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Dr. Kimberley Williams
Physician and
CMAJ Reader

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Canadian Family Physician	31,076

Source: CCAB and AAM

- CMAJ is indexed by PubMed and PubMed Central, the online databases hosted by the National Library of Medicine (the world's most comprehensive database of medical information). Indexing provides a guarantee of permanent archiving, the key to attracting quality authors and physician readership.
- CMAJ is an international forum that allows physicians and medical researchers to publish their findings for a worldwide audience.

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October	Sep 19
November	Oct 24
December	Nov 21

Ad specs

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2/3 page vertical

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REVIEW

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NEWS

Resignations raise questions about OMA finances

■ Cite as: *CMaj* 2017 August 21;188E1077-8. doi: 10.1503/cmaj.109570

Posted on cmajnews.com on Aug. 2, 2017.

Nine doctors are calling for an independent investigation into what they describe as a culture of fear and a lack of financial transparency at the Ontario Medical Association (OMA).

On July 4, Dr. Alexander Gil and Mark O'Shea resigned as chairs of the OMA's two largest districts, citing an "increasingly toxic environment." They accused OMA leaders and others in the organization of attempting to muscle dissent by censoring communications and reporting more than 40 local members to the College of Physicians and Surgeons of Ontario (CPSO) for personal discipline.

There was also an "immense amount of bullying and intimidation," including direct threats and insults from people with positions of authority, said Gil. "All attempts to address it internally were met with more bullying and intimidation."

Last week, seven more district delegates resigned in response to OMA's "smelling rats" to address the complaints. They traced the toxicity at OMA to a struggle over financial accountability.



Dr. Alexander Gil and eight other physicians say they heard bullying and intimidation after pushing for greater financial transparency.

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RESEARCH | SYNOPSIS

Use of antibiotics during pregnancy and risk of spontaneous abortion

Flory T. Muanda MD, Odile Sheehy MSc, Anick Bézard PhD

■ This is a synopsis of a paper at www.cmaj.ca/lookup/doi/10.1503/cmaj.161020

Cite as: *CMaj* 2017 May 1;188E25-30. doi: 10.1503/cmaj.161020

ABSTRACT

BACKGROUND: Although antibiotics are widely used during pregnancy, evidence regarding their fetal safety remains limited. Our aim was to quantify the association between antibiotic exposure during pregnancy and risk of spontaneous abortion.

METHODS: We conducted a nested case-control study within the Quebec Pregnancy Cohort (1998-2005). We excluded potential confounders, use of anticonvulsants, and pregnancies with a history of miscarriage. Spontaneous abortion was defined as having a diagnosis of chorionic involution (defined as 20-24 weeks before the 20th week of pregnancy). The index date was defined as the date of the miscarriage.

RESULTS: After adjustment for potential confounders, use of antibiotics led to a 23% increase in the risk of spontaneous abortion (OR 1.23, 95% CI 1.07-1.41). Exposure to antibiotics during pregnancy was associated with an increased risk of spontaneous abortion (OR 1.23, 95% CI 1.07-1.41). Exposure to antibiotics during pregnancy was associated with an increased risk of spontaneous abortion (OR 1.23, 95% CI 1.07-1.41).

INTERPRETATION: After adjustment for potential confounders, use of antibiotics during pregnancy was associated with an increased risk of spontaneous abortion. Our findings may be of use to

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