President’s Message: A Better SOAP

Robert D'Angelo, M.D.
Wake Forest University
President, SOAP

It is amazing how time flies when we’re having fun… I cannot believe that this is already my last newsletter article as SOAP President! When contemplating what to write about, I kept coming back to the incredible number of exciting things happening within the Society. This report provides a synopsis of some of the areas of focus that lead me to be so optimistic about SOAP’s future. During the past few years, SOAP has undergone an incredible modernization. Each step has been carefully guided by the strategic plan developed two years ago that includes the big categories of revenue, membership, education, research and outreach. Though not easy to achieve, fiscal responsibility has been maintained as each of SOAP’s missions have been enhanced. Hopefully, you will agree with me that each bullet listed below represents progress in the creation of a better SOAP.

Revenue:
• SOAP has seen significant improvements in its financial reserves during the past year from investment income and the successes of the Sol Shnider Obstetric Anesthesia and Annual meetings. Financial success means that money can be reinvested into the Society, which results in a stronger organization for all. In the sections that follow, please take note of the numerous examples of this reinvestment.
• In addition, although donations are a portion of SOAP’s financial success, it is recognized that membership may have questions regarding how contributions are utilized. As a result, the OAPEF Board of Directors is preparing documents that will clarify exactly what the nonprofit foundation is and how donations are utilized to support education and research endeavors.

“The website now includes committee reports, easy-to-read treasurer reports and the complete SOAP Bylaws. Any member with questions about current SOAP investments or how much money was made/lost during recent annual meetings can easily find answers by reviewing the treasurer’s report.”

Membership:
• In response to members’ concerns, improved transparency has been achieved through e-blasts, newsletter articles and the website. Although the goal is absolute transparency, the frequency of e-blasts had to be carefully balanced to provide necessary information without inundating members’ inboxes with e-mails.
• The website has been modernized and is also easily customizable.

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• As a result, members have access to timely information such as recent CMS interpretive guidelines revisions that were posted on the website within 24 hours of release. The website also includes members-only sections useful to the practitioner, such as ACOG documents related to obstetric anesthesia, ASA Corner, Expert Opinions and F-1000 articles.
• The website now includes committee reports, easy-to-read treasurer reports and the complete SOAP Bylaws. Any member with questions about current SOAP investments or how much money was made/lost during recent annual meetings can easily find answers by reviewing the treasurer’s report. This type of information would have been nearly impossible to access in the past, but now it is just a few clicks away.
• We will carry forward the expansion of the website, which will include CME offerings, videos, links to anesthesia outcomes registries, and an expanded picture post that will include SOAP historical pictures that were recently digitized.
• Although real-time membership renewal and meeting registration were recently launched and have gone fairly smoothly, bugs have been encountered and are being worked out.
• Leadership will also continue to address issues related to the medical practice of obstetric anesthesia as they arise, many of which are addressed as joint SOAP/ASA efforts when necessary or appropriate. Recent examples of collaborative efforts include addressing concerns involving the CMS interpretative guidelines, syringe labeling requirements and ephedrine administration triggers. Without reiterating a recent SOAP e-blast outlining the revisions to the CMS 2009 interpretive guidelines, I encourage you to review the revisions (link available on the SOAP website) and work with your own director of anesthesia and credentialing office to define how labor analgesia is administered at your institution. The revisions indeed allow for improved patient care by allowing flexibility at the hospital level based on the availability of anesthesia providers on the staff and with the condition that minimum standards of care are achieved.

Education:
• Lectures during the Annual Meeting given by key expert speakers from outside of obstetric anesthesia were created to enhance the educational experience of attendees.
• The Sol Shnider Obstetric Anesthesia Meeting was brought into the SOAP fold in 2010 and will be held each March. The 2010 meeting was a huge success, and nothing less is expected from future meetings.
• Both the 2011 Sol Shnider Obstetric Anesthesia and SOAP Annual Meeting programs are outstanding. Please visit www.SOAP.org for additional information and online registration. I hope to see you in San Francisco and Las Vegas.

Research:
• The $50,000 SOAP/Gertie Marx Education and Research Grant was created in 2010. This grant, which will be awarded annually, will stimulate additional research in the subspecialty and help us improve outcomes for mothers and their babies.
• The Research Committee is creating a multicenter obstetric anesthesia research network.
• Plans are currently being made for SOAP to participate as a subspecialty society in anesthesia outcomes registries and in the creation of outcomes-based metrics.

Outreach:
• The $5,000 SOAP/Kybele International Outreach Grant ($2,500/year for two years) provides travel and other financial support for SOAP members who participate in Kybele projects. The grant requires the development of a research project related to patient care needs in the host country with the goal of improving maternal and fetal outcomes long term in the under-developed world. The inaugural grant, to be awarded in 2011, is currently posted on the SOAP website www.SOAP.org.
• Collaborative efforts between SOAP and the Japanese Society of Anesthesiologists (JSA) continue. The second SOAP/JSA Joint Symposium will be held in Kobe, Japan on May 21, 2011 and promises to be an exciting meeting that promotes obstetric anesthesia in the host country. Look for similar collaborations with other international component societies in the coming years.

If you stop to think about it, the items outlined above represent an incredible number and variety of action items for a small society like SOAP to tackle at one time... and pull off successfully. In fact, the consultant who moderated the strategic planning retreat in 2008 warned that most organizations that set so many goals, simply fail. In my humble opinion, SOAP has proven him wrong. This is a testament to the many dedicated volunteers, all working on your behalf with a common goal of making a better Society. I am honored and privileged to work with them and to be participating in such a dynamic time in SOAP’s history. There is no doubt in my mind that SOAP is headed in the right direction. We’re in a far better place than we were 10 years ago, and I fully expect SOAP to be even stronger in 2021. Thank you all for allowing me to be part of it.

Sincerely yours,
Robert D’Angelo, M.D.
The SOAP 43rd Annual Meeting will be held in the beautiful scenic Lake Las Vegas resort Lowe’s Hotel from April 13-17. The dictum in Las Vegas is, “What happens in Vegas stays in Vegas”; however, we have excellent workshops and an exciting scientific meeting planned, and so we hope that everything you learn at the meeting in Vegas you will take back with you to implement in your practice.

Pre-meeting we have two workshops to help the practitioner enhance his or her clinical skills. The Ultrasound Workshop led by Dr. Jose Carvalho and a team of experts in ultrasound techniques will teach ultrasound-guided vascular access techniques and regional anesthesia techniques. The Advanced Airway Management Workshop led by Dr. Ashutosh Wali, along with other national airway experts, will teach all aspects of difficult airway management, including techniques to secure the airway in a cannot-intubate, cannot-ventilate situation.

The theme of the scientific meeting for 2011 is “Providing Safe Outcomes for Mother and Baby,” a theme that will be emphasized in panel discussions, lectures and debates. There are three panel discussions. The Clinical Update panel will focus on patient safety and improving outcomes. Discussion will include the Joint Commission alert on postpartum hemorrhage management strategies; the changing views on VBAC and ACOG guidelines; the declining use of general anesthesia in obstetrics and strategies for maintaining advanced airway skills; the implementation of early warning systems in the United Kingdom; and Crisis Resource Management in the United States.

Pro/con debates are always exciting and fun and this year we have two: Failed Spinal Is Due to Bad Bupivacaine and Administration of Spinal Anesthesia for an Urgent Cesarean in a Patient With a Patchy Epidural Block.

Dr. Mark Warner, President of the American Society of Anesthesiologists, will update us on national and Washington affairs that will affect our practice; and Dr. Valerie Arkoosh will address Health Care Reform: Impact on Physicians and Practice. Other special lectures include the Gertie Marx/FAER Education lecture by Dr. Sol Sulpicio on neurodevelopmental effects of anesthetics. The What’s New in Obstetrics? lecture by Dr. Aaron Caughey, Chief of Obstetrics and Gynecology at Oregon Health and Science University, concerns the cesarean epidemic. One of the academic highlights of the meeting, the Gerard Ostheimer What’s New in Obstetric Anesthesia? lecture, will be delivered by Dr. Paloma Toledo of Northwestern University. One presentation that everyone looks forward to is the Fred Hehre Lecture, which this year will be given by one of our favorite past presidents of SOAP, Dr. Bill Camann.

We encourage you and your fellows, residents and medical students to participate in the Gertie Marx Research competition, the Resident and Medical Student Research Forum, and the Zuspan Research competition. Dr Alan Santos and Dr. Rita Patel will discuss the ACGME approval process of the Obstetric Anesthesia Fellowship Program.

Best of all, come and enjoy meeting with friends, social activities, dine around Vegas, and just being part of the BIG SOAP family.
Use of Ultrasound in Obstetric Anesthesia: Spinals and Epidurals, Vascular Access, and TAP Blocks Workshop
(2 session offerings)
Program Director: Jose C.A. Carvalho, M.D., Ph.D., FANZCA, FRCPC

We are delighted to have the opportunity to offer this workshop on ultrasound applications tailored to the obstetric anaesthesiologist. Ultrasound has redefined the way we practice regional anesthesia today and has been used for peripheral vascular access, assessment of bladder and stomach contents, fascial blocks, and even airway assessment. The untapped potential of ultrasound in the hands of the obstetric anaesthesiologist is phenomenal, and we are just starting to explore it. The ultrasound ‘tool kit’ is here to stay, so clinicians need to adopt this technology in order to make the best use of it. So... embrace the technique, train your eyes and fine tune your hand-eye coordination. We hope that by the end of this workshop you will have gained the necessary information and enough hands-on experience to continue on your own.

Advanced Airway Management Workshop
Program Director: Ashutosh Wali, M.D.
Co-Directors: Connie K. Tran, M.D.; Uma Munnur, M.D.

This workshop is designed to provide participants with an overview refresher course lecture, review the ASA Difficult Airway Algorithm, and discuss the use of old and new airway devices. This CME activity will also provide the anesthesia practitioner with the state-of-the-art information as well as hands-on experience to manage the difficult airway in an optimal manner.

Welcome Reception at the Loews Lake Las Vegas Resort
Wednesday, April 13, 2011
6:00 p.m. - 8:00 p.m.
Experience the glitz and glamour of Las Vegas entertainment while enjoying the company of colleagues, friends, and guests at the SOAP Opening Welcome Reception.
SOAP Wellness 5K Walk/Run
Friday, April 15, 2011
6:15 a.m. - 7:30 a.m.
Let’s all take the first step toward our wellness by participating in the 4th Annual SOAP Wellness Walk/Run. Attend this fun event for all; everyone who participates will win by exercising and meeting others. The 5K Walk/Run will begin and end from the Loews Lake Las Vegas Resort. Register for this free activity on the SOAP Annual Meeting Registration Form.

PBLD: Breakfast with the Experts
Participate in the discussion of two case presentations...
1. Morbidly Obese parturient (BMI 75) requesting labor analgesia then eventually goes for Cesarean Birth
2. Parturient with a pregnancy history of having two previous Cesarean Births and now presents with a Placenta Previa for elective Cesarean Birth

SOAP 43rd Annual Meeting, April 13-17, 2011: Providing Safe Outcomes for Mother and Baby
SOAP 43rd Anniversary Celebratory Dinner & Awards Ceremony
Loews Lake Las Vegas Resort
Saturday, April 16, 2011
7:00 p.m. - 10:00 p.m.
Register for this activity on the SOAP Annual Meeting Registration Form. With the theme of “Good Times, Vegas Style”, we begin with a reception followed by dinner at 7:30 p.m. During dinner attendees will be entertained by the “Rat Pack”. Dress is business casual although many attendees prefer to dress up for the occasion.

Cost is $100/person.
Awards recognized include: Gertie Marx, Best Paper, Frederick Zuspan

SOAP 44th Annual Meeting
March 22-25, 2012
Grand Hyatt Hotel
San Francisco, California

SOAP 45th Annual Meeting
April 24-28, 2013
Caribe Hilton
San Juan, Puerto Rico

Saturday, April 16, 2011
10:00 a.m. - 10:40 a.m. Coffee Break and Poster Viewing
10:30 a.m. - 3:30 p.m. Optional Tour #3 - Red Rock Canyon and Spurs Mountain Ranch Tour ($65 Fee)
10:40 a.m. - 11:40 a.m. Debate: Patient is Scheduled for Cesarean Section for Failure to Progress in Labor: Patchy Block with Epidural – Plan is to do a Spinal for Cesarean Section
Moderator: Joy Hawkins, M.D.
Pro: Barbara Leighton, M.D.
Con: Brendan Carvalho, M.D.
11:40am-12:40pm Gerard W. Ostheimer Lecture - What’s New in Obstetric Anesthesia?
Paloma Toledo, M.D.
Introduction: Jill Mhyre, M.D.
12:45 p.m. - 1:45 p.m. Hosted Lunch, Poster Viewing
1:45 p.m. - 3:15 p.m. Oral Presentations Session #2 (6 Abstracts)
Moderator: Dennis Shay, M.D.
3:15 p.m. - 3:45 p.m. Coffee Break and Poster Viewing
3:45 p.m. - 5:00 p.m. Poster Review Session #2
Alexander Butwick, M.B., B.S., FRCA
7:00 p.m. - 10:00 p.m. SOAP 43rd Anniversary Celebratory Dinner with Awards Ceremony
Onsite at Loews Lake Las Vegas Resort

Sunday, April 17, 2011
6:30 a.m. - 12:00 p.m. Registration
6:30 a.m. - 7:30 a.m. Hosted Continental Breakfast and Poster Viewing
7:30 a.m. - 8:30 a.m. Research Update 2011: The Oxytocin Hour
Moderator: Richard Smiley, FRCA
7:30 a.m. - 7:45 a.m. Getting Good Tone: Recent Findings in the Lab
Mrinalini Balki, M.D.
7:45 a.m. - 8:00 a.m. Getting Good Tone: Recent Lessons From the OR
Alexander Butwick, M.B.B.S., FRCA
8:00 a.m. - 8:15 a.m. Oxytocin: Beyond the Uterus
Ruth Landau, M.D.
8:15 a.m. - 8:30 a.m. Panel Q&A
8:30 a.m. - 10:00 a.m. Ethical and Legal Panel
Moderator: Stephen Pratt, M.D.
8:30 a.m. - 9:15 a.m. The Ethical and Legal Challenges of Keeping the Mother, Fetus and Anesthesiologist Safe
Joanne Douglas, M.D.; Bill Sullivan, QC (Barrister and Solicitor)
9:15 a.m. - 9:45 a.m. Ethical and Legal Concerns of Disclosing Adverse Events
Kelly A. Saran, R.N., M.S.
9:45 a.m. - 10:00 a.m. Panel Q&A
10:00 a.m. - 10:20 a.m. Coffee Break and Poster Viewing
10:20 a.m. - 11:50 a.m. Best Case Reports of the Year: You Did What?
Peter Pan, M.D. and Bhavani Kodali, M.D.
11:50 a.m. Closing Remarks
Maya S. Suresh, M.D.
I am pleased to report that SOAP’s assets grew by 19.9 percent in 2010 due primarily to successful educational programs, as well as loyal membership and modest gains in our investment portfolios. As I have mentioned in previous reports, SOAP’s financial performance is dependent on meeting attendance, membership, cost management and investment performance, in that order. Last year, both the Sol Shnider meeting and the SOAP Annual Meeting were well attended and well run, which resulted in financial profits for SOAP. Our strategy has been to construct meetings of the highest quality, which would lead to sustainable high attendance and interest in our subspecialty. Most of the credit for this belongs to our program planning committees, which have been extremely thoughtful in designing these meetings and have made decisions foremost with educational value for our members in mind.

Regarding our individual accounts, our assets grew over the last 12 months, primarily in our cash accounts, as a result of meeting profits. We now have a healthy reserve to protect our organization from untoward future economic events. More importantly, SOAP is now in a position to increase funding to important programs such as the Gertie Marx Research Award, which was first distributed in 2011. In addition, we anticipate shifting some assets in our non-restricted accounts to optimize investment return and the benefits of FDIC protection.

From a strategic perspective, this spring the leadership of our organization will be discussing the future direction of the Obstetric Anesthesia and Perinatology Endowment Fund (OAPEF). Created in 1987, OAPEF is a non-profit organization that could serve to support educational and research endeavors in obstetric anesthesia. Through the generosity of members, it has grown substantially and now comprises a substantial portion of our total assets. Moving forward, we would like to increase OAPEF’s visibility, clarify its mission, and continue to increase the amount of financial support it provides to programs and endeavors that make a difference in obstetric anesthesia care. I am honored to oversee our Society’s financial success so that we can continue to make a positive impact on the health of women and their babies. I look forward to sharing the full Treasurer’s Report at the business meeting in Lake Las Vegas.
The SOAP Education Committee currently has 26 members with three subcommittees: the Awards Subcommittee, the Information Subcommittee and the Programs Subcommittee. The Awards Subcommittee, chaired by Mark Zakowski, M.D., is responsible for selection of the SOAP Media Award, won last year by Larry Hatteberg from KAKE ABC Channel 10 for his two-part video segment on “Hatteberg’s People” which featured a segment titled “From Goddard to Ghana: a Women’s Journey,” featuring Medge Owen and her Kybele mission to Ghana. The Teacher of the Year Award was won last year by Sivam Ramanathan, M.D. (greater than 10 years experience) and by Sabri Barsoum, M.D. (less than 10 years experience). This year, SOAP will again select the SOAP Media Award and the SOAP Teacher of the Year Award, and the awardees will be announced and presented at the SOAP Awards Dinner at the annual meeting in Las Vegas.

The Information Subcommittee, chaired by Cathleen Peterson-Layne, M.D., Ph.D., is responsible for contributing articles to the SOAP Newsletter. The summer 2010 SOAP Newsletter featured an article on “Dexmedetomidine - A Role in Obstetric Patients?” by Joanne Hudson, M.D. The fall 2010 SOAP Newsletter featured “Maternal Cardiac Arrest: A Review” by Grace Shih, M.D. and Martin De Ruyter, M.D. The spring 2011 SOAP Newsletter will feature an article by Jill Mhyre, M.D. on using the “RSS Feed Filter for Identifying Articles.”

The Programs Subcommittee, formerly chaired by Deborah Qualey, M.D., will work with the Residents Affairs Committee on a joint project to develop a “Residents Guide to Learning in Obstetric Anesthesia.” A new Programs Subcommittee chairperson will be introduced at our annual meeting in April.

An important charge of the entire committee is grading of the SOAP case report abstracts for the annual meeting and development of the newly created “SOAP Expert Committee Opinion,” the first one being on “Patient Controlled Epidural Analgesia (PCEA) Regimens,” which is already on the SOAP website. Another SOAP Expert Committee Opinion on “Post Partum Hemorrhage Protocol” will be on the SOAP website soon. Look for additional SOAP Expert Committee Opinions on the website as a continued SOAP member benefit.
In common with many other medical societies, the operations of SOAP are ultimately governed by its bylaws. As the mission and goals of the Society change over time, so must its bylaws. The charge of the Bylaws Committee is to evaluate amendments proposed by any member of the Society, to make a recommendation to the Board of Directors as to the suitability of these changes and, if approved by the Board, to present the proposal to the membership at the annual business meeting.

At the 2010 business meeting, the bylaws were amended to create two new committees: The Committee on Continuing Medical Education (CME) and the Legacy Committee. As in most of our committees, certain officers were designated to serve as members. For example, the chair of the Education Committee is a member of the Committee on CME, and the immediate past president of the Society serves on the Legacy Committee. In the interests of increasing diversity on the two newest committees, amendments were proposed from the floor to designate additional members. The amendment to add two additional members to the CME Committee passed; a similar amendment to add two additional members to the Legacy Committee failed.

After the business meeting, the structure of all of our standing committees was reviewed, revealing wide variation in their prescribed membership. In addition to those members who serve on the basis of other positions they hold in the Society, the following committees specify additional members:

- Annual Meeting Committee: “at least three others.”
- Disbursement Committee: “three active members appointed by the President who have a history of significant service to the Society and are approved by the Board.”
- CME Committee: “two additional members of the Society to be appointed for a term of two years by the President.”
- Of the remaining committees, Bylaws, Membership, Economics and Government Affairs, Education, Research, International Outreach, Patient Safety, and Resident Component do not specify any members. The Executive Committee is limited to elected members of the Board of Directors.

There may in fact be good reasons for the composition of the individual committees as described in the Bylaws, but what I think is more likely is that they developed over time without any particular attention being paid to ensuring that the committees had diverse membership. The members of the Bylaws Committee are studying this issue, with the goal of determining if any change in the composition of our committees is warranted. Proposed changes will be distributed electronically to our members prior to the business meeting on April 14.

All SOAP members are encouraged to familiarize themselves with SOAP’s Bylaws and contact me at dwlody@aol.com with any questions or suggestions.

SOAP is now accepting nominations for the following elected positions (to be voted into office at the 2011 meeting):

SECOND VICE PRESIDENT, TREASURER, ASA DELEGATE, ASA ALTERNATE DELEGATE, DIRECTOR AT LARGE.

To nominate yourself or someone else contact m.campbell@asahq.org.
 RSS is most commonly expanded as “really simple syndication” and grew out of an effort to translate RDF (resource description framework) site summaries into XML (extensible markup language). RSS is a format for delivering and consuming regularly changing Web content without having to wade through slow-loading graphics, advertisements and old content.

While news headlines may be the most popular media content delivered through RSS feeds, the format has also become an essential tool of digital communication for weblogs, wiki updates, social networking updates and scientific publications. Most major medical journals now issue RSS feeds that contain citations and abstracts for the current table of contents and articles accepted for publication. Even journals that do not yet publish their own RSS feed can be accessed through third-party sites (e.g., Medworm.com). Major health and funding organizations also issue RSS feeds, including the Centers for Disease Control, the World Health Organization, Agency for Healthcare Research and Quality, the National Institutes of Health and Grants.gov, for example. As you browse websites, look for the icons that indicate an RSS feed is available (Figure 1).

Feeds can quickly overwhelm, so filtering is essential to maximize the value of the feed (and your time reading it). Aggregating companies collect references and other news stories across Web sources and select articles through an editorial process. MDLinx offers an OB-Gyn Surgery News feed, and Medical News Today offers a Pregnancy/Obstetrics News feed. If feeds were mutual funds, then these would be the actively managed funds. A feed filter is a computer application that allows the user to set up an automated process that will aggregate a series of input feeds, manipulate the content and customize the output to create the RSS feed equivalent of an index fund.

To create a feed of articles relevant to the practice of obstetric anesthesia and perinatology, we used a Web application, Yahoo! Pipes, to collate, filter and organize 58 journal feeds. This Yahoo! Pipe draws from the journals listed in Table 1, selects items in which the article title contains at least one of the terms listed in Table 2, adds the relevant journal title to each item, and eliminates duplication.

For individuals who wish to subscribe, the aggregated feed generated by the Yahoo! Pipe can be accessed at http://tinyurl.com/ob-anes-feed. This feed reported an average of 23 articles per week over the course of a three-month period from September 1, 2010 to December 1, 2010.

For individuals who wish to examine the filtering algorithm or to create a more tailored filtering tool for personal use, the published Yahoo! Pipe can be accessed at http://pipes.yahoo.com/obanesthresearch/whatsnew.

The Yahoo! Pipe fetches the list of journals and their titles from four published Google doc spreadsheets, an example of which can be found at http://tinyurl.com/ob-anes-spreadsheet. The spreadsheets for anesthesiology, obstetrics, pediatrics and general medical journals are then filtered through a category-specific selection of the terms from Table 2 in order to maximize utility of the feed. These original resources cannot be modified but can be duplicated and adapted for personal use.

If RSS feeds are new to you, you will need to start by setting up a feed reader, an application that will allow you to organize and view your feed subscriptions. There are many options, and the best choice depends on which device, browser or operating system you use most. Web-based readers such as Google Reader and NetVibes are popular because the account is created online and may be accessed from any desktop or mobile device connected to the Internet. Separate mobile device applications are available to seamlessly sync with your Web-based reader account on the go. In addition, document presentation applications are useful to store your selected articles offline on your mobile device for reading during a flight, a light day on labor and delivery, or any time your mobile device fails to connect to the Internet.

Once an RSS feed is up and running on your feed reader, accessing the full text article can be seamless for open source journals and featured articles in major medical journals. More often, selecting the article link leads to a login page for the journal website or an option to pay for the article. This is where different sorting options specific to the feed reader may be useful for generating a list of interesting citations that may be exported to PubMed, a citation manager, or library circulation services to obtain the articles. In the future, RSS feeds should be supported within library circulation services to allow readers working within institutions with active subscriptions to access articles seamlessly from their reader accounts.

**Figure 1: Icons indicate RSS feeds available**
Table 1. Journals

**Anesthesiology Journals**
- Acta Anaesthesiol
- Anaesthesia
- Anaesth Intensive Care
- Anesth Analg
- Anesthesiology
- Br J Anaesth
- Can J Anaesth
- Eur J Anaesthesiol
- Eur J Pain
- Int J Obstet Anesth
- J Clin Anesth
- J Pain
- Pain
- Reg Anesth Pain Med

**Obstetric Journals**
- Acta Obstet Gynecol Scand
- Am J Obstet Gynecol
- Aust N Z J Obstet Gynaecol
- BJOG
- BMC Pregnancy Childbirth
- Eur J Obstet Gynecol Reprod Biol
- Gynecol Obstet Invest
- Int J Gynaecol Obstet
- Am J Perinatol
- J Womens Health
- J Matern Fetal Neonatal Med
- Midwifery
- Obstet Gynecol Surv
- Obstet Gynecol
- Obstet Med
- Birth
- J Midwifery Womens Health
- MCN Am J Matern Child Nurs

**Pediatric Journals**
- Pediatrics
- J Pediatr
- J Paediatr Child Health
- BMC Pediatr

**General Medical Journals**
- Am J Epidemiol
- Ann Intern Med
- Brit Med J
- Br J Haematol
- Chest
- Circulation
- Crit Care Med
- Eur Heart J
- Health Aff
- Health Serv Res
- Heart
- JAMA
- J Am Coll Cardiol
- J Clin Epidemiol
- J Patient Saf
- Lancet
- MMWR Morb Mortal Wkly Rep
- Nature
- N Engl J Med
- Qual Saf Health Care
- Resuscitation
- Science

Table 2. Keywords for which journal articles are filtered

- pregnan
- matern
- obstetric
- birth
- fetal
- fetus
- natal
- newborn
- partum
- caesarean
- cesarean
- vaginal delivery
- eclamp
- gravid
- gestat
- fetoscop
- oxytocin
- twin
- trimester
- placenta
- dystoci
- labor
- labour
- local anesthetic toxicity
- anesth
- anaesth
- analges
- intrauterine
- childbirth
- asphyxia
- neuraxial
- epidural needle
- epidural catheter
- VBAC

The SOAP CME Committee is looking for members. The CME Committee coordinates the CME activities of the Society (Annual Meeting, Sol Shnider Meeting, Web-based CME) and ensures compliance with ACCME guidelines. If interested, please contact Kiki Palacios, M.D., CME Committee Chair, at alacios@bcm.edu; please submit a CV and a one- to two-paragraph statement of interest.

SOAP is seeking nominations for 2014 MEETING HOST. If interested, please contact Michele Campbell at m.campbell@asahq.org for more information.

Remember to renew your membership at www.SOAP.org
Pioneer’s Corner: History of SOAP Photography

Alex Pue, M.D.

Photographers
The first SOAP photographer was Mike Plumer, who was the editor of the SOAP Newsletter in 1979. He took his own pictures and included them in the newsletters for two years. In 1981, Mike hosted the meeting in San Diego. He asked me to take pictures that year, and I’m still here. Early major photo contributors were Larry Reisner, Cary Booz and Wal- ly Millar. More recent additions to SOAP photography include Divina Santos, who is particularly good with candid portraits, and Kathy Zuspan, who has also added many great candid shots. Other contributors include Barry Cork and John Crowhurst.

If a picture was needed for a newsletter article or a slide presentation, I would search through the pictures, find what I wanted, and either literally cut up the proof sheet or get a print from the negative and express mail it to the panicked requester who needed the pictures the day before.

Equipment and Media
I started with a 1969 Pentx Spotmatic SLR camera and an automatic exposure flash. A few years later, I bought my wife a state-of-the-art Minolta SLR, which would actually do through-the-lens metering and auto-focus. Of course, I “borrowed” it for the SOAP meetings. Our film started as TriX 400 B&W film, moved to TMAX 400 B&W, then Vericolor, and finally Kodacolor. In 2000, I had the negatives developed and scanned to a CD at the same time. We started shooting some digital in 2006, and by 2008 we were all digital.

Storage and Retrieval
Initially we had the film developed and large proof sheets made. Later on, we made prints of all the pictures, which proved quite expensive. We made written logs of each roll of film as we took the pictures. The negatives, proof sheets and photologs were stored in my garage. One year in Boston, a number of my photos were overexposed. I did not find out about that until I got home, of course. Fortunately, Larry Reisner’s camera worked just fine. If a picture was needed for a newsletter article or a slide presentation, I would search through the pictures, find what I wanted, and either literally cut up the proof sheet or get a print from the negative and express mail it to the panicked requester who needed the pictures the day before. They would literally paste them into the newsletter proof sheet or re-photograph them for slides. The first scanning of prints and doctoring of pictures was done by Richard Rottman in 1989 for his memorable SOAP Review. Last year, Robert D’Angelo spearheaded a project, funded by the SOAP Board, to scan and archive the SOAP photos. Now all of the pictures and photologs have been digitized. This was a big job, and Robert deserves kudos for his far-sightedness and perseverance. The details of where they will be kept and how members can get access to them are still being worked out. No doubt the ASA’s Wood Library-Museum of Anesthesiology will have a major role in managing these pictures.

What started simply as a project to supply some pictures for the SOAP Newsletter has resulted in a 31-year photo-documentation of our great Society.

SOAP announces the new SOAP/Kybele International Outreach Grant to support travel and related costs for international outreach. The application deadline is March 18, 2011. See www.SOAP.org for application details.
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Be sure to preview the abstracts that will be presented at the Annual Meeting in Lake Las Vegas at www.SOAP.org
One of my colleagues told me a story recently about presenting the combined spinal epidural versus epidural labor analgesia debate at a conference recently. After the conference, many practitioners gave explanations for their hesitancy in adopting the combined spinal epidural labor analgesia technique:

- There are too many headaches;
- You don’t know if your epidural is working; or
- There’s too much fetal bradycardia.

It made me think about medical decision-making processes. The incidence of headache after dural puncture with a 27-g non-cutting needle is 0.4 percent in this patient population, lower than the risk of headache from inadvertent dural puncture or so-called “unrecognized wet tap.”1,2 Too many? It doesn’t seem like too many. Perhaps some of these practitioners had one or two patients with headaches that they could not explain.

They don’t know if their epidural is working? Why not? Most epidurals work, and there is even evidence to suggest they may fail less often when placed as part of a combined spinal epidural technique.3 Except in the case of the patient with the class IV airway and a concerning fetal heart rate tracing, it seems that this should not be a concern in most clinical circumstances. Did some of these practitioners have a combined spinal epidural that failed for cesarean, resulting in a general anesthetic? I know of an anesthesiologist recently who was unable to extend a sensory level in time for emergency cesarean delivery very shortly placing an epidural catheter, who might have been able to do so if she had been starting from the more dense combined spinal epidural block. Will this person now administer more combined spinal epidurals for labor analgesia?

Is there more fetal bradycardia with combined spinal epidural versus epidural labor analgesia? Studies are conflicting and many interpret that to be a result of the time course of the bradycardia.4,5 Fetal bradycardia that occurs after combined spinal epidural labor analgesia occurs quickly and dramatically. It appears to be the “fault” of the anesthesiologist more so than bradycardia that occurs after traditional epidural. It puts the anesthesiologist in the position of having to explain, which is an uncomfortable place to be.

Medical decision making, or, more precisely, human decision making, is a complex interaction of reason and emotion. Who of us has not spoken of the “one time I had a patient who…” and then ended with “so now I never do…” or “now I always do…” Our own bad outcome events influence us more than the impersonal bad outcomes that occur in a randomized clinical trial at a rate of 0.4 percent. But should they?

And all of us certainly have had the unpleasant experience of explaining a bad outcome to colleagues. “Why did you do that?” We avoid controversy because none of us wants to have to explain ourselves. It’s uncomfortable and unsettling to have to explain, even if one’s decision was justified. And so we think “Well, I’ll never do that again.”

Humans are emotional creatures and therefore only part scientist. I do not know the correct ratio: how much human and how much scientist is the right balance?

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