SOAP
Society for Obstetric Anesthesia and Perinatology

Summer 2011
Newsletter

www.soap.org

President's Message

Maya S. Suresh, M.D.

Greetings! I want to begin by saying I am honored to have been elected to serve as President of the Society for Obstetric Anesthesia and Perinatology (SOAP), an organization that has been part of all my professional life since 1980. I want to thank all my SOAP colleagues for giving me this wonderful opportunity to serve. I also want to take the opportunity on behalf of the Society to thank Dr.Robert D'Angelo for his service as President of SOAP and for his dedication, hard work, outstanding performance and perseverance in carrying out the responsibilities this past year.

As I look back over the last 30 years - and the distinguished list of presidents who have served the Society and their achievements as well as the dedication of the SOAP Board of Directors (BOD) members - I am truly humbled and even more determined and dedicated to serve the Society in not only fulfilling the mission but also some of the key components of the mid-term and long-term strategic plan.

"My goals for enhancing education will include implementation of webinars that can offer online CME courses, with the assistance of the CME and Education committees. I will work with the Sol Shnider Planning Committee on the 2012 meeting."

The 43rd SOAP Annual Meeting was undoubtedly a huge success, as indicated by the evaluations. The majority of the comments were that it was one of the best meetings and that the food was great, although the venue received mixed reviews. I could not have done it without the assistance of Dr. Kenneth Nelson and Michele Campbell, and I extend my gratitude to both.

Continuing to build on the success of the meeting, my personal goals for the term and moving forward would be to ensure that we continue to achieve the goals set out in the strategic plan and to work toward achieving some of the mid-term and long-term plans in the areas of education, research, clinical practice, finances, and membership drive. SOAP's long-term plan is to be a leader in obstetric anesthesia education, have a global footprint, and target all anesthesia providers who practice obstetric anesthesia. My goals for enhancing education will include implementation of webinars that can offer online CME courses, with the assistance of the CME and Education committees. I will work with the Sol Shnider Planning Committee on the 2012 meeting. Along with BOD members and future program committee members, I would like to develop a template for global outreach education

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Editor's Corner

Michael Fröelich, M.D., M.S.

At the 2011 SOAP Annual Meeting in Las Vegas, I accepted the role of the Media Committee chairperson and newsletter editor for SOAP. I hope to continue the excellent work that Barbara Scavone, M.D. brought to this task and to expand on those ideas that have been brought to the table.

Use of the media has become an integral part of every major organization. It is therefore no surprise that this committee's role is rapidly expanding; we are continuously evaluating ideas to improve the arrangement of the website and add valuable content that might be of interest to and enhance the value to our members. Ideas to enhance SOAP's use of the media are: reorganization of research abstracts of past SOAP meetings, the creation of a Facebook account, the expansion of photo and video content of our website, and the presentation of educational content such as webinars.

I always welcome new ideas and, more importantly, volunteers who have the knowledge and passion to implement those ideas. But if you just want to share your ideas with the members, send me a letter to **SOAPeditor@gmail.com** and I will print your letter in the next newsletter. I am all about transparency and free access to information. So this newsletter features some educational content, but most importantly a summary of this year's meeting in Las Vegas and the reports/minutes.

"I always welcome new ideas and, more importantly, volunteers who have the knowledge and passion to implement those ideas. But if you just want to share your ideas with the members, send me a letter..."

I look forward to serving SOAP as Media Committee chair and newsletter editor for the next three years.

President's Message

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for hosting a pre-symposium with the Latin-American component societies.

Similar to the perinatal network in obstetrics and in keeping with the strategic plan, I envision SOAP creating a SOAP Research Network. I will work with some of our outstanding researchers in the Society to initiate protocols for multicenter research trials. Dr. D 'Angelo will be completing the SCORE project, and along those lines I would like to explore national obstetric anesthesia benchmarks with the ASA and its Anesthesia Quality Institute.

As SOAP continues to grow, we need to ensure that the revenue stream and financial well-being of the Society are robust. I would like to enlist the help of the Legacy Committee to enhance donations to OAPEF.

Lastly, I will strive to work with the Membership Committee to continue to enhance the membership drive in the following ways: by enlisting new members and enhancing fellow and resident membership and activities, increasing value for SOAP members, making our website user-friendly, availability of contact information, newsletters, communication corner, post pictures/videos (institutional memory), minutes from SOAP committees and BOD meeting, and survey results. We will continue to update the website and have transparent communications from the BOD to the members.

Sincerely yours,
Maya S. Suresh, M.D.

2011 Meeting Summary

Jessica Rock, M.D.

The 43rd SOAP Annual Meeting, held at Loews Lake Las Vegas Resort in Henderson, Nevada, from April 13-17, 2011, was well-attended, with 595 participants from 19 countries. Pre-meeting activities on April 13 included two popular workshops: "Use of Ultrasound in Obstetric Anesthesia," directed by Jose Carvalho, M.D., Ph.D., FANZCA, FRCPC (University of Toronto), and "Advanced Airway Management," directed by Ashutosh Wali, M.D. (Baylor College of Medicine). That evening, meeting attendees had a chance to become re-acquainted and make some new acquaintances – Marylin Monroe and Elvis mingled and performed during the Welcome Reception at the Loews Las Vegas Resort.

On Thursday morning, the meeting officially opened with welcoming statements by SOAP President Robert D'Angelo, M.D. (Wake Forest University School of Medicine), President-Elect Maya Suresh, M.D. (Baylor College of Medicine), meeting host Kenneth Nelson, M.D. (Wake Forest University School of Medicine), and an update on FAER Grants by Joy Hawkins, M.D. (University of Colorado, Denver). Afterward, six original research abstracts were presented during the Gertie Marx Research Competition, open to medical students, residents, and fellows.

Drs. D'Angelo and Suresh

Roanne Preston, M.D. (BC Women's Hospital, Vancouver) then presented the Distinguished Service Award to Joanne Douglas, M.D. (BC Women's Hospital, Vancouver) for her contributions to the field of obstetric anesthesiology. Both Dr. Preston's presentation and Dr. Douglas' acceptance were warm and entertaining. Manuel Vallejo, Jr., M.D. (Magee-Women's Hospital of UPMC) took the Pro position and Dr. Nelson the Con during a spirited debate of the topic "Failed Spinal is Due to Bad Bupivacaine." The morning session finished with the Gertie Marx/FAER Education Lecture by Sulpicio (Sol) Soriano, M.D., FAAP (Harvard Medical School/Children's Hospital) on the effects of anesthetics on fetal neurodevelopment.

Dr. Joanne Douglas and husband Bill Sullivan, QC (Barrister and Solicitor)

The afternoon session opened with an update from ASA President Mark A. Warner, M.D. (Mayo Clinic College of Medicine), followed by a Clinical Update on Patient Safety/Improving Outcomes, with excellent presentations by Yaakov (Jake) Beilin, M.D. (Mount Sinai School of Medicine), Christina Davidson, M.D. (Baylor College of Medicine), Dr. Suresh, Roshan Fernando, M.B., Ch.B. (Royal Free Hospital – University of London), and Jill Mhyre, M.D.

Lake Las Vegas

Meeting Host Dr. Kenneth Nelson

(University of Michigan Health System). The educational sessions ended with the first poster review.

Friday morning, early risers took part in the Wellness Walk/Fun Run. The morning meeting session began with a special lecture by Valerie Arkoosh, M.D., Ph.D. (University of Pennsylvania) titled "Health Care Reform: Impact on Physicians and Practice." Six original research abstracts followed during the first oral presentation session. Aaron Caughey, M.D., Ph.D. (Oregon Health and Science University) then discussed the "epidemic" of Cesarean deliveries during the "What's New in Obstetric Medicine?"

Gertie Marx Award winner Dr. Clemens Ortner

lecture. The morning finished with the thought-provoking Fred Hehre Lecture, delivered by William Camann, M.D. (Brigham & Women's Hospital – Harvard Medical School); Dr. Camann reminded us that our words and actions have as much of an impact on our patients as our procedural skills. In the afternoon, the Resident/Medical Student Forum began with an update on ACGME approval of obstetric anesthesia fellowship from Alan Santos, M.D., M.P.H. (St. Luke's Roosevelt Hospital Center) and Rita Patel, M.D. (University of Pittsburgh School of Medicine). Presentation sessions followed; 61 residents and medical students participated, giving 64 presentations of case reports or original research.

On Saturday morning, "Breakfast With the Experts" gave participants an opportunity to discuss complicated cases. The full session began with six abstracts during the Best Paper Presentations, followed by another entertaining debate – Barbara Leighton, M.D. (Washington University School of Medicine) took the Pro side and Brendan Carvalho, M.B., B.Ch. (Stanford University School of Medicine) the Con of the topic "Urgent Cesarean Delivery for Failure to Progress in Labor: Patchy Block with Epidural – Plan Is to Administer a Spinal." The morning session ended with the Gerard W. Ostheimer Lecture, a review of the top 150 articles of 2010 relevant to obstetric anesthesia, gleaned from 75 journals in the multiple areas of medicine. This excellent and labor-intensive review was delivered by

Dr. Stephen Gatt, Marilyn, and Dr. Jose Carvalho

Paloma Toledo, M.D. (Northwestern University Feinberg School of Medicine). The afternoon session consisted of another oral presentation session followed by another poster review. After the educational sessions ended for the day, participants had an opportunity to meet the "Rat Pack" and dance the night away at the 43rd Anniversary Celebratory Dinner and Awards Ceremony, held on site at the resort. Award winners were announced during dinner [see Table 1], and Michele Campbell was thanked for her time and effort on behalf of SOAP as she moves on to a new position in the ASA.

Table 1: SOAP Award Winners 2011

Award	Winner	Institution	Abstract Title
Gertie Marx Award	Clemens Ortner, M.D., DESA	University of Washington	Pre-Operative Scar Hyperalgesia in Women Undergoing Repeat Cesarean Section
Patient Safety Award	Jill Mhyre, M.D.	University of Michigan Health System	
Distinguished Service Award	Joanne Douglas, M.D.	British Columbia Women's Hospital	
Media Award	Roini Caryn Rabin		*New York Times* article: "In Labor, a Snack or a Sip"
Zuspan Award	Elena Reitman, M.D.	Columbia University Presbyterian Hospital	Oxytocin Receptor Genotype is Predictive of the Duration of the First Stage of Labor
Best Paper Award	Arvind Palanisamy, M.D., F.R.C.A.	Brigham and Women's Hospital – Harvard	Early Gestational Exposure to Isoflurane Results in Granule Cell Loss in the Dentate Gyrus in Adulthood
Teacher of the Year Award			
Less than Ten Years	Moeen Panni, M.D., Ph.D.	University of Florida College of Medicine	
More than Ten Years	Lawrence Tsen, M.D.	Brigham and Women's Hospital – Harvard	
Resident/Medical Student Best Case Report	Angeline Sawicki, M.D.	Scott and White Hospital, Texas A&M	A Challenging Case Report of an Obstetric Patient with Morquio Syndrome and Polyarticular Onset Juvenile Rheumatoid Arthritis
Resident/Medical Student Best Original Research	Michelle Walters, M.B., B.S.	University Hospitals Leuven	Low-Dose CSE for Cesarean Section: Effective Use in Daily Clinical Practice

The meeting continued on Sunday morning, beginning with an update on oxytocin research from Dr. Mrinalini Balki, Alexander Butwick, M.B., B.S., F.R.C.A. (Stanford University School of Medicine), and Ruth Landau, M.D. (University of Washington). Stephen Pratt, M.D. (BIDMC – Harvard Medical School) energetically moderated a panel on the ethical and legal challenges of obstetric anesthesia practice, which included entertaining and informative comments by Dr. Joanne Douglas and her husband, Bill Sullivan, QC (Barrister and Solicitor), and a discussion of disclosure of adverse events by Kelly Saran, RN, M.S. (University of Michigan Health System). The educational session ended with the best case reports of the year, and the meeting concluded with remarks by Dr. Suresh.

We look forward to seeing everyone next year in Monterey, California! Save the date for the 44th Annual Meeting set for May 2-6, 2012 at the beautiful Hyatt Regency Monterey Resort and Spa.

Report From ASA Committee on Obstetrical Anesthesia

Craig M Palmer, M.D.

The Agency for Healthcare Research and Quality (AHRQ) was established in 1989, and was originally known as the Agency for Health Care Policy and Research. It is one of 12 agencies within the U.S. Department of Health and Human Services, with a mission to "…to improve the quality, safety, efficiency, and effectiveness of health care for all Americans," and support health services research that will improve the quality of health care and promote evidence-based decision-making.

Over the last few years, AHRQ has grown dramatically. One of the Agency's major programs is the "Effective Health Care Program" (EHCP). This program was created in 2003 and funds individual researchers, research centers and academic organizations to produce effectiveness and comparative effectiveness research for clinicians, consumers and policymakers. The research is driven by the needs of Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP). In 2005, the EHCP had a budget of $15 million; in 2008, Congress doubled this to $30 million. In 2009, the program really came into its own, receiving an additional $300 million in the "stimulus" bill, the "American Recovery and Reinvestment Act" (ARRA). This annual funding has continued.

The ECHP accomplishes its mission by reviewing and synthesizing published and unpublished scientific evidence, generating new scientific evidence and analytic tools, and compiling research findings that are translated them into "useful formats for various audiences." Anyone can visit the AHRQ website and suggest a subject for the EHCP to study; these subjects may then turn up as a "Key Question" on the website, where, again, anyone may comment. Comments and subjects are apparently evaluated by an appointed "stakeholders group," "evidence-based practice centers" (which list a number of prominent universities), something called the DEcIDE network, and CERTs (Centers for Education and Research on Therapeutics)…well, you get the idea. This rapidly becomes a very confusing bureaucracy, and a very well-funded one (with taxpayer dollars) at that.

Why am I telling you this? Two reasons, really – first, I was unaware of the AHRQ until it was brought to my attention that they had "key questions" open for comment on their website, which potentially impacted the practice of obstetric anesthesia. One involved strategies to decrease the cesarean delivery rate in the U.S., and another the use of nitrous oxide for labor analgesia. Fortunately, the ASA's Committee on Obstetrical Anesthesia had members who could quickly and authoritatively outline the concerns of the ASA and the obstetric anesthesia community for the AHRQ. Cynthia Wong, M.D. concisely (and preemptively) explained why restriction of labor analgesia would not affect cesarean rates. Curtis Baysinger, M.D. exhaustively outlined the issues involved in the use of nitrous for labor, including unknown maternal and fetal effects, impact on exposed health care personnel, and even environmental concerns. The second reason is to remind everyone that the practice of medicine is facing a different and, as yet unknown, future. Challenges to our medical judgment will come from many quarters and from myriad "stakeholders," not just the federal and state governments. All of us need to do our part to ensure that our patients can continue to receive the best medical care we can provide.

"Over the last few years, AHRQ has grown dramatically. One of the Agency's major programs is the "Effective Health Care Program" (EHCP). This program was created in 2003 and funds individual researchers, research centers and academic organizations to produce effectiveness and comparative effectiveness research for clinicians, consumers and policymakers."

OBSTETRIC ANESTHESIOLOGY FELLOWSHIP PROGRAM DIRECTORS MEETING

SOAP will host a meeting of obstetric anesthesiology fellowship program directors during the ASA meeting in Chicago set for Tuesday, October 18, from 5:00 – 6:00 p.m. at the Chicago Hilton. The purpose of the meeting is to discuss the upcoming transition to an ACGME-accredited fellowship. All interested parties are invited. More details to follow. We are looking forward to seeing you in Chicago in October.

Maya Suresh, MD, SOAP President:msuresh@bcm.edu.

Cynthia Wong, MD c-wong2@northwestern.edu

Governmental Affairs and Economics Committee

Curtis L. Baysinger, M.D.

"There is nothing wrong with change if it is in the right direction."
Winston Churchill

A year ago, our committee's report in the summer 2010 newsletter discussed the CMS's interpretive guidelines regarding anesthesia services, which specifically stated that labor analgesia no longer required physician supervision. Approximately one year later, those guidelines were revised by CMS, probably in response to ASA's, SOAP's, and others' input, which removed the carve-out regarding labor analgesia supervision. SOAP has links to both those guidelines and their summary on our website (**www.soap.org/CMS-revised-guideline-synopsis-1-11.pdf; www.soap.org/CMS-interpretive-guidelines-1-11.pdf**), and all members should carefully read them - both this alteration and another section that requires that all sedation, analgesia and anesthesia services in an institution be organized under one Department of Anesthesiology that has the responsibility to set the policies for anesthesia and analgesia and for the credentialing of personnel authorized to provide those services. These are a "change… in the right direction." The committee strongly urges all members to become involved in establishing such policies.

The ASA strongly supports federal legislation on health care truth and transparency (H.R.451). Since most providers who refer to themselves as "doctor" in the health care setting are assumed to be physicians, and since many advanced practice health professionals have received advanced degrees and now identify themselves as "doctor," the meanings of these labels may create significant patient confusion. The new health care reform bill also does not allow health plans to discriminate between providers for purposes of coverage or participation and thus will exacerbate this confusion.

In addition, the health care reform bill will likely change how anesthesia providers deliver care and are paid for it. While these changes will occur over the next three to four years, two of the provisions will be in play by 2012 and may significantly impact obstetric anesthesia personnel in particular. One item requires that organizations provide for the secure electronic exchange of health care information, and another section of the law creates strong incentives for the establishment of accountable care organizations (ACOs). The first provision may require that electronic anesthesia care records (ACRs) be used in labor and delivery areas routinely, although at present there are no certified ACR platforms that are commercially available. The second items that promote the establishment of ACOs may have more of an effect on obstetric anesthesia if payers adopt bundled payments for episodes of obstetric care, which the law also encourages. Anesthesia providers will need to negotiate for a share of such payments and will need to show the value of their services; defining our value by coordinating overall patient care, application of information technology, involvement in institutional quality improvement initiatives. In short, becoming indispensible to the institution when involved in women's care may be best way to ensure that high-quality obstetric anesthesia care will be maintained in the new health environment.[1] This committee will forward to the membership suggestions on how to define our value as we hear of them, and we ask members to forward examples to us as well. Please send comments to **curtis.l.baysinger@vanderbilt.edu**.

The health care industry has started the process of forming ACOs, although what form these organizations should take and how they will operate is unclear.[2] What is clear is that conflict over who should control them (either hospitals, or physicians and health providers) is likely. Kocher and Sahni[3] have opined that if hospitals control them, physicians will likely become their employees and thus hospitals will probably define the care that patients receive. If physicians control them, then they will contract with hospitals through affiliations and thus control patient flow and care. Some feel that health care providers, including physicians and nursing organizations, should form alliances with patient advocacy groups as the best way to champion quality care. Such alliances might make it more likely that health care providers will control the future of health care delivery and thus direct "change… in the right direction."

References:

1. Marcus A. For anesthesiologists, defining value may be key to future. *Anesthesiology News*. 2011; 37(3):1,15-17.
2. Goldsmith J. Accountable care organizations: the case for flexible partnerships between health plans and providers. *Health Aff(Millwood)*. 2011; 30(1): 32-40.
3. Kocher R, Shani NR. Physicians versus hospitals as leaders of accountable care organizations. *N Engl J Med*. 2010; 363:2579-82.

International Outreach Committee

Ashraf S. Habib, M.B., F.R.C.A.

The International Outreach Committee is preparing to receive applications for the first SOAP/ Kybele International Outreach Grant. This grant provides funding needed to get involved with international outreach projects in collaboration with Kybele. The grant recipient would be expected to complete a project with the goal of enhancing the practice of obstetric anesthesia in one of the countries with an ongoing outreach program. Deadline for application is August 26, 2011. Further information is available from Dr. Ashraf Habib **habib001@mc.duke.edu**, Medge Owen, M.D. **mowen@wfubmc.edu** or the SOAP website **http://www.soap.org/int-outreach-grant-announcement.pdf**. This is an exciting opportunity to get involved with international outreach and have an impact on the practice of obstetric anesthesia in an international location.

Currently, committee members are busy with several ongoing outreach projects. In 2007, Kybele and the Ghana Health Service partnered to reduce maternal and neonatal mortality at Ridge Hospital in Accra. Dr. Yemi Olufolabi **olufo001@mc.duke.edu** and Dr. Owen **mowen@wfubmc.edu** led two or three yearly trips of multidisciplinary teams. Significant accomplishments were achieved, including a 36-percent reduction in still birth rates and a decrease in maternal mortality ratio from 496 to 328/100,000 live births. Case fatality rates for preeclampsia and hemorrhage decreased from 3.1 10 1.1 % and 14.8 10 1.9 % respectively. A nurse anesthesia school was started, with the first class graduating recently. A second program was started in another Ghanian site, Suniyani, led by Ron George **rbgeorge@dal.ca**. The last visit in January 2011 focused on improved neonatal resuscitation, maternal postpartum analgesia and organized management of obstetric emergencies. Through the team educational initiatives, an organized neonatal resuscitation continuing education program has been established, and chaired by a local nurse.

Dr. Ling Hu **lingqunh@gmail.com** led two trips to China in 2008 and 2010 to promote safe and effective labor analgesia. In the second visit in June 2010, there was a marked improvement, with an epidural rate of up to 70 percent in two hospitals. Several local obstetric anesthesia meetings were held during the team visits. Practice guidelines for obstetric anesthesia have also been established. The team helped with research protocols and publications. Dr. Camman's book *Easy Labor* was translated to Chinese to help improve patient education.

The program in Egypt, led by Dr. Sabri Barsoum (**BARSOUs@ccf.org**) and Dr. Habib **habib001@mc.duke.edu**, was effective in increasing the rate of regional anesthesia for cesarean section and encouraging the use of pencil-point needles. However, a trip in February 2011 was cancelled due to instability in the country, and will be rescheduled when conditions allow. In a recent trip to Romania in May 2011, a team led by Dr. Virgil Manica **vmanica@comcast.net** continued education in two maternity units in Lasi and conducted a symposium on obstetric anesthesia for the high-risk parturient. A trip to Armenia is planned for September 2011, which will be led by Dr. Lisa Councilman **lcouncilman@msn.com**. Serbia is also being evaluated as a potential future site led by Dr. Ivan Velickovic **Ivanvelickovic@yahoo.com**.

A lot is going on, with significant impacts on the practice of obstetric anesthesia worldwide! If you are interested in any of the above projects, please contact the trip leaders.

Dr. Froelich Becomes New Media Committee Chair

Barbara M. Scavone, M.D.

Mission Statement: The SOAP Media Committee manages communications from the Society and Board of Directors to the membership and the public via the SOAP Newsletter, website and periodic e-blasts to the membership.

This is the last Media Committee report I will be making in the newsletter. After chairing the committee and serving as editor of the newsletter for three years, I have stepped down and Michael Froelich, M.D. has been named the new committee chair and newsletter editor by the Board of Directors. Congratulations, Michael!

The committee was busy this year. We published three newsletters with informative contributions from the Patient Safety, Education, and Legacy committees. I was especially pleased to receive letters to the editor from members eager to educate one another on a variety of topics. Also, the website got a new look this year, thanks to Drs. Bhavani Kodali, Froelich and Jessica Rock. They gave the home page a makeover and added a "Clinician's Education" section to the site. In addition, the committee sent e-blasts to our members on several matters – crucial announcements about our annual meeting and Sol Shnider Meeting, our activities at the ASA Annual Meeting, and important announcements from the Economics and Governmental Affairs Committee having to do with the Centers for Medicare & Medicaid Services interpretive guidelines regarding obstetric anesthesia. We are sensitive to the fine balance required to communicate fully with the members, and at the same time avoid "spamming" their inboxes! Please let us know if we have gotten the proportions right.

This year the board of directors asked us to explore several issues that fall under the category of "advertising." The committee is interested in helping obstetric anesthesia fellowship directors advertise open positions, and it was felt that such postings should be listed on the website but that the newsletter should be kept free from advertising. The committee is putting together a plan to implement this now, so look for the announcements on the website soon. The committee also recommended to the board that we not accept industry advertising on our website or in our newsletter as it could have implications for our continuing medical education certification. Lastly, the committee explored SOAP policy regarding our email list. The committee recommended to the board that the email list be sold to SOAP-member researchers for IRB-approved research projects for a nominal fee, but not ever to industry or other potential buyers. We felt this was a compromise between helping important research efforts and protecting SOAP members' privacy.

I enjoyed my time as Media Committee chair and newsletter editor. Thank you for welcoming me into your offices via the "Coda" in each newsletter. Best of luck to Michael as he continues the committee's work.

Research Committee

Richard Smiley, M.D., Ph.D.

I will briefly touch on the three main areas of Research Committee activity: Abstract Submission Review, Research Funding, and the Multi-Center Study Network.

Abstract Submission/ Review

Members of the Research Committee are responsible for review and grading of the scientific abstracts submitted for the Annual Meeting (the Education Committee reviews the case report submissions). This year, 133 research abstracts were submitted and graded, along with 174 case reports or history abstracts. This was a slight decrease from 145 research abstracts in 2010. The submission website was much improved this year (at least I received MANY fewer complaints!). I welcome comments on ways to improve the site and process; contact me at **rms7@columbia.edu**.

Research Funding

Last year, SOAP received 12 applications and awarded the inaugural SOAP/Gertie Marx Education and Research Grant to Dr. Mrinalini Balki of the University of Toronto for proposed work related to drug effects on uterine contractility. SOAP will be awarding a second grant for up to $50,000 this year. Along with the chair of the Disbursement Committee, which makes the final recommendations on grant awards, I assign members of the Research Committee and outside reviewers to evaluate the grant submissions. The deadline for the SOAP/Gertie Marx Education and Research Grant application this year is August 1, 2011, earlier than last year's September 1 deadline in order to give reviewers more time to review before the expected award announcement at the 2011 ASA Annual Meeting. Although the 2011 instructions are not yet on the SOAP website, I strongly urge anyone who is considering submitting a grant proposal to get started early (i.e., now) and follow the 2010 instructions, making whatever final adjustments are necessary later.

"The deadline for the SOAP/Gertie Marx Education and Research Grant application this year is August 1, 2011, earlier than last year's September 1 deadline in order to give reviewers more time to review before the expected award announcement at the 2011 ASA Annual Meeting."

Multi-Center Study Network — Accidental Dural Puncture Management

SOAP plans to establish a multi-center research network capable of performing studies in obstetric anesthesia. The initial study will be a descriptive study of accidental dural puncture (ADP) management. A website is currently being created, and a detailed protocol written. Both should be finished by late summer, and we will begin to recruit institutions. If your institution would like to participate, it will require a commitment to enter detailed information on ALL accidental dural punctures over a period of about two years onto the secure website. There will be a designated person at each center who is responsible for maintaining the project and responding to communications from the central site. Many centers have already expressed interest, and I will be contacting them over the summer. If you have an interest in participating, please contact me by e-mail at **rms7@columbia.edu**, and I will make sure you get more details about the information we propose to collect, a mock-up of what the website will look like, and a draft of an IRB protocol you can modify for your own environment and use to get approval at your individual institutions. We hope to collect data from 20-30 institutions over about two years.

Legacy Committee Report

Joanne Douglas, M.D.

The mission of the Legacy Committee is to preserve past and present historical events that have shaped obstetrics, obstetric anesthesia and perinatology practice. This will help educate younger members of the Society about the past, and so shape future research.

During this last year, video interviews have been done with Brett Gutsche and Sivam Ramanathan. Copies of these will be placed in the Wood Library-Museum of Anesthesiology at ASA headquarters. Standard questions for the interviewer have been developed, and the plan is to interview members of SOAP who have contributed to its development and the development of obstetric anesthesia. Considerable work and effort has been put into this project by Drs. Curtis Baysinger and Kathy Zuspan, with assistance from Ferne Braverman and other members of the committee. This year, candid interviews of people attending SOAP meetings were also captured on video and will form part of our Archives.

The committee continues to be responsible for the "Pioneer's Corner" in the newsletter. These columns have highlighted not only obstetric anesthesia pioneers but also the development of our subspecialty. The most recent issue was contributed by Alex Pue, M.D., and the subject was SOAP photographers.

This year's SOAP meeting saw the introduction of the SOAP History Prize, which was awarded to the resident or fellow with the best poster on an historical subject. This issue of the newsletter contains the content of the prize winning poster by Dr. Mihaela Podovei.

The committee has been charged with helping to build a SOAP endowment fund. Various ideas have been discussed, and the membership can look forward to hearing more on this issue.

Treasurer's Report

John T. Sullivan, M.D., M.B.A.

SOAP has experienced several years of healthy financial performance with resultant growth in total organizational assets. Both the Sol Shnider and SOAP Annual Meeting earlier this year were modestly profitable. In addition, we have already experienced strong investment performance in the first part of this year. All of this contributes to a stronger organization with increased capacity to build education and research programs and successfully execute our mission of improving maternal health care.

"With regard to increasing our programmatic support, SOAP recently awarded its first Gertie Marx research award to Dr. Mrinalini Balki for her work in postpartum hemorrhage. We have increased our support for international outreach through a new grant partnership with Kybele."

In 2010, SOAP met several of the short-term financial goals that the Board of Directors established at the 2008 strategic planning session. These goals were specifically to establish a fund reserve equal to the costs of a single year's annual meeting expenses and surpassing a total asset's target for future program support. Future financial goals will be targeted to growth and sustainability.

With regard to increasing our programmatic support, SOAP recently awarded its first Gertie Marx research award to Dr. Mrinalini Balki for her work in postpartum hemorrhage. We have increased our support for international outreach through a new grant partnership with Kybele. And we have established a partnership with FAER, which is now providing financial support to our educational program at the SOAP Annual Meeting as well as the obstetric anesthesia track at the ASA Annual Meeting.

Elizabeth Ellinas, M.D.

I once overheard our labor nurses discussing a patient who weighed 503 lbs. What really caught my attention was the phrase "cesarean in the birth room"! Our labor bed for a patient of that size would only fit through the birth room door if folded in half – while unoccupied. What would we do if the patient, once in labor and in the bed, needed a cesarean delivery (CD)? Because the bed would not fit through the door with the patient on it, the nurses' solution was to perform this morbidly obese woman's CD in her labor room, rather than in the O.R. I listened to this plan and suggested we find alternatives. What's your plan - and what alternatives do you have?

"Over the last 20 years, the U.S. has experienced a rapid increase in obesity. As of 2008, nearly two-thirds of Americans were categorized as overweight or obese.[1] More than 35 percent of women are obese (BMI>30), and the OB population is not exempt from this finding.[2] Reflecting another national trend,[3] our own institution has noted an increase in massive obesity. Patients weighing more than 500 pounds are no longer an anomaly. ."

Over the last 20 years, the U.S. has experienced a rapid increase in obesity. As of 2008, nearly two-thirds of Americans were categorized as overweight or obese.[1] More than 35 percent of women are obese (BMI>30), and the OB population is not exempt from this finding.[2] Reflecting another national trend,[3] our own institution has noted an increase in massive obesity. Patients weighing more than 500 pounds are no longer an anomaly.

These patients stress not only our equipment, but our systems and procedures. For example, our O.R. tables safely support 500 lbs, and our transport carts 300 lbs. We can borrow specialized bariatric equipment from the main O.R. (accommodating patients up to 1,000 lbs and 750 lbs respectively), but that's a tricky negotiation when we need both the cart and table for a potentially lengthy labor.

And while your department probably stocks a variety of regional needles in extended lengths, is the rest of your equipment up to the challenge? Consider: are your epidural catheters marked to 20 cm, or only 15?[4] We have sometimes exceeded even 20-cm markings and (on wire-reinforced catheters) used a ruler to note "centimeters from the window" as the location of the catheter at the skin.

Just as our "standard" equipment does not fit or safely support the morbidly obese patient, our "standard" practices and procedures may not fit this patient or optimize her safety. IJOA has debated whether the "30 minute rule" should be applied to morbidly obese patients. Others have raised the question: Even if you can rapidly deliver a normal-weight patient, should you expect to do the same with a patient four times that size? And if the "30-minute rule" is unreasonable, should a trial of labor be offered at all?[5,6] Early data suggest vaginal-delivery plans are safe,[7] but this question is far from answered.

The list of things that "don't fit" a morbidly obese parturient is long. It takes multidisciplinary creativity and planning to accommodate these patients without unpleasant and potentially dangerous surprises.

For our own morbidly obese patient, we arranged to have the appropriate cart and O.R. table on continual "standby." In an emergency, we planned to move from unwieldy L&D bed to cart to the O.R. table as quickly as possible, realizing that transfer would likely be neither as fast or as easy as with someone of normal weight. In the months since, we have obtained a better bed and developed a "bariatric plan" similar to our other emergency protocols. We're adapting to the new "normal" – what's your plan?

References:

1. At: http://www.win.niddk.nih.gov/statistics/index.htm#overweight May 14, 2011.
2. *Obesity*. 15:986-93, 2007.
3. NCHS data brief no. 1, National Center for Health Statistics, 2007.
4. *IJOA*. 19:350-1, 2010.
5. *IJOA*. 19:431-7, 2010.
6. *AJOG*. 204:106-19, 2011.
7. *BJOG*. 118:480-7, 2011.

Pioneer's Corner:

Eugen Aburel: The Father of Continuous Regional Anesthesia in Obstetrics

Mihaela Podovei, M.D.

William Camann, M.D.

From Bier's 1898 experiment with spinal anesthesia, Sicard and Cathelin's 1901 first caudal blocks, to the obstetric anesthesia of today, many pioneers can be credited with progress in regional anesthesia. Of them, Eugen Aburel probably was the first to describe and use continuous lumbar epidural blocks and could be considered the father of continuous regional anesthesia in obstetrics.

Eugen Aburel was born in Galati, Romania in 1899 and graduated from the Faculty of Medicine of Iasi (Romania) in 1923. He initially trained in psychiatry but switched to general surgery, and then to obstetrics and gynecology,[1] completing his training in Paris in 1928. He did clinical work at Tarnier Clinic and Boucicaut Hospital and physiology research at Sorbonne. He returned to Romania in 1933 and was appointed Professor of Obstetrics and Gynecology at the University of Iasi in 1936.[1]

Aburel researched uterine innervation and the pain of labor at a time when single-shot epidural (caudal) anesthesia was a well-known technique[2,3] after being described in 1901 by Sicard and Cathelin.[4] In 1909, Stoeckel of Marburg described the use of caudal anesthesia in obstetrics. The lumbar approach to the epidural space was first described by Pagés in 1921, but was popularized by the Italian, Dogliotti, in 1933.[2]

Aburel identified the pain afferents for stages one (T11-L1) and two (S2-S4) of labor. In 1931, three years before Cleland's classical paper on uterine innervations,[4,5,6] Aburel published "L'anesthésie locale continue (prolongée) en obstétrique," which proposed continuous lumbar para-aortic plexus block using a silk catheter for pain control during stage one and a caudal block for stage two of labor.[7]

In 1949, Manual Martinez Curbelo cited Aburel's 1931 paper and described his technique[8]: "For repeating the injections without discomfort for the patient, we have had a special combination of catheter and needle made by the firm Maupiac, and are using it in the following way:

- Introduction of the needle in the spot of choice (epidural, lumbo-aortic);
- Injection of 30 cc. of a 0.005 per cent percaine solution;
- Introduction of an elastic silk catheter (similar to a ureteral catheter) through the needle;
- Withdrawal of the needle, whereas the catheter stays in place;
- Strapping above the silk catheter.[5]
- When repeated injections have to be given, they are practiced with a thin needle through the catheter, which is tolerated well, during a rather long period of time."[7,8]

Aburel's 1931 paper on regional anesthesia in obstetrics deserves recognition for translating his understanding of uterine innervation into continous pain relief in labor.[1,4,7] A few years later, in Romania, Aburel adopted the lumbar epidural approach and combined it with his continous block technique. He published the results in 1938 in a doctoral thesis "Peridural segmental analgesia with percaine in labor, professor Aburel method."[4]

Aburel was famous in Romania. He was the chief of the University Hospital for Obstetrics and Gynecology "Cuza Voda" Iasi for 10 years, and then assumed a similar position in Bucharest. In 1968, he was elected a foreign corresponding member of the French Academy of Medicine. For his research on continuous regional analgesia in obstetrics, and other contributions, the French government presented him with the order "Les Palmes Academiques-pour services rendus a la culture francaise" in 1973. He died in 1975.

On a personal note, Dr. Aburel was the president of the Medical Students Society, Iasi, in 1921-1922, while I (M. Podovei) was president of the same society 80 years later (2001-2002). We both graduated from the same medical school, Dr. Aburel in 1928 and I in 2003, so it is with pride that I write about his contributions to obstetric anesthesia.

World War II, political isolation and ideological indoctrination all passed by, but Dr. Aburel's clinic in Iasi still exists. The hospital where he did his research is now a Kybele site. A group of obstetric anesthesiologists go to Iasi every year to teach and promote the use of regional anesthesia in obstetrics. I wonder what Dr. Aburel would think about that?

References:

1. Curelaru I, Sandu L. Eugen Bogdan Aburel (1899-1975) The pioneer of regional analgesia for pain relief in childbirth. *Anaesthesia*. 1982; 37:663-9.
2. Edwards WB, Hingson RA. The present status of continous caudal analgesia in obstetrics. *Bulletin of the New York Academy of Medicine*. 1943; 7:507-518.
3. Rucker MP. Epidural anesthesia in obstetrics. *Anesth Analg*. 1930; March-April:67-70.
4. Frolich MA, Caton D. Pioneers in epidural needle design. *Anesth Analg*. 2001; 93:215-20.
5. Aburel E. La topographie et le mechanisme des doulerus de l'acouchment avant la periode d'expulsion. *Comptes Rendus de la Societe de Biologie de Paris*. 1930; 103; 15 March 902-4.
6. Aburel E. Contribution a l'etude des vois nerveuses sensitives de l'uterus. *Comptes Rendus de la Societe de Biologie de Paris*. 1930; 105, 25, October: 297-9.
7. Aburel E. L'anesthesie locale continue (prolongee) en obstetrique. *Bulletin de la Societe d'Obstetrique et Gynecologie de Paris*. 1931; 20, 12 January: 35-7.
8. Curbelo MM. Continous peridural segmental anesthesia by means of a ureteral catheter. Anesth Analg. 1949; Jan-Feb:13-23.

Letter to the Editor

Regional vs. General Anesthesia in Obstetrics

Another year, another meeting, another repudiation of general anesthesia for c/s.

During this year's debate "single-shot spinal after patchy epidural." At least these two excellent speakers acknowledged that general anesthesia existed, but neither had the intellectual honesty to admit that it might actually be the preferred, and safest, choice for the situation described (assuming the patient agreed). Dr. Carvalho emphasized that he did not like to gamble. Well the only "sure bet" to avoid inadequate block, high spinal or local anesthetic toxicity in the described situation is general anesthesia. While the debate was excellent, and the review of the literature was extensive, not mentioning that general anesthesia might be the best, safest and most appropriate choice does a continued academic disservice to the SOAP attendees.

At a meeting where other lecturers bemoaned the fact that many anesthesia residents might only have the opportunity to perform one general anesthetic for c/s during their training, and that these skills might be declining, we continue to witness the overwhelming bias that has led to this very situation **http://www.ncbi.nlm.nih.gov/pubmed/21173646.** When presented in Chicago, there was essentially no difference between general and regional anesthesia. It is time to abandon this regional anesthesia bias in favor of appropriate medical care. While regional anesthesia for c/s has very specific and defined benefits - awake mother, least amount of drug for mother and baby, and better postop pain relief - general anesthesia offers equal safety, higher success rate, and is an ideal option for mothers who are afraid of being awake during major intra-abdominal surgery. And it is the perfect option for the dilemma posed in the debate.

Let's educate anesthesiologists to utilize general anesthesia when appropriate, and be able to recognize these appropriate situations.

Richard Nishman, M.D.
Denver, Colorado

SOAP Breakfast Panel presented at the ASA 2011 Annual Meeting

*To attend this SOAP Breakfast Panel Session at the 2011 Anesthesiology you must register through ASA meeting registration. Please check the ASA website for any changes to the location of this session.

Avoiding Catastrophes in Obstetrics

on Monday, October 17, 2011
7:00 a.m. – 8:15 a.m.
Hyatt Regency McCormick Place
Obstetric Anesthesia Track

Learning objectives: The learner will be able to:

1) Discuss the WHO alert for postpartum hemorrhage, current massive transfusion protocols, and novel therapies to manage hemorrhage;
2) Describe the recent ACOG guidelines for VBAC, the signs of uterine rupture, and anesthetic management options;
3) Discuss the evidence for the use of old and new airway devices in the obstetric difficult airway.

Moderator
Maya S. Suresh, M.D. – Baylor College of Medicine
Avoiding Airway-related Maternal Catastrophes

Speakers
Yaakov (Jake) Beilin, M.D. – Mount Sinai School of Medicine
WHO Alert on Postpartum Hemorrhage: Protocols, Preparation, Novel Therapies

Joy L. Hawkins, M.D. – University of Colorado
New ACOG Guidelines on VBAC and the Role of the Anesthesiologist

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