 2024 Change Champion Award from the RGH MSA for her work leading to same day discharges for hysterectomy patients.

The 2024 Innovator Award from the RGH MSA went to Dr. Caroline LeJour for her initiatives advancing obstetric care — iron infusions, suprapannicular caesarean section for pregnant patients with obesity and myomectomy at caesarean section.

Dr. Lam and Dr. Genge produced Terms of Reference with Lauren Heath for her new role as Physician Assistant and Dr. Genge has overseen production of an educational framework to assist Lauren's expansion of this role.

Future Directions and Initiatives

- Dr. Gail Lam is writing a submission regarding Psychological Safety in Resident Program Committee meetings.
- Dr. Jocelyn Donnelly is spearheading an initiative to monitor hypertensive patients at home, with a goal to reduce hospital postpartum stays and admissions from triage in conjunction with our new Physician Assistant.
- The inaugural graduation ceremony for residents and fellows in Obstetrics and Gynecology in Calgary will be held in June, with faculty awards, and Dr. Caroline Le Jour is the lead organizer for this special event.



Dr. Ingrid Kristensen
Rockyview General Hospital OB/GYN Site Lead

South Health Campus

Accomplishments and Highlights

Procedure Room Renovation and Reopening

The South Health Campus (SHC) procedure room underwent a full renovation and successfully reopened, improving space and safety for cases and enhancing care delivery for minor procedures.

Anticipated Expansion

We are preparing for the opening of an additional Operating Room (OR) Suite at SHC in 2026 (affectionately known as the tenth OR), which will significantly increase surgical capacity and reduce wait times.

Government Funding Announcement

The provincial government has signaled expansion will be coming for South Health Campus, possibly resulting in construction of a Women's Health Pavillion. This initiative would expand obstetric and neonatal bed capacity, support regional growth and improve access to specialized care.

Leadership and Clinical Initiatives

Dr. Kathy Kenny was appointed Deputy for Obstetrics and has successfully negotiated agreements for:

1. Standardized documentation addressing ED assessment and disposition of obstetrical patients.
2. Prioritization of obstetrical patients for Monoferric administration in Day Medicine (pilot underway).



Surgical Services Leadership

Dr. Chandrew Rajakumar has been selected as the new Head of Surgical Services at SHC, bringing strong leadership and vision for surgical program development. South Health Campus hosted an international breech birth conference featuring expert speakers from Australia, Ontario, and Alberta, as well as participants from across Canada. The two-day event focused on evidence-based breech birth care, with practical workshops emphasizing upright positioning and associated maneuvers. Held immediately after the Canadian Association of Midwives conference, this initiative strengthened national collaboration and enhanced clinical capacity among providers based out of South Health Campus and beyond, supporting patients who choose vaginal breech birth.

Challenges

OR Capacity and Outpatient Wait Times

Despite high utilization (>100%), wait times for outpatient consultation followed by surgical wait times remain a challenge. Expansion plans for 2026 will help, but interim strategies are needed to optimize scheduling and resource allocation.

Outpatient Access

Continued strain on outpatient consultation wait times require innovative solutions and collaboration across zones to improve patient access and equity.

Workforce Planning

Recruitment and Staffing Updates

Dr. Aysah Amath returned from maternity leave and resumed her practice, ensuring excellence in continuity of care and acute care, substantially increasing her allocation for obstetrical capacity within her practice. Welcome back, Aysah.

Dr. Liz Russell was hired and is currently on maternity leave; her return in 2026 will augment our strong contingent of generalist Ob/Gyns, though she has a passion for gynecological care as well, strengthening our team's capacity.

Dr. Simone Simpson was also welcomed to our team as an Associate Physician (formerly known as Clinical Assistant). Simone plays a vital role in supporting gynecological service delivery through:

- Operating Room assistance during gynecological procedures
- Emergency Department consultations for obstetrical and gynecological patients
- Inpatient rounds, contributing to continuity of care and team efficiency

Looking ahead, we plan to expand Simone's scope of practice to include patient assessments in outpatient clinics, further enhancing access and improving patient flow across care settings.

Future workforce planning will focus on addressing anticipated growth in obstetric and surgical volumes, aligning with the eventual Women’s Health Pavilion development at South Health Campus (anticipated for 2032).

Appointments

Dr. Kathy Kenny – Deputy for Obstetrics, Calgary

Dr. Chandrew Rajakumar – Head of Surgical Services, SHC

Education

Ongoing support for interdisciplinary education initiatives (Dr. Kayla Nelson with Resident Education) Details covered in the Education section of the full report.

Quality Assurance/Quality Improvement and Innovation

Continued emphasis on improving patient flow and prioritization strategies for obstetrical patients in Day Medicine. Optimization and expansion of minor procedure room. Collaboration with ED and surgical teams to standardize patient assessments and enhance safety protocols.

Future Directions and Initiatives

Next Year

- Prepare for operational integration of the new OR.
- Support new technologies currently being reviewed for approval.
- Advanced Planning for Women’s Health Pavilion development.
- Support expansion of Early Pregnancy Assessment Clinic within Calgary and onsite availability of operative time to support patient care.
- Operationalize ED assessment of obstetrical patients.
- Initiate Monoferric prioritization protocols.
- Role out Deferred Cord Clamping/Cord Milking protocols.



Dr. Meriah Fahey
South Health Centre OB/GYN Site Lead

Beyond the Next Year

- Expand obstetric and neonatal services in alignment with pavilion completion.
- Develop innovative models for outpatient access and surgical scheduling optimization.



From the Sections and Fellowships

Gynecologic Oncology

Division Overview

The section of Gynecologic Oncology is composed of seven members who are active in clinical gynecologic oncology, research, education and service. Dr. Gregg Nelson is Section Head of Gynecologic Oncology and Medical Director of Colposcopy. Dr. Prafull Ghatage is Gynecology Tumour Group Lead and also serves as Deputy Section Head. Dr. Pamela Chu is Associate Dean, Office of Professionalism, Equity, and Diversity at the Cumming School of Medicine. Dr. Sarah Glaze is PGME Chair of Quality Improvement and Accreditation at the Cumming School of Medicine. Dr. Anna Cameron is Program Director for the Gynecologic Oncology fellowship program. Dr. Steven Bisch is the lead for Quality & Safety for the division. Dr. Kristin Black joined the division in January 2025 and has already established herself as a productive researcher.

Division Statistics	
Number of Staff	7
Number of Publications	30
Number of Grants (Total Current)	\$4,664,908
Number of Grants (New in 2025)	\$1,391,976
Number of Presentations	15
Number of Textbooks / Book Chapters	2

Clinical Highlights

Our team provides comprehensive gynecologic cancer care to patients across Southern Alberta. We are recognized as national leaders in the areas of radical abdominal debulking for ovarian cancer and HIPEC (Heated Intraperitoneal Chemotherapy). We have officially started our program in Sentinel Lymph Node mapping for endometrial and cervical cancers. We are working with donors to fund a robotic gynecologic oncology program.

Research Highlights

From a research standpoint, our division was very active over the last reporting period with 30 peer-reviewed manuscripts published, and \$4,664,908 in total grant funding held.

Training Program

Our Royal College approved fellowship program attracts high quality applicants from Canada and abroad. We currently have five fellows in our program: Dr. Rachel Grant, Dr. Musab Almatrafi, Dr. Saud Alsehaimi, Dr. Lina Altuwaigri, and Dr. Alaa Aldhaefi.

Research Grants

Dr. Gregg Nelson

Optimizing surgical outcomes by closing a know-do gap: Improving adoption of ERAS guidelines, Canadian Institutes of Health Research (CIHR) - Project Grant Spring 2025, \$546,976, Principal Applicant, (April 2025 – March 2029)

Implementing Enhanced Recovery After Surgery (ERAS) for Neonates Undergoing Major Surgery: A Prospective Multicentre Stepped-Wedge Cluster Hybrid Effectiveness-Implementation Study, \$845,000, Canadian Institutes of Health Research (CIHR) Project Grant: Fall 2024 and Spring 2025, Co-Applicant, (April 2025 – March 2028)

Embedding a Digital Approach to Prehabilitation into Surgical Culture, \$1,396,087, Alberta Innovates - Partnership for Research and Innovation in the Health System (PRIHS) Program, Co-Investigator, (April 2024 – March 2027)

Optimizing surgical care: trends in Enhanced Recovery After Surgery (ERAS) guideline uptake and barriers to better evidence-based care, Canadian Institutes of Health Research – Project Grant Spring 2022, \$260,100, Principal Applicant, Apr 1, 2022 - Mar 31, 2025

Laparoscopic cytoreduction After Neoadjuvant Chemotherapy (LANCE) Trial, \$153,906.69, Spring 2024 IIT Alberta Cancer Foundation Competition, Principal Investigator

A perioperative glycemic management pathway for reducing length of stay in Alberta surgical patients. Partnership for Research and Innovation in the Health System (PRIHS) Competition, Alberta Innovates, \$1,287,838 (Apr 1, 2021 - Mar 31, 2025), Co-Investigator

FORGE – Fe deficiency and Outcomes in the Recovery of Gynecologic oncology ERAS, Pharmacosmos (Denmark), \$175,000, Co-Principal Investigator, 2021-2025

Dr. Anna Cameron

A perioperative glycemic management pathway for reducing length of stay in Alberta surgical patients. Partnership for Research and Innovation in the Health System (PRIHS) Competition, Alberta Innovates, \$1,287,838 (Apr 1, 2021 - Mar 31, 2025), Co-Principal Investigator

Dr. Steven Bisch

FORGE – Fe deficiency and Outcomes in the Recovery of Gynecologic oncology ERAS, Pharmacosmos (Denmark), \$175,000, Co-Principal Investigator, 2021-2025

Publications

Peer Reviewed Manuscripts 2025 (30)

1. Caughey AB, Sultan P, Wilson RD, Nelson G. Antibiotic prophylaxis in obese patients undergoing caesarean delivery. *Am J Obstet Gynecol*. 2025 Sep 26:S0002-9378(25)00702-1.

2. Sultan P, Ferrea G, Nelson G. Neuraxial morphine key factor influencing optimal timing of urinary catheter removal after caesarean delivery. *Am J Obstet Gynecol*. 2025 Sep 17:S0002-9378(25)00687-8.
3. Wright RM, Nelson G. Applying principles of enhanced recovery after surgery. *Br J Surg*. 2025 Sep 2;112(9):znaf194.
4. Black KA, Nelson G. Outcomes and Metrics of Enhanced Recovery After Surgery (ERAS) in Gynecology. *Clin Obstet Gynecol*. 2025 Dec 1;68(4):532-537.
5. Ostby SA, Nelson G, Dowdy SC. Reimagining enhanced recovery after surgery (ERAS) - Towards innovative trial design and patient-centered outcomes. *Gynecol Oncol*. 2025 Oct;201:164-166.
6. Sultan P, Bollag L, Carvalho B, Nelson G. Raising the bar: the next chapter in enhanced recovery after caesarean delivery. *Int J Obstet Anesth*. 2025 Nov;64:104745.
7. Rusnell L, Nelson G. Future Directions in Enhanced Recovery After Surgery (ERAS) for Gynecologic Surgery. *Clin Obstet Gynecol*. 2025 Dec 1;68(4):538-543.
8. Sauro K, Thomas A, Bakunda L, Smith C, Ibadin S, Kuzma T, Nelson G. Validation of the Enhanced Recovery After Surgery (ERAS) database in Alberta, Canada and a comparative analysis with Swedish and Swiss data. *BMC Surg*. 2025 Aug 2;25(1):336.
9. Kefleyesus A, Bakrin N, Kepenekian V, Gerbaud-Coulas C, Li A, Vassal O, Eveno C, Sgarbura O, Nelson G, Bouchard-Fortier A, Mack L, Rivard J, Fagotti A, Kusamura S, Robella M, Piso P, Acs M, Arias F, Rau B, Lambert LA, Wadhwa A, Polanco P, Somashekhar SP, Teixeira-Farinha H, Alyami M, Glehen O, Hübner M. Enhanced recovery for cytoreductive surgery and hyperthermic intraperitoneal Chemotherapy: An international survey to assess acceptance and feasibility. *Eur J Surg Oncol*. 2025 Sep;51(9):110150.
10. Caughey AB, Sultan P, Monks DT, Sharawi N, Bamber J, Panelli DM, Sauro KM, Shah PS, Muraca GM, Metcalfe A, Wood SL, Jago CA, Daly S, Blake LEA, Macones GA, Wilson RD, Nelson G. Guidelines for intraoperative care in caesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 2)-2025 update. *Am J Obstet Gynecol*. 2025 Apr 28:S0002-9378(25)00121-8.
11. Sultan P, Monks DT, Sharawi N, Bamber J, Panelli DM, Sauro KM, Shah PS, Muraca GM, Metcalfe A, Wood SL, Jago CA, Daly S, Blake LEA, Macones GA, Caughey AB, Wilson RD, Nelson G. Guidelines for postoperative care in caesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 3)-2025 update. *Am J Obstet Gynecol*. 2025 Apr 28:S0002-9378(25)00071-7.

12. Wilson RD, Monks DT, Sharawi N, Bamber J, Panelli DM, Sauro KM, Shah PS, Muraca GM, Metcalfe A, Wood SL, Jago CA, Daly S, Blake LEA, Macones GA, Caughey AB, Sultan P, Nelson G. Guidelines for antenatal and preoperative care in caesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 1)-2025 update. *Am J Obstet Gynecol*. 2025 Apr 28:S0002-9378(25)00020-1.
13. Black KA, Thomas A, Sauro KM, Nelson G. Effect of Enhanced Recovery After Surgery compliance on postoperative venous thromboembolism. *BJS Open*. 2025 Mar 4;9(2):zraf018.
14. Wagoner CW, Thomas A, Dort JC, Nelson G, Sauro KM. Enhanced Recovery After Surgery Compliance and Outcomes for Head and Neck Reconstructive Surgery. *JAMA Otolaryngol Head Neck Surg*. 2025 Feb 27;151(4):371–8.
15. Elias KM, Brindle ME, Nelson G. Enhanced Recovery after Surgery - Evidence and Practice. *NEJM Evid*. 2025 Mar;4(3):EVIDra2400012.
16. Thomas J, Jago CA, Wilson RD, Nelson G. Enhanced Recovery Canada Clinical Pathway for Caesarean Delivery. *J Obstet Gynaecol Can*. 2025 Feb;47(2):102745.
17. Metcalfe A, Cairncross ZF, McMorris CA, Friedenreich CM, Nelson G, Bhatti P, Fell DB, Lisonkova S, Sikdar KC, Shack L, Ray JG. Cancer chemotherapy in pregnancy and adverse pediatric outcomes: a population-based cohort study. *J Natl Cancer Inst*. 2025 Mar 1;117(3):554-561.
18. Li Y, Hajjar R, Gramlich L, Nelson G, Ljungqvist O, Gillis C. Surgical Recovery Through the Lens of Patients with Colorectal Disease: A Qualitative Study in an Enhanced Recovery after Surgery Setting. *J Am Coll Surg*. 2025 Jan 1;240(1):11-23.
19. Stockley C, Bouchard-Fortier A, Mateshaytis J, Taqi K, Mack L, Nelson G, Chong M, Deban M. Implementation of a Multidisciplinary Enhanced Recovery After Surgery (ERAS) Program for Cytoreductive Surgery (CRS) With Hyperthermic Intraperitoneal Chemotherapy (HIPEC). *J Surg Oncol*. 2025 Mar;131(3):527-534.
20. Metcalfe A, Cairncross ZF, Ray JG, Shack L, Nelson G, Friedenreich CM, Sikdar K, Lisonkova S, McMorris CA, Bhatti P, Fell DB. Procedural abortion, provider-initiated preterm delivery and survival in pregnant people with cancer: A population-based cohort study. *BJOG*. 2025 Jan;132(1):81-88.
21. Bhandoria GP, Jayraj AS, Tiwari S, Migliorelli F, Nelson G, van Ramshorst GH, Kacperczyk-Bartnik J, Angeles MA, Nair N, El Hajj H, Bizzarri N. Use of social media for academic and professional purposes by gynecologic oncologists. *Int J Gynecol Cancer*. 2025 Jun;35(6):101845.

22. Spénard E, Jacobson M, Rouzbahman M, Hoang L, Grondin K, Koebel M, Kwon J, Stewart K, Plante M, Teo-Fortin LA, Vicus D, Cameron A, Power P, Hsieh A, Feigenberg T, Eiriksson L, Provencher D, Gotlieb W, Kieser K, Pin S, Altman A, Bernardini MQ. Canadian Management of Serous Tubal Intraepithelial Carcinoma. *Obstet Gynecol.* 2025 Jul 24;146(3):302-313.
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24. Ospina MB, Sanni OB, Serrano-Lomelin J, James A, Bradburn K, Bartel R, Kumar M, Chari R, Rosychuk RJ, Crawford S, Osornio-Vargas A, Bakal JA, Voaklander B, Black K, Colquhoun A. Ehawawisit: Sociodemographic and Clinical Characteristics and Perinatal Outcomes of Métis Pregnancies in Alberta, Canada. *J Obstet Gynaecol Can.* 2025 Sep;47(9):103044.
25. De Boeck A, Nohr E, El-Hallani S, Ghatage P, Lee CH, Köbel M. POLE-mutated Endometrial “Carcinosarcoma”. *Int J Gynecol Pathol.* 2025 Jan 1;44(1):72-78.
26. Sultan P, Nelson G, Joudi K, Singh DJ, Gregory KD, Zakowski M, Carvalho B. Professional society recommended interventions for enhanced recovery after caesarean delivery in the United States: a multidisciplinary Delphi study. *Int J Obstet Anesth.* DOI:10.1016/j.ijoa.2025.104811
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29. Rehman A, Nelson GS, Nohr E, Lee CH, Köbel M. Utility of Morphologic Risk Stratification Modeling and Immunohistochemical Surrogates for Key Molecular Alterations in Uterine Leiomyosarcoma. *International Journal of Gynecological Pathology* DOI: 10.1097/PGP.0000000000001139
30. Mclsaac DI, Lee S, Fergusson D, Gillis C, Khadaroo RG, Meliambro A, Muscedere J, Eskander A, Moloo H, Nelson G, *et al.* Home-Based Prehabilitation for Older Surgical Patients With Frailty: A Randomized Clinical Trial. *JAMA Surg.* 2025 Dec 3:e255288. doi: 10.1001/jamasurg.2025.5288.

Textbook Chapters (2)

1. Mateshaytis J, Abu-Rustum N, Nelson G. Pelvic exenteration for centrally recurrent gynecologic cancer, in *Radical Female Pelvic Surgery Across the Disciplines*, 1st Edition, Springer, 2025 (Submitted)
2. Ljungqvist O, de Boer HD, Nelson G. ERAS pathways to optimize surgical outcomes, in *Sabiston Textbook of Surgery: The Biologic Basis of Modern Surgical Practice*, 22nd edition, Elsevier, 2025.

Presentations/Invited Addresses

Dr. Gregg Nelson (11)

1. ACOG Enhanced Recovery After Caesarean Delivery (American College of Obstetricians & Gynecologists Webinar, Nov 17, 2025)
2. Enhanced Recovery After Surgery (ERAS): Standard of Care in Caesarean Delivery (Doctors of BC Webinar, Perioperative Clinical Action Network, Oct 30, 2025)
3. Gyne-oncology ERAS: harmonizing surgery and oncology (11th ERAS World Congress, September 18, 2025, Turin, Italy)
4. ERAS is Standard of Care: Where to Go from Here? (11th ERAS World Congress, September 17, 2025, Turin, Italy)
5. ERAS Protocols for MIS Surgery - A Global Review (Society of Robotic Surgery, July 18, 2025, Strasbourg, France)
6. Enhanced Recovery After Surgery (ERAS): Implementation and Scalability of a Value-based Surgical Quality Initiative in Canada (Keynote presentation, Asia Partnership in ERAS 2025, June 29, 2025, Taipei, Taiwan)
7. ERAS for Gynecologic Oncology - Update (Mass General Brigham Divisions of Gynecologic Oncology, Harvard Medical School, June 5, 2025, Boston, Massachusetts)
8. Enhanced Recovery After Surgery – Standard of Care in Obstetrics & Gynecology (Clifford Wheelless Endowed Lecturer in Gynecologic Cancer Surgery, Johns Hopkins Hospital, March 27, 2025, Baltimore, Maryland)
9. Shark Tank: Stretching the ERAS dollar (8th Annual ERAS Symposium, Feb 8, 2025, Dallas, Texas)
10. ERAS Done Deal or Work in Progress? Will We Ever Get There? (8th Annual ERAS Symposium, Feb 8, 2025, Dallas, Texas)
11. ERAS in Rural Areas (8th Annual ERAS Symposium, Feb 7, 2025, Dallas, Texas)

Dr. Kristin Black (4)

1. Gynecologic Oncology Perspective on Transition to HPV Primary Screening, HPV Prevention & Screening Workshop, Calgary AB, Sept 4 2025
2. Preventing Venous Thromboembolism in Patients with Gynecologic Cancers, Alberta Gynecologic Oncology Provincial Tumor Team Meeting, Edmonton AB, Oct 18 2025
3. Tumour Board: Endometrial Cancer, Alberta Gynecologic Oncology Provincial Tumor Team Meeting, Edmonton AB, Oct 18 2025
4. Indigenous perspectives on genetic testing and risk-reducing surgery for ovarian cancer, BRCA Day, Toronto ON, Nov 20 2025



Dr. Gregg Nelson
Section Head
Gynecologic Oncology
Professor



Dr. Prafull Ghatage
Deputy Section Head
Gynecologic Oncology
Professor



Dr. Pam Chu
Professor



Dr. Sarah Glaze
Associate Professor



Dr. Anna Cameron
Clinical Assistant
Professor



Dr. Steven Bisch
Clinical Assistant
Professor



Dr. Kristin Black
Assistant Professor

Maternal Fetal Medicine Clinical Services & Residency / Fellowship Program

Accomplishments and Highlights

The Maternal Fetal Medicine (MFM) service in Calgary has continued to provide excellent patient care through consultation services at Foothills Hospital, Peter Lougheed Centre, and South Health Campus, as well as through the regional fetal therapy program and outpatient services across the city.

Dr. Cooper was recently appointed as interim section lead, marking an exciting period of renewal for the program. Over the coming year, the service will focus on enhancing clinical programs, strengthening multi-disciplinary collaboration, and expanding education and research initiatives to better support patients with increasingly complex pregnancies.

Challenges

The division continues to face significant challenges related to suboptimal physical space within the Foothills Hospital MFM unit. We are currently in the initial stages of planning a relocation and transition to an improved clinical space designed to enhance safety and overall experience for trainees, staff, and patients.

In addition, increasing clinical demands continue to exceed current sonographer and physician capacity. Addressing these constraints will be critical to sustaining high-quality and timely care across our practice. We are specifically evaluating opportunities to redefine the service model at the PLC site in response to its growing volume and clinical complexity.

Workforce Planning

The MFM division remains under-resourced with respect to both physician and sonographer staffing. Active recruitment of sonographers is ongoing through Acute Care Alberta. We also hope to re-establish formal recruitment efforts for physicians to the MFM Alternative Relationship Plan (ARP) and to secure long-term divisional leadership in 2026.

Education

The MFM Fellowship was relaunched in 2025, with Dr. Schachar assuming the role of Program Director. We welcomed Dr. Laura Sevick as our current fellow, who has been excelling in the program. We were successful in the match for the 2026 academic year and will welcome our next fellow, Dr. Michaela Ryan from Memorial University of Newfoundland, in the fall.

The division continues to provide clinical teaching for the Obstetrics and Gynecology residency program, as well as for learners in Diagnostic Imaging, Medical Genetics and Obstetrics Internal Medicine. We have hosted numerous visiting residents from across the country this year. Interest in our fellowship program remains strong and is anticipated to support future recruitment of MFM physicians.

Research

Publications

1. McClymont E, Blitz S, Forward L, Cole S, Alton G, Boucoiran I, Cassell K, Castillo E, Crane J, Kuret V, *et al.* **The Role of Vaccination in Maternal and Perinatal Outcomes Associated With COVID-19 in Pregnancy.** *JAMA.* 2026;335(2):154–162.
2. Stephenson N, McNeil D, Prisdie K, Castillo E, Kuret V, *et al.* (2025). **Impact of COVID-19 Public Health Restrictions on Home Birth Trends in Alberta.** *Journal of Obstetrics and Gynaecology Canada.* 47(9).
3. Forward L, McClymont E, Blitz S, Alton G, Boucoiran I, Castillo E, Kuret V, Poliquin V, Scott H, *et al.* **Impact of COVID-19 in Pregnancy: The Role of Variant and Vaccination.** *Journal of Obstetrics and Gynaecology Canada.* 47(6).
4. Chan E, de Koning L, Stritzke A, Chadha R, Kuret V, Samsoundar J. **Characterizing Acute Villitis: Pathologic Findings and Clinical Outcomes.** *Laboratory Investigation.* 105(3).
5. McClymont E, Wong JMH, Forward L, Blitz S, Barrett J, Bogler T, Boucoiran I, Castillo E, D'Souza R, *et al.* **Acceptance and Preference Between RSV Vaccination and Infant Monoclonal Antibody.** *Vaccine.* 2025;21(1).
6. Chan ES, Suchet I, Somerset D, de Koning L, Chadha R, Soliman N, Kuret V, *et al.* **Maternal CMV Serology: Diagnostic Limitations.** *Pediatric and Developmental Pathology.* 2024;27(6).
7. Agbani EO, Chow L, Nicholas J, *et al.* **Human Platelets Internalize Pregnancy-Specific Glycoprotein-1.** *Thrombosis and Haemostasis.* 2025.
8. Girculis K, Skeith L, Fruitman D, *et al.* **Neonatal Intracardiac Thrombosis Secondary to Transplacental Antibodies.** *Research and Practice in Thrombosis and Haemostasis.* 2025.
9. Oluyomi T, Cooper S, Roggensack A, *et al.* **Introduction of an MFM Tele-Ultrasound Program in Rural Alberta.** *Journal of Obstetrics and Gynaecology Canada.* 2023.

Grants

- **Division of Hematology Grant Competition**
Maternal and Fetal Outcomes of Pregnant Women with Sickle Cell Disease
 - Primary Investigator: Uminski K
 - Funding: \$7,200 (Awarded July 2025)
- **HIROC Foundation Safety Grant**
Redesigning Diagnostic Imaging and Specialty Care Delivery to Rural, Indigenous, and Remote Communities
 - Primary Investigator: Oluyomi T
 - Funding: \$5,000

Quality Assurance/Quality Improvement and Innovation

MFM Perinatal Mortality Committee

Chair: David Somerset | **Member:** Shannon Dwinnell

This committee was established as a dedicated offshoot of the Department of Obstetrics and Gynecology Perinatal Mortality Committee. It meets monthly to review cases of in-utero fetal demise and induced fetal demise for fetal anomalies or severe growth restriction. The committee evaluates quality of care, referral processes, and coordination of management, identifying opportunities to enhance patient care and outcomes.

MFM Quality Assurance Aggregate Committee

Chair: David Somerset | **Member:** Shannon Dwinnell

This committee reviews selected cases on an ad hoc basis, including near-miss events and missed or under-called diagnoses. Structured case reviews generate outcome reports and recommendations, which are communicated through Alberta Health Services Women's Health Quality Assurance frameworks.

Placenta Accreta Spectrum (PAS) Working Group

Chair: Shannon Dwinnell

This multi-disciplinary working group serves as a centre of excellence for PAS management, meeting quarterly to oversee intermediate- and high-risk cases. Ongoing initiatives include refinement of imaging algorithms, standardized follow-up, intraoperative ultrasound support, and continuous quality improvement.

First Trimester Screening Expansion (ERA Expansion Committee)

Bryan Peffers, Melanie Pastuck and the ERA team, Dr. Stephanie Cooper, Dr. Titilayo Oluyomi, Heather Paul, and other Alberta Health Services leaders

First trimester screening has been expanded to a second outpatient MFM clinic in Calgary. Ongoing efforts are underway to further expand first trimester screening services within Calgary and to Alberta's South Zone.

Maternal–Fetal Medicine Telemedicine Program

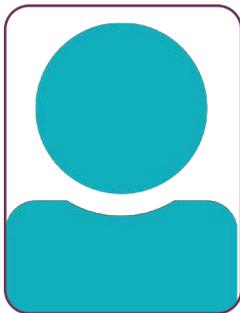
Dr. Titilayo Oluyomi, Dr. Stephanie Cooper, Dr. Anne Roggensack, Jan Maquiran, Lethbridge team, and Red Deer team

Following a successful pilot, the MFM tele-ultrasound program now provides consultation services to Lethbridge and Red Deer, improving access to specialized MFM care for rural and regional communities.

Future Directions and Initiatives

Looking ahead, the MFM division is focused on several key initiatives aimed at strengthening clinical care, education, and collaboration. A major priority is the transition to a new and enhanced MFM unit at Foothills Hospital, providing an improved environment to support high-quality, patient-centered care. In parallel, we are committed to further developing our program at the PLC, with a tailored approach that addresses the unique needs of that site. We will continue to foster strong multidisciplinary collaborations across our health system and aim to build and sustain excellence in our education program, supporting learners and faculty, advancing innovation, and strengthening recruitment.

Summary compiled by: Drs Cooper, Dwinell, Soliman, Kuret and Oluyomi-Obi.



Dr. Stephanie Cooper
Maternal Fetal Medicine Interim Section Head



Dr. Jamie Schachar
Maternal Fetal Medicine Assistant Program Director

Advanced Minimally Invasive Gynecology Surgery Fellowship

Accomplishments and Highlights

Our fellowship had a very successful year in 2025. We added three new staff to our faculty (Dr. Lauren Andrew and Dr. Lacey Brennan at PLC, and Dr. Evan Genge at RGH). Dr. Monique Marguerie, our senior fellow, has continued to excel surgically and has positioned herself nicely for her career after fellowship. Our junior fellow, Dr. Nicole Delaloye, started with us in September 2025 and hit the ground running. We had a very prominent presence at our national Advanced Minimally Invasive Gynecology Surgery (AMIGS) conference – the CanSAGE Annual Congress in Saskatoon Saskatchewan in September 2025 with multiple oral, video, and poster presentations. We also had a successful year with multiple manuscript publications as well.

Dr. Ari Sanders took over as Program Director in September 2025, and Dr. Liane Belland continues as Assistant Program Director. We'd like to thank the outgoing Assistant Program Director, Dr. Katherine Lo, for all her hard work and devotion to the development of a successful AMIGS fellowship over the years!

Awards

- Dr. Caitlin Jago – Awarded the Golden Speculum Award for Subspecialist
- Dr. Caitlin Jago – Awarded a PGME Award for Excellence in Teaching

Challenges

There has always been a surplus of clinical surgical exposure for complexity/advanced gynecology relative to the number of fellows, owing to the high volume of complexity in the zone. Having two fellows (Junior/Senior) has eased the pressure on them and has helped make distributing workloads more manageable. As we have expanded the number of AMIGS faculty involved in our program in 2025, this will require ongoing evaluation.

Workforce Planning

Fellowship positions will be held at two fellows for the foreseeable future. All fellowship positions will be a 2-year academic position moving forward. The previous 1-year clinical position has been removed.

Appointments

We added several AMIGS faculty to our fellowship in 2025:

- Dr. Lauren Andrew (Peter Lougheed Centre)
- Dr. Lacey Brennan (Peter Lougheed Centre)
- Dr. Evan Genge (Rockyview General Hospital)

Education

Current Fellows in 2025

- Dr. Monique Marguerie, Senior Fellow
- Dr. Nicole Delaloye, Junior Fellow

The AMIGS Fellowship again participated in the national CanSAGE match. The 2025 match showed significant interest in the Calgary 2-year academic fellowship. The incoming fellow for the summer of 2026 will be Dr. Courtney Schubert from the University of Manitoba.

The AMIGS Fellows continue to lead, along with the senior gynecology resident rotation, the Better at Gynecology (BAG) rounds which take place virtually on a ~quarterly basis at the PLC with attendance by all residents at that site in addition to PLC AMIGS staff. Along with this, monthly interdisciplinary rounds with the Endometriosis Pelvic Imaging Group from Diagnostic Radiology continue for review of ultrasound/Magnetic Resonance Imaging (MRI), intraoperative video, correlation with pathology and discussion of upcoming cases and review of pathology. These rounds are attended by the Fellow(s), AMIGS staff and all residents at the PLC.

The AMIGS Fellows provide outstanding and independent coverage of gynecology call at the PLC for their own growth and education, while also providing departmental support as needed. There is also ample obstetrical call available with the caveat that this does not interfere with fellowship duties.

All fellows continue to lead their own fellow clinic with graduated and progressive independence over their fellowship. In the second year, clinics with other faculty are coordinated to expand the exposure to complex gynecologic presentations based on the goals of the senior fellow. Fellows now attend the Chronic Pain Clinic under the supervision of Dr. Caitlin Jago. Continuity of care for patients from the Fellow/Bridgeland Advanced Gynecology clinic and the Pain Clinic has been beneficial for both the fellow and patient alike.

Research

Grants

- Canadian Society for the Advancement of Gynecologic Excellence (CanSAGE) Research Grant
Amount: \$2500
Baclofen for post-operative pain control in patients with chronic pelvic pain

Publications

1. Wang XS, Fitzpatrick S, Louie M, Czuczman N, Lafave H, Tang S, Thurston J, Sanders AP. Opioid use patterns after hysterectomy for benign gynecologic disease. (Work submitted to Journal of Gynecologic Surgery, 2025).
2. Brennan L, Bujold E, Maheuz-Lacroix S, Sanders AP, Bedaiwy M, Murji A. Clinical consensus No. 463: Diagnosis and management of caesarean scar niche. Journal of Obstetrics and Gynaecology Canada 2025;47(11):103143.
3. Thiel, J, Warshafsky, C., Ngan, T, Rajakumar, C., Rosenthal, M., Belland, L., Bougie, O., O'Leary, M. Canadian Society for the Advancement of Gynecologic Excellence (CanSAGE) Commentary on the Migration of Hysteroscopy from the Operating Room to an Ambulatory Setting. Canadian Journal of Surgery.
4. Chen I, Kives S, Randle E, Rattray D, Sanders A, Vilos G. Guideline No. 461: The management of uterine fibroids. Journal of Obstetrics and Gynaecology Canada 2025;47(8):102970.
5. Evidence-based practice for minimization of blood loss during laparoscopic myomectomy: An AAGL practice guideline. Journal of Minimally Invasive Gynecology 2025;32(2):113-32. (Dr. Ari Sanders is a Co-Author).
6. Sultan P, Monks DT, Sharawi N, Bamber J, Panelli DM, Sauro KM, Shah PS, Muraca GM, Metcalfe A, Wood SL, Jago CA, Daly S, Blake LEA, Macones GA, Caughey AB, Wilson RD, Nelson G. Guidelines for postoperative care in caesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 3)-2025 update. *Am J Obstet Gynecol.* 2026 Jan;233(6S):S184-S198.

Works Submitted for Publication

1. Wang XS, Fitzpatrick S, Louie M, Czuczman N, Lafave H, Tang S, Thurston J, Sanders AP. Opioid use patterns after hysterectomy for benign gynecologic disease. (Work submitted to Journal of Gynecologic Surgery, 2025).
2. Jago CA. Endometriosis Healthcare for Individuals with Intellectual Disabilities: A Systematic Literature Review. (Work submitted to Canadian Journal of Disability Studies, 2025).

Conference Presentations

1. Belland L. Reaching the Goal: Surgical playbook for complex “live” surgery. Oral Plenary Session. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
2. Hutton M, Belland L. Anemia and Surgery: Optimizing care from the gynecologist and anesthesiologist’s perspective. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
3. Secter M. Laparoscopic Management of Adnexal Masses in Pregnancy. Oral Plenary Session. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
4. Rajakumar C. Progestins - everything you wanted to know but were afraid to ask. Oral Plenary Session. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
5. Andrew L, Singh S, McCaffrey C. Endo in Unusual Places Doing Unusual Things!. Oral Plenary Session. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
6. Fitzpatrick S, Wang S, Thurston J, Sanders AP. Postoperative Opioid Prescribing Practices After Hysterectomies for Benign Indications. Oral Presentation. Best of the Best SOGC Research Conference, 2025.
7. Thompson M, Penny H, Hall J, Sanders A. Enhanced myometrial vascularity: Perioperative planning and use of hysteroscopy in management. Poster Presentation. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
8. Marguerie M, Andrew L, Sanders A. Single-port perforated IUD removal with a transabdominal hysteroscope. Video Presentation. Canadian Society for the Advancement of Gynecologic Excellence Annual Clinical Meeting, Saskatoon SK, September 2025.
9. Marguerie M, Andrew L, Sanders A. Single-port perforated IUD removal with a transabdominal hysteroscope. Video Presentation. AAGL Global Congress, Vancouver BC, November 2025.

Faculty Research Being Done/Recruiting

1. Marguerie M & Sanders AP. Baclofen for post-operative pain control in patients with chronic pelvic pain.

Quality Improvement /Quality Assurance

- Dr. Jackie Thurston has the necessary expertise to guide fellows interested in Quality Improvement/Quality Assurance (QI/QA) research. There is a plan at the MIGS level to develop this within the section and potentially involve an interested fellow in generating this data. Journal Clubs with a QI/QA focus are conducted annually.
- Dr. Caitlin Jago is also involved in an on-going QI/QA project looking at the stepwise implementation of ERAS protocols following Caesarean Delivery.

Future Directions and Initiatives

- Plan to appoint Dr. Lauren Andrew the AMIGS Fellowship Research Lead
- Continue to actively recruit one 2-year Fellow per year to maintain a Junior/Senior system
- Improve fellow case log reporting through the myTIPreport platform to align with CanSAGE curriculum requirements and ensure adequate case volumes
- Continue to actively contribute to AMIGS research and education on both a local, national, and international stage



Dr. Ari Sanders
Advanced Minimally Invasive Gynecology
Surgery Program Director



Dr. Liane Belland
Advanced Minimally Invasive Gynecology Surgery
Assistant Program Director

Reproductive Endocrinology & Infertility

Clinical Activity

Consultation and Medical Appointments

The Reproductive Endocrinology and Infertility (REI) division is comprised of six physicians subspecializing in Reproductive Endocrinology and Infertility and one Obstetrics and Gynecology physician. With growing demand, we added two Nurse Practitioners at the end of the year to help service more patients in the coming year. The physician team is supported by a staff of 27 administration personnel, 48 Nursing, 20 Embryology/Andrology, a psychologist and five pharmacy professionals.

Our referral office has implemented new reporting parameters to better support operations as well as improve the accuracy of year-over-year comparison. In 2025, we experienced a 5.3% increase in referrals compared to the previous year. These referrals resulted in 3,030 new consultations, 7,374 follow-up visits, 2,584 hysterosalpingogram appointments, and 1,890 sonohysterogram appointments. Clinic appointments are offered through a combination of virtual and in-person formats, determined by individual circumstances such as geographic and access barriers (e.g., language or hearing impairment).

Following completion of the initial evaluation, patients can proceed directly to treatment with intrauterine insemination (IUI) or in vitro fertilization (IVF) without any wait time.

Intrauterine Insemination (IUI)

1211 IUI Cycles were completed in 2025 (partner sperm n=1029, donor sperm n=182) resulting in a 13.7% pregnancy rate in those utilizing partner sperm.

In vitro fertilization

A total of 1010 oocyte retrievals including 81 oocyte cryopreservation cycles with 432 fresh embryo transfers were completed in 2025. Intracytoplasmic sperm injection (ICSI) was performed in 92.7% of IVF cycles. Overall fresh embryo pregnancy rate (per embryo transfer) was 42.6 and 53.9% for single Day-5 blastocyst transfers.

Additionally, IVF cycles were also completed for preimplantation genetic testing (n=367), anonymous vitrified egg donation (n=57), known egg donation (n=7), known sperm donation (n=4) and anonymous sperm donation (n=63).

There has continued to be an increase in IVF cycles performed for elective fertility preservation and preimplantation genetic testing for aneuploidy (PGT-A).

1078 frozen embryo transfers were performed with an overall frozen embryo pregnancy rate of 58.1% and 63.1% for single Day-5 blastocyst transfers.

Diagnostic Semen Laboratory

11092 tests were performed in the Diagnostic Semen Laboratory (DSL) in 2025. This included 3769 semen analyses performed for Regional Fertility Program patients and 3325 semen analyses performed for Calgary zone. Tests also included 2502 post vasectomy analyses, 1203 IUI preparations, 952 IVF preparations, 18 ICSI preparations, 57 DNA fragmentation tests and nine retrograde semen analyses.

37 surgical sperm retrievals (PESA/TESA) were performed.

170 semen samples were cryopreserved.

Highlights and Accomplishments

1. Multidisciplinary Collaborations

The REI division continues to build on strengthening its collaboration between departments in Calgary Zone to provide the best multidisciplinary care for our patients:

Department of Urology

Dr. Joshua White continues to offer medical and surgical management for male infertility patients in Southern Alberta. He has also expanded his practice to include the assistance of Nurse Practitioners to reduce wait time.

Department of Medical Endocrinology

Specialized Medical Reproductive Endocrinology clinics continue to be run by members of the department, including an expansion of the ovulation induction program in collaboration with the REI division.

The Diabetes in Pregnancy program has expanded its services for improved pre-conception blood glucose optimization in all patients referred to Regional Fertility Program.

Division of Pediatric Gynecology and the Pediatric Bone Marrow Transplant Program

Further growth of the Ovarian Tissue Cryopreservation program for prepubertal patients in Western Canada.

Division of Minimal Invasive Surgery

Further collaboration with members of the Minimal Invasive Surgery (MIS) division to optimize care for patients presenting with complex surgical problems.

2. Improvement in patient-centered care:

- a. Successful ongoing use of additional pain-relief options (e.g. Pentrox) for patients undergoing invasive out-patient procedures
- b. Improvements in patient communication portal: availability of up-to-date patient information webinars pertaining to treatment, updates in programming to capture keywords to assist in identifying high priority concerns from patients via portal, updates to patient app to increase user-friendliness of the interface
- c. Launch of treatment experience surveys to collect patient feedback for continuous improvement as well as a platform for patients to engage with staff more formally around their concerns
- d. Working to strengthen alliances in holistic fertility care to improve patient access, education, and treatment experience

3. Clinical Quality Infrastructure Improvement

- a. Created a formalized, annual competency assessment synchronized with employee evaluations
- b. Closed gaps within Quality Management System across all departments yielding a robust resource for both quality control and staff competence
- c. Strengthened in-person training and re-certification as part of annual competency assessments within procedural area for all nursing staff (RN and LPN)

4. Patient Advocacy:

- a. On-going advocacy for universal fertility care funding from Government of Alberta
- b. Application for charitable support from Alberta Children's Hospital Foundation for oncofertility care in pediatric patients

Academic Activity

Research

Dr. S Foong

1. Reproductive Hormones and Cardiovascular Risk in Males with Chronic Kidney Disease. Kidney Foundation (2022-present) Co-investigator
2. Exogenous hormone administration and cardiovascular and kidney health outcomes in females treated with controlled ovarian stimulation (2023-present) Co-investigator
3. The Effect of Controlled Ovarian Stimulation on Kidney Health Outcomes: A Pilot Study. CFAS SEED Grant. (2023-present) Co-investigator

4. Oncofertility among adolescent and young adult cancer survivors in Alberta: a mixed methods study. Canadian Institutes of Health Research (Mar 2020 – present). Co-investigator
5. Sickle Cell Transplant Evaluation of Long Term and Late Effects of Transplant Registry (STELLAR). National Institutes of Health (NIH). Member of the Reproductive Health Working Group and Co-Investigator (2022- present)
6. Elective Fertility Preservation: A Survey Among Surgical Residents and Medical students in Alberta (2023-present). Principal Investigator
7. The Influence of Controlled Ovarian Stimulation on Body Image: A Qualitative Study Protocol (2024-present). Co-investigator

Professional

Dr. S. Foong

1. Examiner – Royal College International and Kuwait Institute of Medical Specialties
2. Member – Board of Directors of the Canadian IVF Medical Directors Group
3. Vice Chair – Canadian Fertility and Andrology Society Fertility Preservation Special Interest Group
4. Scientific Committee member, Oncofertility Consortium Detroit, USA
5. Co-Chair, Technical Committee Reproductive Health Standards, Health Standards Organization, Accreditation Canada

Dr. J. Min

1. Member – Canadian Fertility and Andrology Society Clinical Practice Guideline Committee

Publications

1. Sierra S, **Min J**, Saumet J, Shapiro H, Sylvestre C, Roberts J, Liu K, Buckett W, Velez MP, Mahutte N. The investigation and management of recurrent early pregnancy loss: a Canadian Fertility and Andrology Society clinical practice guideline. *Reprod Biomed Online*. 2025 Mar;50(3):104456. doi: 10.1016/j.rbmo.2024.104456. Epub 2024 Oct 1. PMID: 40015079.
2. Bowden S, Panchal M, Pochakom A, Tang S, Metcalfe A, **Foong S**. Shifting the focus for fertility and reproductive health to medical students: a survey study building on lessons from surgical trainees. *Fertil Steril*. 2025 Apr 23:S0015-0282(25)00232-8. doi: 10.1016/j.fertnstert.2025.04.021. Epub ahead of print. PMID: 40280224.
3. Bowden S, Tang S, Metcalfe A, **Foong S**. Fertility Preservation and Infertility Treatment in Female Surgical Trainees in Alberta: A Survey of Trainee Knowledge, Attitudes, and Needs. *J Obstet Gynaecol Can*. 2025 Jan;47(1):102731. doi: 10.1016/j.jogc.2024.102731. Epub 2024 Nov 28. PMID: 39615624.

Goals and Challenges Ahead

Regional Fertility Program is continuing its advocacy for fertility services to be covered universally for all Albertans. There has also been a rise in employee Extended Health Benefits including coverage for family building and fertility treatments. It is therefore anticipated that there will be greater uptake in the demand for fertility care in the region. Challenges ahead would include the expanded ability to provide efficient quality care within the current infrastructure and resource allocation. Given upcoming anticipated reduction in practices and/or retirements, the division is actively looking to recruit two to three new physicians in the short-term. Additionally, we have started to explore alternate models of multi-disciplinary care and the integration of other healthcare providers e.g. nurse practitioners into our care model.

In 2025, Regional Fertility Program participated in outreach projects to improve access to care for specific populations, such as public education seminars on elective egg freezing. Regional Fertility Program has also partnered with organizations in the community to improve access to care, e.g. Sports groups and professional athletes

The Regional Fertility Program has also been working on a Quality Management System for the past several years. The new Quality Management System with integrated document control and compliance checklists to meet the standards of Health Canada and the College of Physicians and Surgeons of Alberta have continued to be expanded following its launch in December 2023. The goal for the upcoming year will be to fully utilize this system in managing Standard Operating Procedures for all processes at the clinic.



Dr. Shu Foong
Reproductive
Endocrinology and
Infertility Section Head



Dr. Nikolett Raguz



Dr. Jennifer Hilton



Dr. Jason Min



Dr. Benjamin Wong



Dr. Nicole Paterson



Dr. Tom Gotz

Urogynecology

Accomplishments and Highlights

The Section of Urogynecology continues to demonstrate excellence in clinical practice, research productivity, and educational leadership. Our faculty has contributed significantly to advancing women's health through multiple investigator-initiated and collaborative studies, with several major initiatives completing data collection and moving into analysis and dissemination phases.

Dr. Erin Brennand continues to serve as Head of the Department of Obstetrics and Gynecology while maintaining an active urogynecologic practice. Her leadership extends across multiple institutional committees and research initiatives spanning gynecology, primary care, and epidemiology. The flagship HUPPS (Hysterectomy vs Uterine Preservation Prospective Study) has been successfully published, providing real-world evidence supporting uterine-preserving surgery as a safe and efficient alternative to hysterectomy for pelvic organ prolapse. She leads the GROWW Program and continues to advance research in pelvic organ prolapse, menopause, and women's reproductive health policy.

Dr. Shunaha Kim-Fine has completed the PoRS Study (Postoperative Return to Sexual Activity), a multi-center investigation involving ten sites across the United States, funded in part by the Patty Brisben/SHE+ Foundation and the DEAR fund. This randomized controlled trial on counseling for return to sexual activity after urogynecologic surgery was presented as an oral presentation at the 51st Annual Scientific Meeting of the Society of Gynecologic Surgeons and published in *Obstetrics & Gynecology*, providing evidence-based guidance for postoperative care. She remains serving on the Steering Committee member of Collaborative Research in Pelvic Surgery Consortium for the Society of Gynecologic Surgeons. Sacral Neuromodulation pilot funding through the Calgary Health Foundation and Medtronic was successful and ongoing funding has been secured.

Dr. Magali Robert has successfully led the launch of the Alberta Virtual Pain Program and the Calgary Transitional Pain Service in her role as Medical Lead and Head of Chronic Pain. She continues her commitment to international partnerships, including the resident teaching program in Mwanza, Tanzania, and serves as Chair of the Urogynecology and Pelvic Floor Disorder Committee of FIGO. Her innovative framework for understanding chronic pelvic pain using a tree-inspired model provides clinicians with practical tools for managing this complex patient population. She also contributed to the FIGO-Ipps consensus statement on addressing the global unmet needs of women with chronic pelvic pain.

Dr. Colin Birch maintains his urogynecologic and obstetric practice. He continues to mentor trainees and other staff surgeons as an expert in Placenta Previa and engage as past Obstetrical Lead with the Rural Surgical Obstetrics Network of Alberta.

Dr. Jena Hall has launched her faculty career with numerous educational and leadership roles, including Program Director of the Clinical Investigator Program and Resident Research and Scholarly Pursuits Director for the University of Calgary, Obstetrics and Gynecology Residency Program. She serves as a member of the CSPM Medical Education Committee and the International Conference on Residency Education Program Advisory Board of the Royal College of Physicians and Surgeons of Canada. She also took over as Fellowship Program Director this past fall.

Dr. Alison Carter Ramirez's presented the findings of the POWURS study, an AHS initiative designed to encourage multidisciplinary collaboration, at Clara Christie Research Day. This qualitative study investigates patient perspectives on pre- and post-operative experiences with patient education. She served as Urogynecology Resident Coordinator. She has recently volunteered to serve on the Alberta Medical Association as a representative for the Section of Urogynecology. Her work on co-authoring national and international committee guidelines for obstetrical anal sphincter injuries and uterine preservation has been published in major international journals, including the Journal of Obstetrics and Gynecology Canada. She remains active in guideline development for pelvic floor conditions through AUGS and SOGC.

Our group recently recruited Dr. Aquila Gopaul as a Family Physician, consulting non-surgical patient referrals. Her past training in women's health and geriatrics is especially valuable.

We graduated two fellows in 2025: Dr. Ann Rowan and Dr. Rebecca Manion. Dr. Rowan is now practicing in Dublin, Ireland and Dr. Manion in Calgary. The two new fellows that have joined us are Dr. Kyle Oosterman from University of Manitoba and Dr. Alexa Higginbotham from University of Ottawa.

Challenges

- Growing demand for pelvic floor services exceeding current staffing levels
- Dr. Magnus Murphy left Alberta Health Services and the Section of Urogynecology
- Work force deficit with three parental leaves in 2025/2026 and reduced clinical loads for members with greater non-clinical loads
- Family medical doctor on parental leave through October and will rejoin Pelvic Floor Clinic

Workforce Planning

Recruitment and Staffing Initiatives

- Dr. Aquila Gopaul started as Family Physician in Pelvic Floor Clinic Nov 2025
- Dr. Rebecca Manion started as a full-time Urogynecologist in January 2026

- Dr. Katherine Lo starting as full-time Urogynecologist at Pelvic Floor Clinic/FMC in April 2026
- Recent recruitment of Cayli Cole as a Physician Assistant
- An additional physiotherapist was hired to support Meaghan Evans in her work at the Pelvic Floor Clinic

Education

Clinical Training

In 2025, we anticipate continued excellence in resident and fellow education. Our Section runs specialized educational programs including wet labs on prevention, recognition, and repair of obstetrical anal sphincter injuries, which have been well-received by residents.

We currently have three fellows in training (Drs. Oosterman, Higginbotham and Marani) with anticipated graduation in 2027.

Our fellows lead the Obstetrics and Gynecology Rapid Review for LMCC I for the Undergraduate Medical Education at Cumming School of Medicine and facilitate Obstetrics and Gynecology Simulation Teaching sessions for medical students and residents. Fellow presentations at Grand Rounds and Journal Clubs for the Section and Canadian Society of Pelvic Medicine continue to disseminate best practices and current research.

Curriculum Development

Dr. Jena Hall's role as Program Director of the Clinical Investigator Program enhances research training for residents and junior faculty, fostering the next generation of clinician-scientists in gynecology. She has also recently taken over the Fellowship Program Director role and we anticipate continued strong training program for our fellows. Dr. Birch will take over the role as Interim Fellowship Program Director while Dr. Hall is on parental leave.

Research

Grants

Dr. Erin Brennan

New Frontiers in Research Fund – Exploration

- Project: Elucidating the role of the vaginal microbiome in pathological tissue remodeling associated with pelvic organ prolapse
Amount Received: \$500,000
Principal Applicants: Laura Sycuro, Erin Brennan
Co-applicant: Antione Dufour
Collaborators: Simon Hirota, Laurent Devel, Pina Colarusso, Lara Mahal

Canadian Institutes of Health Research (CIHR) Operating Grants

- NWHRI: Innovation Fund - Translational Research (\$148,235): Hormonal route of administration and cardiorenal health
- NWHRI: Innovation Fund – Healthcare Implementation Research (\$211,765): Optimizing Polycystic Ovary Syndrome Self-Management
- CIHR Project Grant Bridge Funding (\$100,000): Effect of Canada’s first universal contraception subsidy on access, pregnancy outcomes, and costs

MSI Foundation

- Amount Received: \$100,000
Project: The Effect of Virtual Care on Individuals Affected by Gestational Diabetes

McFarlane Type 1 Diabetes Seed Grant

- Amount Received: \$40,000
Project: The Epidemiology of Polycystic Ovary Syndrome Among Females with Type 1 Diabetes in Alberta

Dr. Jena Hall

Department Education and Research Fund – \$5,250.00

- Department of Obstetrics and Gynecology, University of Calgary
- To support Resident evening journal clubs as part of Obstetrics and Gynecology residency critical appraisal curriculum
- Hall J, Bowden S, Urrego D, Thurston J, Black K, Ambacher K, Lam G

Department Education and Research Fund – \$9,688.82

- Department of Obstetrics and Gynecology, University of Calgary
- To support Antibiotic prophylaxis to decrease post-operative infections in urogynecology: A retrospective cohort study
- Manion R, Rowan A, Chang D, Kim-Fine S, Carter Ramirez A, Tang S, Brennand E, Hall J

Department Education and Research Fund - \$9,245.00

- Department of Obstetrics and Gynecology, University of Calgary
- To support Providing equitable access to specialist women’s health care in Alberta: A pilot project exploring Lethbridge as a distributed postgraduate Obstetrics and Gynecology site
- Hall J, Cluett J, Davis M, Lam G, Brennand E

Publications, Abstracts, and Presentations

Dr. Erin Brennand

1. **Brennand EA**, Scime NV, Huang B, et al. Hysterectomy versus uterine preservation for pelvic organ prolapse surgery: a prospective cohort study. *Am J Obstet Gynecol*. 2025 May;232(5):461.e1-461.e20. doi: 10.1016/j.ajog.2024.10.021[1].
2. Salem JN, Vettese R, Yamamoto JM, Koshy S, Harrison T, Stephenson N, Ronksley PE, Metcalfe A, **Brennand EA**, Benham JL. Development of a case definition for polycystic ovary syndrome using administrative health data: a validation study. *BMJ Open*. 2025 Nov 12;15(11):e097971. doi: 10.1136/bmjopen-2024-097971. PMID: 41224296; PMCID: PMC12658500.
3. **Brennand EA**, Hernandez-Ceron N, Hurava I, Kain N. Patient complaints differ for male and female obstetrician-gynecologists: an exploration of 20 years of complaints data in Alberta, Canada. *Int J Qual Health Care*. 2025 Oct;37(4):mzaf091. doi: 10.1093/intqhc/mzaf091[9].
4. Dolatabadi S, Yamamoto JM, **Brennand EA**, Donovan LE, Benham JL. Virtual vs in-person care in gestational diabetes: a prospective randomized trial. *Diabetes Res Clin Pract*. 2025 Apr;232(5):e20. Epub 2025 Apr 22[10].
5. Schummers L, Cheng L, Odendaal M, Rodriguez-Llorian E, Kuo IF, Norman WV, Black A, Stucchi A, Helmer-Smith M, Nethery E, Downey A, Guindon GE, McGrail K, **Brennand EA**, Lee S, Metcalfe A, Bryan S, Darling EK, Bertazon S, Poliquin V, Nickel NC, Clement F, Law MR. Effect of universal no-cost coverage on use of long-acting reversible contraception and all prescription contraception: population based, controlled, interrupted time series analysis. *BMJ*. 2025 Jul 28;390:e083874. doi: 10.1136/bmj-2024-083874. PMID: 40721270; PMCID: PMC12301903.
6. Scime NV, Huang B, Brown HK, **Brennand EA**. Association of parity with the timing and type of menopause: a longitudinal cohort study. *Am J Epidemiol*. 2025 Jun 3;194(6):1726-1734. doi: 10.1093/aje/kwae320. PMID: 39198871; PMCID: PMC12133278.
7. Hall J, Anderson R, Cluett J, Davis M, Johnston A, Lam G, Low A, Paw J, **Brennand E**. Improving Non-Urban Access to Specialist OBGYN Care in Canada: A Call to Action. *J Obstet Gynaecol Can*. 2025 Jun;47(6):102912. doi: 10.1016/j.jogc.2025.102912. Epub 2025 Apr 18. PMID: 40254094.

8. **Brennand EA**, Scime NV, Manion R, Huang B. Unilateral Oophorectomy and Age at Natural Menopause: A Longitudinal Community-Based Cohort Study. *BJOG*. 2025 Feb;132(3):337-345. doi: 10.1111/1471-0528.17980. Epub 2024 Oct 10. PMID: 39389913; PMCID: PMC11704028.
9. Scime NV, Huang B, Brown HK, **Brennand EA**. Incidence and Outcomes of Surgically Managed Ectopic Pregnancy in Women With Disabilities: A Population-Based Cross-Sectional Study. *Paediatr Perinat Epidemiol*. 2025 Nov 26. doi: 10.1111/ppe.70089. Epub ahead of print. PMID: 41305949.
10. Stephenson NL, Brenner D, **Brennand E**, Robert M, Prisie K, Metcalfe A. Longitudinal analysis of the association between parity, mode of delivery and urinary incontinence in midlife using the SWAN cohort data. *Sci Rep*. 2025 Apr 7;15(1):11896. doi: 10.1038/s41598-025-85603-0. PMID: 40195346; PMCID: PMC11977187.
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12. **Brennand EA**, Huang B, Scime NV, Paw J, Nelson EL. Abortion care in Alberta, Canada, from 2012 to 2023: a population-based, cross-sectional analysis of use and geographical access. *Lancet Public Health*. 2025 Mar;10(3):e246-e256. doi: 10.1016/S2468-2667(25)00010-6. PMID: 40044246.
13. **Brennand EA**, Scime NV, Huang B, Randhawa A, Kim-Fine S, Aziza O, Paw J, Nelson EL. Not here, not now: a mystery caller study of availability of mifepristone in community pharmacies in Alberta, Canada. *Contraception*. 2025 Sep;149:110945. doi: 10.1016/j.contraception.2025.110945. Epub 2025 May 9. PMID: 40350006.
14. Roa L, Larouche M, Hyakutake M, **Brennand EA**, Malabarey O, Koenig N, Lee T, Singer J, Zhang W, Brotto LA, Geoffrion R. Correction: COMET (Composite Outcomes of Mesh vs suture Techniques for prolapse repair)- Protocol for a single blind randomized controlled multicenter trial testing surgical innovation in female pelvic surgery. *PLoS One*. 2025 Sep 4;20(9):e0331750. doi: 10.1371/journal.pone.0331750. Erratum for: *PLoS One*. 2024 Oct 24;19(10):e0308926. doi: 10.1371/journal.pone.0308926. PMID: 40906690; PMCID: PMC12410741.
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Dr. Shunaha Kim-Fine

1. **Kim-Fine S**, Caldwell L, Long J, et al. Intervention counseling for return to sex after urogynecologic surgery: a randomized controlled trial. *Obstet Gynecol*. 2025 Nov 1;146(5):701-709. doi: 10.1097/AOG.0000000000006064[4].
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3. Caldwell L, **Kim-Fine S**, Antosh DD, Husk K, Meriwether KV, Long JB, Heisler CA, Hudson PL, Lozo S, Iyer S, Weber LeBrun EE, Rogers RG. Standardized Counseling Tool for Returning to Sexual Activity After Pelvic Reconstructive Surgery. *Obstet Gynecol*. 2025 Nov 1;146(5):e80-e84. doi: 10.1097/AOG.0000000000005938. Epub 2025 Jun 13. PMID: 40505118.
4. Meriwether KV, Beckham AJ, **Kim-Fine S**, Ablove T, Ollendorff A, Dale LE, Krashin JW, Orejuela F, Mazloomdoost D, Grimes CL, Winkelman WD, Propst K, Florian-Rodriguez ME, Turk JK, Chang OH, Horvath S, Ros ST, Crisp CC, Petersen TR, Iglesia CB. Obstetrics and Gynecology Trainee Insights Regarding the Effect of the *Dobbs* Supreme Court Decision. *J Womens Health (Larchmt)*. 2025 Jun;34(6):823-834. doi: 10.1089/jwh.2024.0095. PMID: 40499057.
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Dr. Magali Robert

1. **Robert M.** From roots to canopy: Understanding chronic pelvic pain through a tree-inspired model. *Int Urogynecol J.* 2025 May 13. doi: 10.1007/s00192-025-06151-9[5].
2. Villegas-Echeverri JD, **Robert M**, Carrillo JF, et al. FIGO-IPPS consensus statement: Addressing the global unmet needs of women with chronic pelvic pain. *Int J Gynaecol Obstet.* 2025 Jun;169(3):1140-1145. doi: 10.1002/ijgo.70093[6].
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4. Brennand EA, Scime NV, Huang B, Edwards AD, Kim-Fine S, Hall J, Birch C, **Robert M**, Carter Ramirez A; Calgary Women's Pelvic Health Research Group. Hysterectomy versus uterine preservation for pelvic organ prolapse surgery: a prospective cohort study. *Am J Obstet Gynecol.* 2025 May;232(5):461.e1-461.e20. doi: 10.1016/j.ajog.2024.10.021. Epub 2024 Oct 18. PMID: 39428029.
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6. Gulamhusein N, Pattar BSB, Dumanski SM, Harrison TG, Butalia S, **Robert M**, Schulz JA, Ahmed SB. Association between parity and gravidity & hypertension and blood pressure: protocol for a systematic review and meta-analysis. *BMJ Open.* 2025 Feb 5;15(2):e094739. doi: 10.1136/bmjopen-2024-094739. PMID: 39909532; PMCID: PMC11800290.

Dr. Alison Carter Ramirez

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2. **Ramirez AC**, Edwards A, Chill HH, et al. The role of uterine preservation at the time of pelvic organ prolapse surgery. *Female Pelvic Med Reconstr Surg*. 2025 Apr 1. doi: 10.1097/SPV.0000000000001667[8].
3. Chang OH, **Carter Ramirez A**, Edwards A, Chill HH, Letko J, Woodburn KL, Cundiff GW. The Role of Uterine Preservation at the Time of Pelvic Organ Prolapse Surgery. *Urogynecology (Phila)*. 2025 Apr 4. doi: 10.1097/SPV.0000000000001667. Epub ahead of print. PMID: 40168462.
4. Brennand EA, Chai J, Cummings S, Huang B, Hughes T, Edwards A, **Ramirez AC**; Calgary Women's Pelvic Health Research Group. Babcock versus Scissor Tensioning for Retropubic Mid-Urethral Slings: Comparing Two Intra-Operative Techniques Through 5 Years of Follow-Up. *Int Urogynecol J*. 2025 Feb;36(2):279-287. doi: 10.1007/s00192-024-05916-y. Epub 2024 Oct 1. PMID: 39352429; PMCID: PMC11895215.

Dr. Jena Hall

1. Nordquist J, Silva S, Caverzagie K, **Hall J**. Clinical learning environments: Updates. *Med Teach*. 2025 Jun;47(6):911-917. doi: 10.1080/0142159X.2025.2459361. Epub 2025 Feb 3. PMID: 39901697.
2. Brennand EA, Scime NV, Huang B, Edwards AD, Kim-Fine S, **Hall J**, Birch C, Robert M, Carter Ramirez A; Calgary Women's Pelvic Health Research Group. Hysterectomy versus uterine preservation for pelvic organ prolapse surgery: a prospective cohort study. *Am J Obstet Gynecol*. 2025 May;232(5):461.e1-461.e20. doi: 10.1016/j.ajog.2024.10.021. Epub 2024 Oct 18. PMID: 39428029.
3. **Hall J**, Anderson R, Cluett J, Davis M, Johnston A, Lam G, Low A, Paw J, Brennand E. Improving Non-Urban Access to Specialist OBGYN Care in Canada: A Call to Action. *J Obstet Gynaecol Can*. 2025 Jun;47(6):102912. doi: 10.1016/j.jogc.2025.102912. Epub 2025 Apr 18. PMID: 40254094.

Quality Assurance/Quality Improvement and Innovation

The Section continues to prioritize quality outcomes in clinical care and research. Key QA/QI initiatives include:

- Implementation of standardized protocols for pelvic floor surgical procedures with documented patient outcomes
- Development of the Alberta Virtual Pain Program as a novel delivery model for chronic pelvic pain management

- Ongoing assessment of patient satisfaction and functional outcomes post-operatively
- Integration of patient education materials into pre- and post-operative counseling protocols
- Wet laboratory training programs for trainees to ensure optimal surgical technique and complication prevention

Future Directions and Initiatives

Goals for the Next Year (2026)

- Expand Pelvic Floor Clinic Capacity: with onboarding of new clinical staff
- Research Dissemination: Bring key research projects through publication pipeline and presentation at national/international conferences
- Enhanced Surgical Training: Expand specialized wet laboratory training in pelvic floor reconstruction and OASIS repair
- Guideline Development: Continue leadership in national and international guideline committees, e.g. U-POP

Goals Beyond the Next Year (2026+)

- Research Excellence: Establish the Section as a regional leader in pelvic floor research with multiple NIH/CIHR-funded projects
- Workforce Development: Successfully recruit and integrate new urogynecologists, Family Physician and Physician Assistant to support clinical and research missions
- Innovation in Care Delivery: Further develop virtual care models and interdisciplinary triage pathways
- Educational Leadership: Expand the Clinical Investigator Program and establish the Section as a premier training destination for urogynecology fellows
- Global Health: Deepen international partnerships and create sustainable programs in resource-limited settings
- Patient-Centered Outcomes: Implement comprehensive outcome tracking systems measuring functional, sexual, and quality-of-life outcomes after pelvic floor interventions



Dr. Shunaha Kim-Fine
Urogynecology Section Head

Summary compiled by: Dr. Colin Birch, Dr. Erin Brennand, Dr. Alison Carter-Ramirez, Dr. Jena Hall, Dr. Shunaha Kim-Fine, Dr. Rebecca Manion and Dr. Magali Robert



Reports

Pre-Clerkship & Clerkship Undergraduate Medical Education

Accomplishments and Highlights

Pre-Clerkship

The current pre-clerkship curriculum, Re-Imagining Medical Education (RIME), replaced the prior legacy curriculum in July 2023. RIME is a spiral curriculum based off the MCC objectives where the material is seen multiple times and in progressive complexity during the two years the students spend in pre-clerkship. This curriculum embraces a generalist approach, to shift away from specialty-level teaching and to prioritize teaching that meets the needs of an undifferentiated learner. The RIME curriculum is divided into three blocks over the two years of pre-clerkship, and Obstetrics and Gynecology topics are spiraled through these three blocks. Three faculty members from the Department of Obstetrics and Gynecology (Dr. Fiona Mattatall, Dr. Kayla Nelson and Dr. Jadine Paw), as well as a family physician (FM-Obstetrics) form the core group of Pre-clerkship Educators (PCEs) that cover women's health in this curriculum. Hundreds of new podcasts, dozens of large group and tutorial group sessions have been created by these



amazing PCEs to teach Obstetrics and Gynecology to a new generation of medical students. The PCEs are also involved in teaching non-Obstetrics and Gynecology related subjects as part of their RIME portfolios, and have roles as 'Week Captains' as well. In addition to contributing as a PCE, Dr. Mattatall is also the lead for the Gender and Sexuality Portfolio for the UME.

At the time of this report, two complete iterations of RIME (three blocks of pre-clerkship) have been completed. The consistent feedback from the students is that the Obstetrics and Gynecology material is amongst the best taught in all of the RIME curriculum. Students have commented that our materials are concise and well-organized, and that the teaching is engaging and reflects our passion for our patient population.

We have not only worked hard to teach medical content but have embedded important health equity concepts that are unique to our patient population within our new teaching materials. Many students have also commented that they never entertained a future in Obstetrics and Gynecology, but that our RIME materials have inspired them to explore more of our specialty.

Dr. Fiona Mattatall is the recipient of the Special Jersey award this past year, and Dr. Kayla Nelson and Dr. Jadine Paw are the recipients of the Pre-Clerkship Gold Star Teaching Awards from the Class of 2027 for going 'above and beyond' when teaching through the RIME curriculum. These awards put this team at the top 5% of all teachers in pre-clerkship.

Clerkship

We have had another successful year with clerkship, this year supporting the first cohort of RIME students through their rotation. We have continued with a 4-week model incorporating a 2-week clinic/outpatient focus and 2-week inpatient focus. We continue to be celebrated by clerkship students for our upfront teaching model with 2-day boot camp full of immersive case learning and hands on practice.

The class of 2026 has recognized multiple members of our department as exemplary teachers by presenting them with Gold Star awards including Dr. Dorothy Igras, Dr. Kathryn Kenny, Dr. Ingrid Kristensen, Dr. Kyle Lafrenière, Dr. Duncan McCubbin and Dr. Christine Osborne.

Each year there is an opportunity to recognize someone making a positive impact on clerkship by nominating them for an award with UME. Louise Gofton was recognized by receiving a "Behind the Scenes" award for Obstetrics and Gynecology clerkship administrative support.

We would also like to acknowledge the contributions of our clerkship committee that provides support for the rotation including site reps, residents, and students. The 2025 clerkship committee as follows: Dr. Weronika Harris-Thompson (Clerkship Director) and Dr. Kathryn Kenny (Deputy Clerkship Director), Dr. Kyle Lafrenière (Evaluation Coordinator and SHC rep), Dr. Rachel Wang (FMC rep), Dr. Paul Henning (RGH rep), Dr. D Igras (PLC rep), Dr. D. McCubbin (Medicine Hat rep), as well as our resident reps Dr. Danielle Chang, Dr. Claire Connors, Dr. Sarah Moroziuk and student reps Janeen Derochie and Alam Randhawa.

Challenges

Pre-Clerkship

As RIME enters the third round of this RIME curriculum, the PCEs are continuing to revise their materials based on feedback from last year. The first cohort of students to graduate from this curriculum will happen later this year, and it will be interesting to compare their CaRMS and MCC

exam results to the legacy curriculum. One of the main changes this year is how students are examined, and the creation and refinement of the exam process. The PCEs will be involved in creation of these exam materials. The on-going challenge is that most clinical teachers from our department are fee-for-service clinicians. The amount of time it takes to create and teach our educational materials is done outside of typical clinical working hours (we do not have protected paid time during working hours to do this work). Financial compensation does not properly reflect the actual amount of time we dedicate to these roles. This remains the biggest challenge in engaging new and current teachers in our department. Additionally, the plans for the Southern Alberta Medical Program (SAMP) in Lethbridge are underway and the current PCEs in Calgary will be helping the SAMP team with the development of their materials. This will add additional workload to our team.

Clerkship

Our ongoing challenges remain within capacity for student experiences in our discipline and engagement of faculty. Despite the large growth in medical students over the years, there has not been a proportional increase in faculty preceptors and inpatient/outpatient opportunities for learning. There is a need for both core clerkship experiences and elective experiences which play a pivotal role in mentorship, assessment and future recruitment of CARMS candidates. During the COVID crisis, there was a normalization of minimal student involvement and numbers of learners encountered on shift. In order to accommodate growing numbers of students, having multiple clerkship students/learners present on L&D needs to be normalized again. Certainly, this must be balanced against preceptor burnout and initiatives to acknowledge the contributions of faculty members to teaching in both inpatient and outpatient settings. One way we try to achieve this is by making best attempts to evenly distribute the presence of students in clinic and the role of primary preceptor.

Workforce Planning

Pre-Clerkship

The teaching of RIME is confined to a small group of PCEs who do all the curriculum creation and teaching and no longer require our other faculty to sign up for small groups or lectures (like in the legacy Course Six curriculum). The group of PCEs from our department is small, and there is no expected change in workforce for pre-clerkship at this time.

Clerkship

Our team is always looking for new motivated teachers to join the core teaching team; assets include further medical education courses including simulation courses or completion of Teaching Excellence Program through the University of Calgary.

Appointments

Clerkship Director/Lead

We welcome Dr. Elizabeth Russell who has taken over the role as of January 2026.

Dr. Kathryn Kenny has taken on a large role in supporting the clerkship program as a Deputy Clerkship Director. In particular, she has been able to bring dedicated time for teaching and curriculum development in association with her AMHSP as of September 2025.

Retirements/Resignations

Dr. Harris-Thompson has stepped down from the role of Clerkship Director after >6 years of holding the role. She plans to continue adding to her ten years of dedicated clerkship teaching during the first week of the rotation and supporting students on their rotations at RGH.

Dr. Kristensen has moved on from her position as a core clerkship teacher after ten years of contributing to our very successful boot camp at the beginning of the rotation. We thank her for her contributions over the years.

Future Directions and Initiatives

Pre-Clerkship

We will not know the real effect on medical education until the first cohort of RIME graduates (in 2026), writes their LMCC exam, matches residency and completes their PGME training. The results of these indicators will allow us to further finesse our materials and delivery of pre-clerkship education in the near future.

Master of Physician Assistant Studies

The Department of Obstetrics and Gynecology is supporting the University of Calgary's Master of Physician Assistant Studies (MPAS) program, a two-year graduate program preparing Physician Assistants (PA) for direct entry into clinical practice. The program admits 20 students annually and will graduate its first cohort in 2026. As Physician Assistants continue to expand rapidly across the Alberta healthcare system, faculty can expect to encounter increasing numbers of PA learners and graduates in clinical settings.

As part of the core clinical curriculum, all Physician Assistant students complete a four-week mandatory Obstetrics and Gynecology rotation at South Health Campus Hospital, providing structured exposure to inpatient and ambulatory women's health care. Many department members have contributed to the pre-clerkship MPAS curriculum through guest lectures, skills teaching, and simulation-based learning.

There are multiple ways for faculty to engage with the Physician Assistant program. These include one time teaching, clinical supervision, shadowing, or elective experiences. Faculty interested in learning more are encouraged to contact Kyle Lafrenière, the Obstetrics and Gynecology rotation lead for the Physician Assistant program.

Summary compiled by: Dr. Jadine Paw, Dr. Elizabeth Russell, Dr. Kyle Lafrenière, Dr. Weronika Harris-Thompson and Dr. Kathryn Kenny



Dr. Weronika Harris-Thompson
Obstetrics and Gynecology Clerkship Director
Dr. Kathryn Kenny
Acting Deputy Obstetrics and Gynecology Clerkship Director

Department Education & Research Fund

The purpose of the committee is to ensure compliance and adherence to the terms of reference developed by the DEAR Committee.

- Review and provide feedback on financial applications
- Monitor the balances of the account
- Formulate agreement on yearly invoicing to department members
- Provide administrative, treasury and accounting support to the DEAR fund while acting in the best interest of its members who provided the funds held within the account

All decisions are committee based and independent of department leadership.

2025 Accomplishments and Highlights

Awarded \$95,520 to 17 applications (three Education-Academic, 14 Research). These included research projects (across all four sites and various sections), conference attendance to present research, educational events (well attended by trainees and department members), a faculty retreat and resident journal club events.

- DEAR Terms of Reference (TOR) and forms reviewed and updated
- Standardized allocation for conference requests (national and international) to align with the University of Calgary
- Stewardship of funds with thorough review of applications to ensure funds align with DEAR mandate and funds are not available elsewhere

Challenges

- To engage department members to increase membership support from all sites and all sections
- Promote values in contributing to DEAR to enhance the department's goals for education and research (regionally, nationally and internationally)

Workforce Planning

We appreciate all past and present committee members' time, dedication, and expertise in the stewardship of this fund.

Current members are Dr. J Soucie (FMC, DEAR Lead), Dr. N Soliman (FMC, MFM), Dr. K Chaput (FMC, Research), Dr. J Mannerfeldt (RGH), Dr. M Nasr-Esfahani (PLC), Dr. L Andrew (PLC), and Dr. K Nelson (SHC).

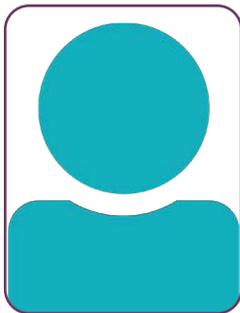
New additions this year are Dr. L Andrew (PLC) and Dr. K Nelson (SHC).

Resignations were Dr. P Henning (RGH), Dr. A Wagner (SHC), and Dr. J Thurston (SHC).

We welcome anyone interested in joining the DEAR committee to reach out for more information.

Future Directions and Initiatives

- Increase Department membership support to sustain DEAR Fund and to allow DEAR to provide more funding for future Department of Obstetrics and Gynecology projects
- Promote DEAR Fund value to department, sites and sections



Dr. Jennifer Soucie
DEAR Fund Committee Lead

Perinatal Morbidity & Mortality Committee

Accomplishments and Highlights

Perinatal Morbidity and Mortality (PNMM) committee continues to review all identified cases of unplanned perinatal morbidity and mortality from 20 weeks of gestation until 28 days post-natal life that occur within the Calgary Zone.

There are ten meetings per year, with 12-18 cases reviewed per meeting.

We continue to review cases through a “systems lens”, such that if clinical adverse events are identified, they are assigned a severity and further reviewed accordingly.

Challenges

Increasing length of meeting time with more cases to review.

Increasing number of cases with increasing birth rate in the Calgary Zone.

Workforce Planning

The committee has contracted somewhat with the loss of members from medical genetics and pathology.

It continues to have a stable roster of pregnancy care providers (low-risk maternity, midwifery, and general obstetrics), an MFM consultant (for input on higher-risk women and fetuses), a neonatology consultant, as well as administrative support and input from patient safety.

Retirements/Resignations

Members from medical genetics and pathology are no longer present.

Quality Assurance/Quality Improvement and Innovation

The focus of this committee is quality assurance; the hope would be to use the data to launch quality improvement projects.

Future Directions and Initiatives



Dr. James Watson
Chair Perinatal Morbidity and Mortality Committee

- Improve efficiency of meetings to achieve the goal of no more than two hours per session (plus independent review time).
- Catalogue de-identified data such that it can be used for statistical purposes; potentially expose aspects of pregnancy and maternal care that can be improved (e.g. provider practice improvement, public education).
- Create information corridors with the new iteration of the provincial women's and perinatal QAC.



Research

Research Overview

New Faculty Member

Dr. Amy Johnston is an epidemiologist and Assistant Professor in the Departments of Obstetrics and Gynecology and Community Health Sciences in the Cumming School of Medicine at the University of Calgary (effective February 2025). She received her PhD in epidemiology from the University of Ottawa and completed a postdoctoral fellowship in perinatal epidemiology at the University of Calgary. She uses a combination of administrative data and primary data sources to examine how social, biological, and clinical factors intersect to shape health disparities and healthcare utilization among females and women+. Her research program, AWARE, seeks to generate evidence to inform health policy and the development of targeted prevention strategies and interventions to improve the health and well-being of females and women+ across the life course.

Research Support

Ms. Selphee Tang has been a long-standing employee of the Department of Obstetrics and Gynecology. Due to health care restructuring, her position was re-allocated to the Data Integration Management and Research team within Alberta Health Services in October 2025. Selphee will continue to support research projects that she had been assigned prior to this transition; however, is unable to take on any additional projects as assigned by the department.

	New Projects	Ongoing Projects
Total projects	9	17
Role of requester		
Faculty / Staff	3 (33%)	11 (65%)
Residents / Fellows / Students	6 (67%)	6 (35%)
Type of request		
Analysis of data / contribution to manuscripts	3 (33%)	11 (65%)
Data pulls from repositories / datasets	1 (11%)	2 (12%)
Sample size calculations / analysis plans	5 (56%)	2 (12%)
Assistance with database management	0 (0%)	2 (13%)

Graduate Students

While the Department of Obstetrics and Gynecology does not offer a graduate training program, our faculty members are actively involved in the supervision of graduate students through other departments. Three students successfully defended their MSc and PhD theses in 2025 under the co-supervision of department members.

- Dr. Nicola Cavanagh successfully defended her PhD thesis through the Department of Community Health Sciences under the co-supervision of Dr. Deirdre McCaughey and Dr. Amy Metcalfe.
- Dr. Michelle Malagon successfully defended her PhD thesis through the Department of Nursing under the co-supervision of Dr. Cara Ginn and Dr. Katie Chaput.
- Ms. Meghan McPhail successfully defended her MSc thesis through the Department of Community Health Sciences under the co-supervision of Dr. Kara Nerenberg and Dr. Katie Chaput.

Awards

Multiple faculty members were honoured for their contributions to research excellence and implementation science in 2025:

- Erin Brennand, Association of Faculties of Medicine of Canada, May Cohen Equity, Diversity, and Gender Award
- Erin Brennand, American Urogynecologic Society, Raymond A. Lee Lectureship
- Charlene Lyndon, Health Quality Council of Alberta, Patient Innovation Award
- Amy Metcalfe, Alberta Medical Association, Medal of Honor
- Amy Metcalfe, Cumming School of Medicine Alumni of Distinction Awards, Research
- Amy Metcalfe, O'Brien Institute for Public Health Mid-Career Research Leader Award

Research Funding

Collectively, department members received \$2,794,161.64 in research funding support in 2025.

Publications

Publications

Collectively, department members published 112 peer-reviewed manuscripts in 2025. Key areas of focus and citations are highlighted below.



1. Agbani EO, Chow L, Nicholas J, et al. Human Platelets Internalize Pregnancy-Specific Glycoprotein-1 (PSG1). *Thromb Haemost*. 2025; doi:10.1055/a-2618-4817
2. Andiman SE, Beckham AJ, Halder GE, et al. Impact of Dobbs v. Jackson Women's Health Organization on Obstetrics and Gynecology Training One Year Later: Qualitative Analysis of Physician Perspectives. *Womens Health Issues*. 2025;35(4):253-260. doi:10.1016/j.whi.2025.04.005
3. Baker K, Stephenson N, Cuthbert C, Rabi D, Metcalfe A. A Retrospective Analysis of Postpartum Glucose Testing Incidence by Prenatal Care Provider Specialty in a Canadian Gestational Diabetes Cohort. *Can J Diabetes*. 2025;49(4):263-270 e3. doi:10.1016/j.jcjd.2025.03.006
4. Benham JL, Stephenson N, Metcalfe A, et al. Gestational Diabetes Laboratory Testing in Alberta Before and During the COVID-19 Pandemic. *Can J Diabetes*. 2025;49(3):213-217 e1. doi:10.1016/j.jcjd.2025.02.008

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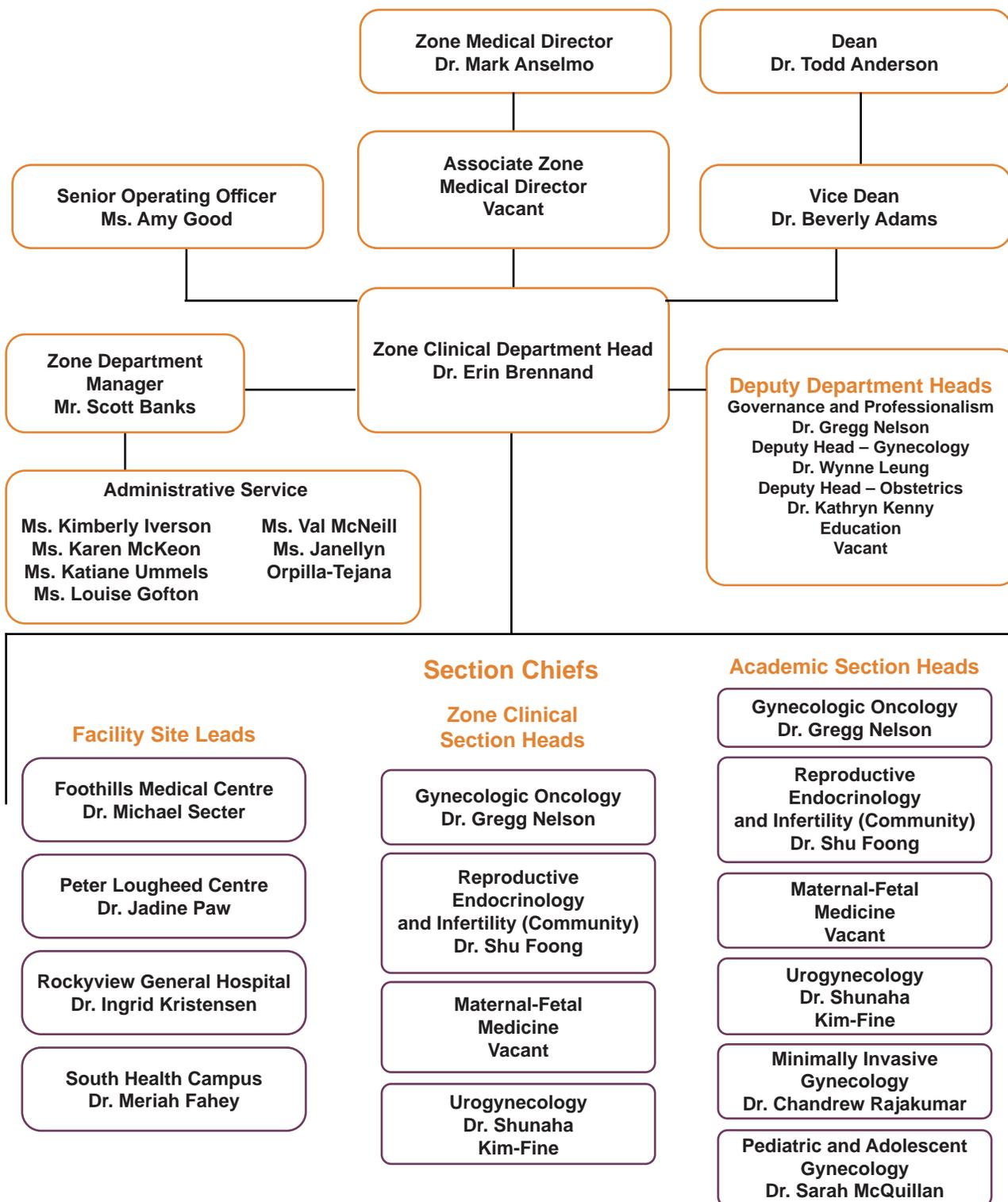


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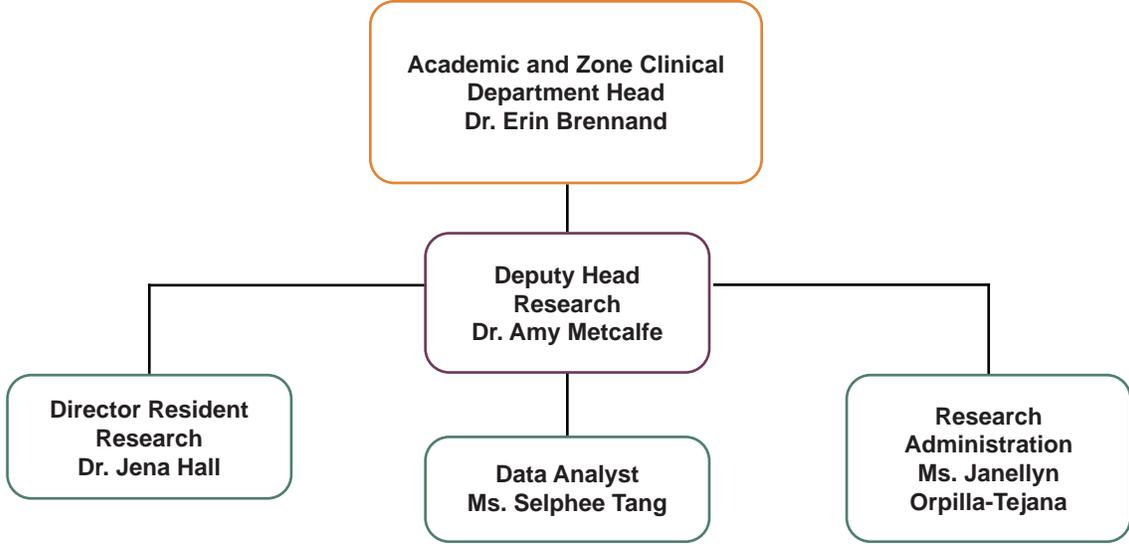
A decorative horizontal banner with a dark green background. It features several stylized gears in shades of yellow and orange, along with floral-like patterns and small yellow dots scattered across the surface.

Organizational Charts

Leadership



Research





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