

SPRING 2024

# SOAP NEWSLETTER

Official Newsletter of the Society for Obstetric Anesthesia and Perinatology

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## PRESIDENT'S MESSAGE

May Pian-Smith, MD

President, Society for Obstetric Anesthesia and Perinatology



Greetings, all! This spring, we are looking forward to gathering in Denver, Colorado for SOAP's 56th Annual Meeting. There will be virtual options as well. As a follow-up to last year's annual meeting theme focusing on the importance of teamwork, this year's theme will be "Focusing on the Patient: Improving Individual Outcomes and Experiences." It serves as a reminder that as we increasingly push the limits of innovation and research, at our core, we are a society which is dedicated to the best possible care of each patient, every day. The quality of our clinical interventions is very much measured by each patient's experience and outcome.

The vitality of our society is fueled by our passionate volunteer members, who give so generously of their time and expertise. Our membership grows in terms of numbers and role groups; especially among the trainees who represent the future of obstetric anesthesia.

*(cont'd. - President's Message)*

## PRESIDENT'S MESSAGE - CONTINUED

I am proud that particularly in the last several years, the impact of our society's work has grown tremendously. Together, research has improved our understanding of physiologic, pathologic and societal factors affecting maternal health. Expanded educational programming from SOAP, both in-person and virtual, has allowed for year-long clinical education for a wider swath of anesthesia providers caring for obstetric patients. Advocacy has been fortified by our new DEI initiatives and through networks formed via Special Interest Groups (SIGs), and our new coalition of state obstetric anesthesia representatives. We are increasingly building bridges with other societies and foundations, most notably, funding a prestigious joint SOAP-FAER mentored research training grant this year.

At this time of celebration for all that SOAP has accomplished, I urge you to also reflect on the sobering statistics that show we have so much more to do. Studies continue to document disparity in maternal and neonatal healthcare between the United States and other developed countries. According to a 2020 study by the Commonwealth Fund, women in the United States have the highest maternal mortality of any developed country. In 2020, there were 24 maternal deaths for every 100,000 live births in the US, more than three times the rate of the 10 other high-income countries. The causes are multifactorial and complex, and require a broad multi-pronged approach addressing racial and social disparities, better care for co-existing morbidities such as cardiovascular disease, more effective dissemination of education and best practices, and advocacy from all of us. We believe SOAP is in a unique position to positively impact maternal and neonatal healthcare through research, education, and advocacy for best practices.

Ironically, while SOAP has such compelling reasons to respond to the urgent maternal health crisis, our operating and endowment funds have not kept pace with other anesthesia subspecialty societies. Like many, I am so inspired by Dr. Gertie Marx who had the generosity and vision to name SOAP as a beneficiary of her estate. For many years, with sound investment of her donation, we have realized tangible wins, including and not limited to the support of the SOAP Young Investigator's Grant, the SOAP Gertie Marx Education and Research Grant, the SOAP Diversity and Inclusivity Grant, and the SOAP Research Network.

Looking to the future, we can't accomplish what we need to do without making big changes to our funding capacity. We need a new infusion of octane!

*(cont'd. - President's Message)*

## EDITOR'S NOTE

Kristen L. Fardelmann, MD  
Editor, Society for Obstetric  
Anesthesia and Perinatology  
Newsletter



Dear Colleagues,

Spring has sprung,  
blooming with new life.

As nature reveals its wonder and tenacity, SOAP and SOAP members embark on a period of rejuvenation as well. The Annual Meeting in Denver, Colorado provides an excellent opportunity to broaden knowledge, share new ideas, collaborate and network - nourishing our personal and professional growth to improve the care we provide to each patient. In this newsletter publication, Dr. May Pian-Smith shares our society's upcoming funding campaign to ensure vitality and support for our multipronged mission, especially in this time of significant morbidity and mortality in the United States.

Improving outcomes for pregnant people and newborns is of critical importance and SOAP's members and initiatives are vital to achieving this goal. In this Spring Newsletter, Dr. Chaturvedi and colleagues discuss current disparities for patients living in rural areas. Dr. Hembrador shares her experience of leading the creation of a birth center, applying knowledge gained as an obstetric anesthesia fellow with guidance from SOAP leaders to achieve the SOAP Center of Excellence designation. This article is accompanied by an update from Dr. Ruthi Landau, Chair of the SOAP Center of Excellence Subcommittee. Drs Clemens Ortner and Cristian Arzola feature two POCUS learning opportunities at the Annual Meeting - register today for these limited space activities.

*(cont'd. - Editor's Note)*

## PRESIDENT'S MESSAGE - CONTINUED

Thus, at this year's annual meeting, Dr. Klaus Kjaer and I will be announcing the historic "2026 SOAP Endowment Fund Campaign," where we aim to raise \$1 million in the next 2 years. This is a chance for everyone to use philanthropy to fuel the success of SOAP in addressing urgent maternal issues! I appreciate that we all need to be thoughtful about where we invest our financial support, and I often think "who really needs this money?" and "who can do the most with this money?" I believe SOAP qualifies in both ways.

I have written about how SOAP's funds are not keeping up with other societies' and with our own ambitious goals. In terms of "who can do the most?," SOAP already has a successful track record of translating investigation into results: (1) research on specific maternal risk indices has led to accrediting organizations requiring labor and delivery risk stratifications in accredited maternal centers, (2) research on postpartum hemorrhage has informed the adoption of hemorrhage bundles in maternity hospitals worldwide, (3) research on low-dose neuraxial techniques and innovative delivery systems such as programmed intermittent epidural boluses, has reduced the risk of maternal hypotension while improving patient satisfaction, and (4) research on the timing of labor analgesia related to the duration of labor and mode of delivery led to the joint ACOG-ASA statement that maternal request is a sufficient indication for initiating neuraxial analgesia. So much more can be accomplished with increased funding.

The focus of this "2026 SOAP Endowment Fund Campaign" will be in three areas, Individual-led research, Society-led research, and Patient-facing Education. Individual-led research includes funding for the new SOAP-FAER MRTG, which also provides important mentoring resources and infrastructure. Our inaugural recipient of this award is Dr. Andrea Ibarra; as we learn more about the effects of the peripartum experience on mental health, she will be completing a project entitled "Cognitive evaluation before and after delivery among women with preeclampsia." Society-led research currently includes the SOAP General Anesthesia (GA) Registry, with over 50 participating centers so far. This database identifies factors that go into the decision to administer GA, which has many downstream implications for mother and baby. Ultimately, the Registry has the potential to include process and outcome measures that can help define the value of obstetric anesthesia experience. Finally, Patient-facing education is important not only for mothers everywhere, but to help establish SOAP as the definitive voice of obstetric anesthesia. We have pushed out easily accessible information to the public in English and Spanish, and with endowment funding, expect to produce more evidence-based materials and run more campaigns to reach and empower more patients.

Thank you for your commitment to SOAP all along, and thank you for considering making a financial donation to SOAP's future as we launch this historic campaign.

*(cont'd. - President's Message)*

## EDITOR'S NOTE - CONTINUED

SOAP's productive year is a result of the generous volunteer work of our members through committees and subcommittees. This Spring Newsletter highlights the 2023-24 activities of several committees including: Diversity and Inclusivity (Dr. Allison Lee), Research (Dr. Ashraf Habib) and Education (Dr. Dan Katz). A call for 2024-25 committee interest is actively underway - complete your application to volunteer by May 10, 2024. Dr. Mark Zakowski also provides an exciting update from the ASA Committee on Obstetric Anesthesia.

It is an exciting time to learn and grow together. The Newsletter will feature a new "Map your Practice!" section on hot topics of clinical practice. Engage with the question via Tradewing to share your knowledge and experience. I look forward to connecting in Denver!

Best,  
Kristen L. Fardelmann, MD

## PRESIDENT'S MESSAGE - CONTINUED

The Boards of Directors for both 2022-23 and 2023-24, along with other generous SOAP members, have already raised over \$200K to kick-start this campaign... and who knows, maybe there is a new Gertie Marx amongst us?

“Never doubt that a small group of thoughtful committed citizens can change the world: indeed, it’s the only thing that ever has.”— Margaret Mead

All my very best,  
May

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## EDUCATIONAL CONTENT

### MATERNAL OUTCOME DIFFERENCES BASED ON RURALITY

Rahul Chaturvedi, MD

Michael Hofkamp, MD

Farida, Gadalla, MD

Robert S. White, MD

Between 1993-2014, there has been a 200% increase in the incidence of severe maternal morbidity (SMM), an increasingly worrisome statistic given that previous reports have indicated that almost half of severe maternal morbidity and maternal deaths are preventable.<sup>1,2</sup> Moreover, the incidence of maternal mortality increased from 7.2 deaths per 100,000 live births in 1987 to 16.7 deaths per 100,000 live births in 2016.<sup>3</sup> While differences in the comorbidity burden of mothers, such as obesity and kidney dysfunction, can account for increases in SMM, social determinants of health (SDOH) are also important.<sup>4</sup> SDOH are the non-medical factors that can impact health outcomes and include the conditions in which people are born, work, live, grow and age.<sup>5</sup> An analysis of the 2012-2017 National Inpatient Sample (NIS) by Luke et al. demonstrated a higher odds of combined maternal mortality and SMM in pregnant patients from more urban or rural areas compared to pregnant patients from smaller cities.<sup>6</sup> Further evidence supports this finding that living in a smaller, more rural area has been associated with increased rates of SMM and in-hospital mortality.<sup>7,8</sup>

The etiology of these differences in maternal outcomes based on rurality is likely multifactorial and includes disparities in availability of specialized providers, resource allocation, and various SDOH.<sup>9,10</sup> Factors such as insurance access for healthcare, socioeconomic status, access to public transportation, and education related to preventative services may influence maternal outcomes.<sup>11,12</sup> Chaturvedi et al. explored maternal mortality and end-organ injury differences by residence to delineate outcome differences between rural and urban areas.<sup>13</sup>



Rahul Chaturvedi, MD



Michael Hofkamp, MD



Farida Gadalla, MD



Robert S. White, MD

# EDUCATIONAL CONTENT

## MATERNAL OUTCOME DIFFERENCES BASED ON RURALITY - CONTINUED

Rural areas, defined as “Micropolitan counties and non-metropolitan or micropolitan counties,” had the highest adjusted odds of maternal end-organ injury or inpatient mortality when compared to urban areas.<sup>13</sup> Differences in neuraxial anesthesia vs. general anesthesia for cesarean section, and neuraxial analgesia vs. no anesthesia for vaginal delivery could account for some of the differences in outcomes. Data from New York State suggests that parturients in rural areas deliver via vaginal births without epidural analgesia at two times the rate compared to parturients in urban areas.<sup>13,14</sup> Furthermore, parturients who received general anesthesia for cesarean deliveries and neuraxial analgesia for vaginal deliveries had worse outcomes when receiving care in rural areas compared to urban areas.<sup>13,15</sup>

There are many reasons that could explain why maternal outcomes are worse for patients in rural areas for both general and neuraxial anesthesia. Pregnant patients in rural areas have a higher comorbidity burden, such as hypertension and obesity.<sup>16,17</sup> Parturients in rural areas may also find it challenging to access higher levels of care and often must travel long distances to make prenatal and intrapartum healthcare visits. There may also be less anesthesiologists who have advanced training in regional or obstetric anesthesia.<sup>18,19</sup> Given the decreased likelihood of SMM with use of neuraxial analgesia for vaginal deliveries, the lack of qualified personnel to perform these procedures in rural areas is concerning.<sup>20</sup> Decreased access to appropriate obstetric services in rural areas has been a well-documented issue with up to 45% of rural hospitals without obstetric services between 2004-2014, which has led to an increase in out-of-hospital and preterm deliveries.<sup>21</sup>

Rurality-based differences in maternal outcomes can also be impacted by healthcare policy differences by state. Williams et al. examined state-level differences in outcomes for maternal mortality and SMM by comparing “restrictive” and “protective” states prior to the *Dobbs v. Jackson Women’s Health Organization* ruling.<sup>22</sup> State data was stratified into groups identified by the Guttmacher Institute, with 22 restrictive states that were certain to ban abortion and 16 protective states that were set to continue defending abortion access at least until a certain gestational age or at any stage of pregnancy. The group found a trend toward worse maternal mortality outcomes in restrictive states compared to protective ones, with maternal mortality rates being the highest for under-represented minority populations such as Black and Hispanic patients. Many of the rural areas in these more restrictive states already have a decreased number of specialized providers and a lack of advanced resources. With the *Dobbs v. Jackson* ruling, the difference in outcomes between these restrictive and protective states may worsen over time. Patients who live in rural areas without adequate access to standard preventative care, routine obstetric care, and abortion services will have increased barriers to care, particularly if they should have high risk pregnancies.

Maternal outcomes, whether mortality or SMM, differ between rural and urban areas. In order to address the disparity in outcomes, a greater emphasis on improving care in these areas including specialized obstetric, maternal fetal medicine, and anesthesia services, increasing funding for more advanced resources, and creating incentives for providers can potentially be helpful. Additionally, future studies that examine the etiology of these healthcare divides are necessary, along with increasing awareness of these disparities to present and future providers.

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<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html> [accessed June 15, 2022].

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# EDUCATIONAL CONTENT

## MATERNAL OUTCOME DIFFERENCES BASED ON RURALITY - CONTINUED

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## MEMBER CONTENT

### THE LITTLE BIRTH CENTER THAT COULD

Sheena Hembrador, MD, FASA

Many in the SOAP community may think that the SOAP Center of Excellence (COE) designation is only for large, well-established academic institutions. Our story shatters that belief and shows that any institution, new or old, small or large, can achieve this honor.

Our Birth Center at Virginia Mason Franciscan Health in Seattle, WA opened on August 10, 2020 amidst the uncertain times of the early pandemic. The original Labor and Delivery ward closed in 2001 due to decreasing birth rates in the Seattle area. With the growth of tech giants and Amazon in the 2000s and 2010s, the booming Seattle population again showed a need for additional obstetric (OB) support. Thus, Virginia Mason planned to reopen a birthing center in the late 2010s. A new ward was built in 2019 with five labor rooms, a special care nursery, eleven postpartum rooms, and two operating rooms.

(cont'd. - The Little Birth Center That Could)



Sheena Hembrador,  
MD, FASA

# MEMBER CONTENT

## THE LITTLE BIRTH CENTER THAT COULD - CONTINUED

Virginia Mason recruited me in 2019 to lead the anesthesia side of the new unit. Most of the hospital was uneasy with the idea of caring for pregnant patients and their babies again since it had been over 20 years since a baby had been born at our hospital. In this way, I had my work cut out for me to retrain the staff. On one hand, the fact that our protocols and systems were a blank slate made meeting the SOAP COE requirements easier. I did not have to fix any bad habits. I could design all systems according to the SOAP COE guidelines. Having done an OB Anesthesia fellowship at a SOAP COE institution made me acutely aware of the systems that needed to be implemented to satisfy the COE requirements.

Retraining staff was a multi-pronged process consisting of creating a lecture series, hosting multidisciplinary simulation sessions, and building an internal website to host recordings of the lectures, protocol documents, and vetted references. The lecture series not only covered the basics of labor analgesia and anesthesia for cesarean section and other obstetric surgical procedures but also maternal and neonatal physiology, neonatal resuscitation, non-obstetric surgery in the pregnant patient, and emergency obstetric preparedness. Multidisciplinary simulation sessions covered several different obstetric scenarios both on and off the labor and delivery unit, for example, precipitous delivery in the ED, postpartum hemorrhage and massive transfusion, emergency cesarean section, perimortem cesarean section, and neonatal Code Blue. Staff from all over the hospital participated: MDs (obstetricians, anesthesiologists, neonatologists, emergency physicians, intensivists), CRNAs, RNs, surgical and anesthesia technicians, respiratory therapists, pharmacists, and staff from the blood bank. The Zoom culture switch of early 2020 made it easier to record lectures, although it made simulation sessions more challenging.

Building electronic medical record templates, equipment bundles, standard work protocols, and quality improvement systems was another large body of work. It was beneficial to make the equipment bundles and standard work protocols as similar to those throughout the rest of the hospital as possible. These changes increased the staff's comfort level on the new unit. Thankfully, our anesthesia group already had a data mining quality tracking system in the main OR. Therefore, I only had to extrapolate the existing system to collect and track obstetric anesthesia variables.

My initial attempt at applying for the SOAP COE designation was a valiant effort but ultimately unsuccessful. The SOAP COE reviewers recommended some changes and encouraged our team to apply again the following year. I vividly remember receiving the wonderful news that our new birth center had been awarded the SOAP Center of Excellence in March of 2023. I was dropping off a COVID+ patient to the ICU in full droplet precautions gear when the email pinged on my watch. I could read the title through my translucent yellow gown. The nearby ICU nurses had no idea why I was so excited to be dropping off that patient.

In this world where increasing maternal morbidity and mortality is all over the lay press, it is essential that we do our part as obstetric anesthesiologists to practice evidence-based, state of the art medicine. Adopting SOAP Center of Excellence standards assures that we do just that. If our brand new, small birth center can earn this designation in the midst of a pandemic, I am confident that with buy-in from a majority of your staff, yours can too.

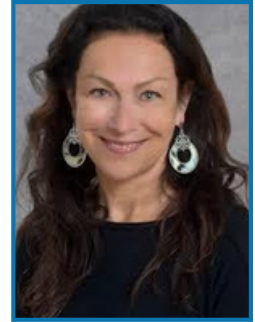
# MEMBER CONTENT

## SOAP CENTERS OF EXCELLENCE: ACHIEVEMENTS AND VISION FROM 2018 TO DATE

Ruthi Landau, MD

Chair, SOAP Center of Excellence (COE) Subcommittee

SOAP Past President



Ruthi Landau, MD



### ***Mission and vision:***

The SOAP Center of Excellence (COE) designation was created in 2018 to set a benchmark of expected care and outcomes that shape standards of obstetric anesthesia practice nationally and internationally and to recognize institutions that demonstrate excellence in obstetric anesthesia care.

### ***Designees:***

The first COE designations were awarded in March 2019, with 39 institutions and obstetric anesthesia programs from the U.S., Canada, and Brazil receiving the prestigious award. Since then, 51 more programs in the U.S., Canada, Israel, Japan, and Qatar received the COE designation, resulting in a total of 90 COE designees (78 in the U.S. and 12 worldwide), amongst a wide range of institutions, low to high-volume centers, community centers, academic centers, and tertiary/referral centers. The award is valid for four years, and 31 of the original recipients renewed their COE designation in 2022. More renewals and the most recent designations for the 2023 cycle will be announced at the Annual Meeting in Denver. COE designees: <https://www.soap.org/coe-designees> (2018-2022)

### ***Benchmarks and criteria:***

The benchmarks and criteria are vetted yearly by the SOAP COE Subcommittee, which comprises 18 SOAP members practicing in academic tertiary/referral centers, community, and private practice. Every year, the criteria are reevaluated for validity and relevance, considering new research data, clinical recommendations, and consensus statements.

General information is gathered about the program and obstetric anesthesia metrics (general anesthesia rates for cesarean delivery, labor epidural replacement rates, and accidental dural puncture rates). Domains evaluated include (1) staffing and supervision, ongoing education, and interdisciplinary simulation; (2) equipment, protocols, and policies (e.g., postpartum hemorrhage, opioids, CEI); (3) recommendation and guideline implementation; (4) quality assurance programs and patient follow-up.

All applications are evaluated following a rigorous review process by the SOAP COE Subcommittee. The review process results in a detailed commentary and queries, allowing the applicants to respond to questions and clarify answers in a point-by-point rebuttal. The SOAP Subcommittee convenes to review again the clarification before reaching a consensus. The COE designation rate has been consistently in the range of 70-80%, and programs have usually been able to implement practice changes, allowing them to receive the designation in their application year. In other cases, the COE Subcommittee has successfully provided consultation and guidance to help programs with implementation strategies to improve the likelihood of receiving COE designation in the following cycle.

(cont'd. - SOAP Centers of Excellence: Achievements and Vision from 2018 to Date)



# MEMBER CONTENT

## SOAP CENTERS OF EXCELLENCE: ACHIEVEMENTS AND VISION FROM 2018 TO DATE

### **Vision:**

The goal of the COE designation has always been multifold: (1) to recognize excellence in a variety of obstetric anesthesia practices, (2) to help identify gaps and opportunities and provide the blueprint to guide and advise practice leaders striving for excellence serving as a basis for discussions and negotiations with clinical leadership and hospital administrators, and (3) to curate data that was generated through this process, and identify needed clinical guidance and research that may address gaps.

We would like to highlight two novelties:

- First, appreciating the diversity that exists not only in obstetrics and obstetric anesthesia practice but also accounting for cultural and practice model differences is a real challenge. SOAP has long recognized the diversity of its members and of the institutions and programs in which they practice. To affirm these differences and acknowledge excellence within a range of practice types, new to this cycle, the 2023 review accounted for expected differences in certain domains based on institution type. Tertiary/referral centers receiving the 2023 SOAP COE designation will receive a plaque acknowledging their institution is a tertiary/referral center.
- Second, because data gathered through the SOAP COE application process is an important source of information that may serve to inform future SOAP initiatives and offerings related to clinical care, education, and research, SOAP COE programs are now approached for consent to use aggregated de-identified data for QA/QI or research purposes (retrospective research) and/or for participation in specific research projects using COE data (prospective research). All proposed research related to SOAP COE data will first be approved by the SOAP Research Committee.

We encourage all SOAP members and SOAP COE designees to submit comments and ideas for research that may be related to COE data. Please visit the [COE webpage](#).



Ruthi Landau  
On behalf of the SOAP COE Subcommittee

# MEMBER CONTENT

## MAP YOUR PRACTICE!

[Newsletter Subcommittee](#)

Postpartum sterilization via bilateral tubal ligation is a safe and effective method of contraception and is utilized by almost 1 in 5 women in the United States. Many patients who request permanent sterilization do not undergo the procedure. Multiple barriers exist and include access to hospital staffing and operating room resources. How does your institution allocate resources for postpartum sterilization during delivery hospitalization? Click below to share your experience in this SOAP Community question in Tradewing.

[Map your Practice!](#)

1. ACOG Committee Opinion Number 827. Access to Postpartum Sterilization. *Obstet Gynecol* 2021;137(6):e169-76.

2. Wolfe KK, Wilson MD, Hou MY, et al. An updated assessment of postpartum sterilization fulfillment after vaginal delivery. *Contraception* 2017;96(1):41-46.

## SOAP 2024 ANNUAL MEETING

### POINT-OF-CARE ULTRASOUND LEARNING OPPORTUNITIES AT THE SOAP ANNUAL MEETING IN DENVER

[Clemens M. Ortner, MD, MSc, DESA](#)

[Cristian Arzola, MD, MSc](#)

With ultrasound machines becoming smaller, more affordable, and widely available, point-of-care ultrasonography (POCUS) has become an invaluable tool to guide clinical decision-making and invasive procedures in anesthesia care.

In consideration of the broad scientific evidence for improved morbidity and mortality with the use of POCUS,<sup>1-4</sup> the ACGME included POCUS into the anesthesia residency curriculum and has further proposed POCUS to become a mandatory teaching requirement in obstetric anesthesia fellowships. While this is excellent news for current trainees, anesthesiologists who graduated before POCUS became widely integrated into the curriculum may need additional training.

Consequently, SOAP will be offering high quality POCUS training workshops tailored to the needs of practitioners taking care for patients on labor and delivery units.

Under the guidance of Prof. Cristian Arzola from University of Toronto, gastric, airway, neuraxial and focused abdominal POCUS will be presented using the I-AIM approach (indication, image acquisition, interpretation, medical decision-making). In preparation, access to an E-learning program covering excellent lecture content is provided followed by abundant personalized time for hands-on training during this half-day workshop.

(cont'd. - Point-of-Care Ultrasound Learning Opportunities at the SOAP Annual Meeting in Denver)



Clemens M. Ortner,  
MD, MSc, DESA



Cristian Arzola, MD,  
MSc

# SOAP 2024 ANNUAL MEETING

## POINT-OF-CARE ULTRASOUND LEARNING OPPORTUNITIES AT THE SOAP ANNUAL MEETING IN DENVER - CONTINUED

Considering the high complexity in performing a cardiopulmonary transthoracic ultrasound (TTE), SOAP will be additionally offering a full-day hands-on workshop on focused cardiac ultrasound.

Following completion of a well-established E-learning program on basic focused cardiac ultrasound, trainees will undergo intense hands-on training on live-models practicing TTE image acquisition under the guidance of nationally and internationally renowned experts. Applying concepts of problem-based learning, course participants will train to interpret, document and perform a quantitative and qualitative analysis of focused cardiac ultrasound. Trainees will further undergo image interpretation training, allowing to differentiate healthy cardiopulmonary status, from hypovolemic shock, septic cardiomyopathy with left ventricular systolic dysfunction, pulmonary embolism, pleural effusion or pericardial tamponade.

Both workshops will be CME accredited and acknowledged by the American Society of Anesthesiology (ASA) covering workshop requirements for practitioners pursuing the completion of the ASA “Diagnostic POCUS Certificate Program”.

Besides providing theoretical and hands-on training in cardiopulmonary, gastric, airway and abdominal ultrasound, these courses provide an opportunity to network with potential mentors and outline learning objectives to support long-term mastery in perioperative obstetric POCUS.

Please contact workshop directors Dr. Cristian Arzola ([cristian.arzola@sinaihealth.ca](mailto:cristian.arzola@sinaihealth.ca)) and Dr. Clemens Ortner ([cortner@stanford.edu](mailto:cortner@stanford.edu)) with questions on workshop contents and goals.

Our SOAP workshop team is looking forward to seeing you in Denver!

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2. Zieleskiewicz L, Lopez A, Hraiech S, et al. Bedside POCUS during ward emergencies is associated with improved diagnosis and outcome: an observational, prospective, controlled study. *Crit Care* 2021; 25:34
3. Chen Z, Hong Y, Dai J, et al. Incorporation of point-of-care ultrasound into morning round is associated with improvement in clinical outcomes in critically ill patients with sepsis. *Journal of Clinical Anesthesia* 2018; 48:62–6
4. Canty DJ, Heiberg J, Yang Y, et al. One-year results of the pilot multicentre randomised trial of preoperative focused cardiac ultrasound in hip fracture surgery. *Anaesth Intensive Care* 2019; 47:207–8

**Register for the SOAP 2024 Annual Meeting and workshops today!**



The banner features a central graphic on the left with a mountain range and city skyline, surrounded by the text 'SOAP 2024 ANNUAL MEETING', 'MAY 1-5, 2024', 'SHERATON DENVER DOWNTOWN HOTEL', 'DENVER, COLORADO', and the SOAP logo. To the right, the text reads 'REGISTER NOW' in large white letters on an orange background, followed by 'FOCUSING ON THE PATIENT: IMPROVING INDIVIDUAL OUTCOMES & EXPERIENCES' in blue and white. The hashtag '#SOAPAM2024' is displayed in white on a dark blue background at the bottom right.

# A YEAR IN REVIEW: 2023-24 COMMITTEE UPDATES

## DIVERSITY AND INCLUSIVITY COMMITTEE - THE NEW KIDS ON THE BLOCK

Allison Lee, MD, MS  
**CHAIR**



Allison Lee, MD, MS

Diversity and inclusivity (D&I) are at the heart of the vision, mission, and values of SOAP. As we approach the end of our first term as a full-fledged committee, we would like to share some of our activities these past few months.

The inaugural committee was formed in August 2023 and comprises Drs. Allison Lee (Chair, University of Pennsylvania, PA), Michelle Simon (Vice Chair, University of Texas Medical Branch, TX), Paloma Toledo (University of Miami, FL), Kokila Thenuwara (University of Iowa, IA), Jennifer Dominguez (Duke University, NC), Melanie Stanislaus (Johns Hopkins University, MD), Nakiyah Knibbs (Icahn School of Medicine at Mount Sinai, NY), and James Damron (University of Kentucky, KY).

Let's define some terms.

*Diversity* is any dimension that can be used to differentiate groups and people from one another in terms of age, gender, ethnicity, religion, disability, sexuality, language, education, socio-economic status, immigration status, and geographical origin.

*Inclusivity* is an organizational effort which establishes practices in which diverse groups or individuals are accepted, welcomed, respected, and treated equitably.

The goals of our committee include, but are not limited to:

- Leading the development and implementation of diversity, equity, and inclusion initiatives to create an environment where all have an equal opportunity to succeed.
- Continually assessing the climate regarding diversity and inclusivity within SOAP.
- Providing strategic direction for training initiatives on, cultural humility, gender inequity, disability, sexual harassment, anti-racism, and other topics designed to increase awareness in support of equity and inclusion values.
- Integrating SOAP's diversity and inclusivity initiatives with its mission to improve pregnancy-related outcomes, understanding our diversity is to better serve our diverse patient population.

In view of the above, the following subcommittees were established:

### **i. Pathway Programs and Mentorship**

This has been one of our most active and productive subcommittees under the leadership of Drs. Jennifer Dominguez and Nakiyah Knibbs.

On March 5th, the subcommittee organized a dynamic virtual panel discussion featuring SOAP members from various institutions for the medical students from the SNMA's (Student National Medical Association) Anesthesia Interest Group. The event was very well-attended, and the students were highly engaged.

## DIVERISTY AND INCLUSIVITY COMMITTEE - THE NEW KIDS ON THE BLOCK - CONTINUED

They had great questions, “What is one piece of information you wish you had earlier on in your medical journey to anesthesiology?,” “What are the benefits of doing an OB fellowship vs. without the fellowship and mainly choosing OB cases?,” and “Is there anything you would want to change in your field?”

We extend our gratitude to all who participated, fostering connections, and providing mentorship to the next generation of obstetric anesthesiologists. Their commitment to sharing their passion for obstetric anesthesiology is instrumental in shaping the future of our specialty.

**We are excited to announce our upcoming visit to Northfield High School in Denver, Colorado on Friday, May 3rd, during the SOAP Annual Meeting.**

This visit, like the "Doctors Back to School" program, aims to connect SOAP members with high school students from diverse backgrounds. This will be SOAP's second year participating in “Doctors Back to School.” The first event was held during the annual meeting in New Orleans, LA and was very well-received. The University of Iowa made a wonderful book donation to the school.

Volunteers including medical students, residents and fellows are warmly welcome to join us in Denver for this inspiring endeavor, where interactive sessions and panel discussions will help inspire young minds to consider a career in healthcare and obstetric anesthesiology.

**Those interested in participating should contact Dr. Jennifer Dominguez, [jennifer.dominguez@duke.edu](mailto:jennifer.dominguez@duke.edu) or Dr. Kay Knibbs, [nakiyah.knibbs@mountsinai.org](mailto:nakiyah.knibbs@mountsinai.org).**

### **ii. Community and Patient Engagement**

Under the leadership of Drs. Kokila Thenuwara and James Damron, during the past year, there has been exciting outreach to the Black Women’s health advocacy organization, *Meet Mae*, with whom an online event is being planned in honor of Black Maternal Health week in April.

Great strides have also been made in outreach to the American College of Nurse Midwives - stay tuned for more news on this endeavor.

### **iii. Health Equity**

This group, ably led by Drs. Paloma Toledo and Melanie Stanislaus, has been working with members of the SOAP Patient Education Committee on a collaboration with a group of patient education experts and researchers from the University of North Carolina. Check out one arm of their work at [The 4th Trimester Project](#). This group is well on the way to developing innovative patient educational materials, including videos and podcasts, particularly targeted toward Black birthing people.

This subcommittee is also charged with reviewing the D&I mentored grant submissions and making recommendations to the wider committee.

### **iv. DEI Training and Career Development**

Finally, this subcommittee, led by Drs. Michelle Simon and Jeanette Bauchat (Vice Chair), is focused on the development of DEI (diversity, equity, and inclusivity) training materials and supporting career development.

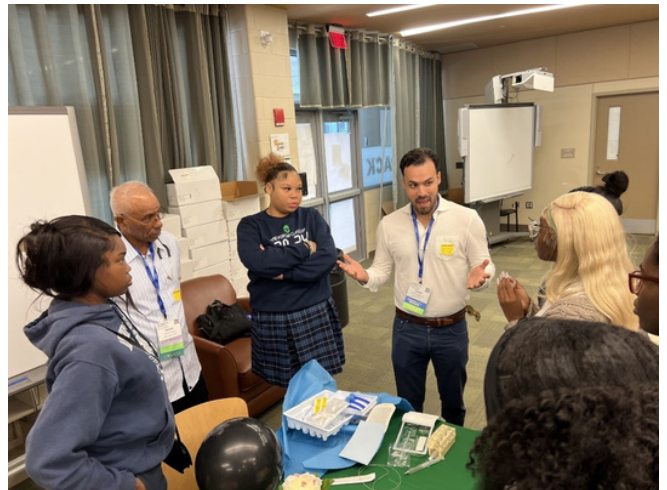
## DIVERSITY AND INCLUSIVITY COMMITTEE - THE NEW KIDS ON THE BLOCK - CONTINUED

They are tasked with reviewing the nominations for the D&I Award and making recommendations to the wider committee.

The DEI training modules may be found in the [SOAP Learning Center](#). We are proud of our committee and subcommittee achievements and believe that the sky is the limit on what more can be accomplished! We are lucky to have such an engaged and passionate group of SOAP volunteers who are committed to this aspect of SOAP's work, and they deserve our collective gratitude for all that they do.



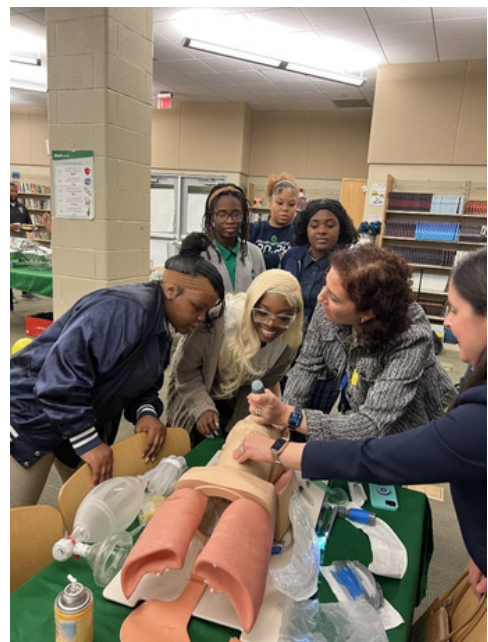
Members of the SOAP D&I Subcommittee in May 2023, posing with the Livingston Collegiate Academy. Principal Mr. Akeem Langham (far left). Standing (L to R): Marwa Sidani, Vernon Ross, Regina Fragneto, Keyanna Jackson (then medical student), Jose Sanchez (then medical student), Kokila Thenuwara, Jennifer Dominguez. Kneeling (L to R): Allison Lee, Carlos Delgado, and Paloma Toledo.



Dr. Carlos Delgado “holding court” and explaining about epidural anesthesia.



Dr. Jennifer Dominguez guides a student through placing a laryngeal mask airway.



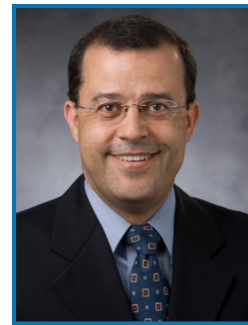
Dr. Marwa Sidani delights the students by showing them the vocal cords on the airway task trainer.

# A YEAR IN REVIEW: 2023-24 COMMITTEE UPDATES

## RESEARCH COMMITTEE UPDATES

Ashraf S. Habib, MBBCh, MSc, MHSc, FRCA

### CHAIR



Ashraf S. Habib,  
MBBCh, MSc, MHSc,  
FRCA

The Research Committee has been busy with several exciting initiatives. The SOAP Network Subcommittee led by Dr. Ron George has been active in organizing the SOAP Research Symposium at the ASA and SOAP Annual Meetings. The first symposium was held at the 2022 ASA meeting, and it continues to be a big success. The symposium provides an opportunity for investigators to present research proposals to SOAP's network of experts, who provide constructive feedback on rigor, relevance, methodology, ethics, feasibility, and fundability of ideas and identify potential project collaborators. Each symposium includes new proposals, updates on previously submitted proposals and ongoing studies, as well as a keynote speaker who provides education on a specific aspect of research methodology. Dr. Brie Thumm, from the University of Colorado College of Nursing, will be the keynote speaker at the 2024 SOAP Annual Meeting and will be discussing research metric development. Previously presented proposals are available for SOAP members on the [website](#). One of the first successful multicenter projects presented at the symposium and currently underway is led by researchers from Stanford University (Drs. James O'Conner and Daniel Conti) and is investigating the important question of intraoperative pain during cesarean delivery under neuraxial anesthesia. Through presentation at the symposium, the protocol was revised, and the study was subsequently initiated in over 20 centers.

The SOAP General Anesthesia Registry is officially live and enrolling patients! Sponsored by the SOAP Research Network and led by Drs. Lisa Leffert and Sharon Reale, the goal of this registry is to assess variations in practice, predisposing factors, management, and short-term outcomes of pregnant patients and newborns who receive general anesthesia for cesarean delivery. After conducting several months of beta testing with 9 preliminary sites, the registry officially started enrolling patients on February 22, 2024. Each site is contributing data through REDCap, housed by Yale University, with case details documented for each general anesthetic performed. Sites have access to their own data, and many are using this data for QI metrics. The 23 active health systems contributing data represent a diverse mix of participants on geographic and other key indices. We look forward to having several dozen potential additional sites activated soon!

In collaboration with the Education Committee, the Research Promotions Subcommittee led by Dr. Melissa Bauer continues to highlight recently published articles of interest through brief Twitter and Instagram summaries narrated by the authors of the article. The subcommittee also organizes a quarterly Journal Club that is open to all SOAP members. Starting in 2024, the theme will be Journal Club classics, which will highlight authors and their landmark papers in Obstetric Anesthesia. Those Journal Clubs will also involve active participation from the medical student/resident SIG. The first Journal Club classics was held on March 13th and featured the NEJM article by Dr. Cynthia Wong investigating the risk of cesarean delivery with neuraxial analgesia given early versus late in labor.

The Research Committee has also been working on a new process for submission of requests to circulate surveys to SOAP members – a process designed to help guide survey creation and

## RESEARCH COMMITTEE UPDATES - CONTINUED

implementation. Completion of a pre-survey checklist is the first step and aims to provide guidance on survey methodology, help the investigator better define the target population, consider issues of internal and external validity, and ensure that surveying some or all of SOAP members is the most suitable option to address the goals of the survey. Upon submission of the checklist, the requestor will be sent a survey request form to be completed. All submissions will be reviewed by the SOAP Research Committee twice a year, on March 1st and September 1st. The requestors will be notified of approval within 4 weeks of the review deadline. Submissions will be scored based on relevance, novelty, study design, and impact/alignment with SOAP's mission. If the survey requires revision prior to approval, the requestor will be offered an opportunity to revise and resubmit. If the survey is not approved, the requestors will be sent feedback outlining the concerns. The SOAP website also provides guidance on survey study reporting founded on the consensus-based checklist for reporting of survey studies (CROSS). A big thank you to Dr. Anton Chau for leading the revamping of this process.

In collaboration with the Centers of Excellence (COE) Subcommittee and the Intersociety Committee, the Research Committee developed a process for use of data collected through the SOAP COE application process for QA/QI and research purposes (retrospective research) and/or for participation in specific research projects using COE data (prospective research). All COE centers will be approached to consent for the use of this data. All proposed research related to SOAP COE data will first be approved by the SOAP Research Committee.

The Abstract Review Subcommittee led by Dr. Ruthi Landau has productively reviewed a record number of abstracts submitted to the 2024 Annual Meeting. The number of submissions increased from 418 last year to 498 this year, and 90% of those were accepted for presentation at the meeting. The quality of many of the submissions is high with several interesting studies that will contribute to advancing our field. A big thank you to everyone who submitted their work to this year's Annual Meeting.

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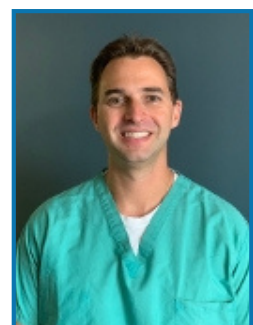
# A YEAR IN REVIEW: 2023-24 COMMITTEE UPDATES

## EDUCATION COMMITTEE UPDATES

Dan Katz, MD

**CHAIR**

The education committee is hard at work on a number of initiatives that we believe will provide value not only for SOAP members but also further SOAP's mission to be the voice of obstetric anesthesiology for our patients. The SOAP app is under development, and we plan to have a beta test version ready for the Annual Meeting this May. The app will be using a platform that is customizable and will be led by its own subcommittee to ensure that content stays current, relevant, and accessible. The app will be specifically for both obstetric anesthesiologists as well as general anesthesiologists who occasionally do obstetrics. Additionally, we'll be working on launching a podcast called "Talking Tradewing" which will take some of the items that have been discussed on the Tradewing platform and morph them into an educational session that is meant to be a more in-depth discussion than what is commonly found on the platform.



Dan Katz, MD



## EDUCATION COMMITTEE UPDATES - CONTINUED

We are also developing new resources for patients, including a website specifically designed for patients to visit to get information on all aspects of their pregnancy including options for anesthesia and analgesia. We will also be featuring a patient-facing podcast discussing various aspects of Labor and Delivery including labor analgesia, but covering additional topics such as birth trauma, issues involving disparities in care, as well as patient experiences during their own labor and delivery.

If you are interested in helping with any of these initiatives, please let me or anyone on the education team know, we need your help!

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# COMMITTEE ON OBSTETRIC ANESTHESIA

## ASA COMMITTEE ON OBSTETRIC ANESTHESIA UPDATE

Mark Zakowski, MD, FASA

### CHAIR

Looking forward to seeing you at SOAP 2024 in Denver! The ASA Committee on Obstetric Anesthesia (CObA) will be meeting Friday, May 3rd. We have two Letters to the Editor of Anesthesiology appearing online in April – discussing the [ASA CObA Statement on Neurologic Complications of Neuraxial Analgesia/Anesthesia in Obstetrics](#) and alerting the entire anesthesiology community to the problem of pain during cesarean delivery and ASA CObA's [Statement on Pain During Cesarean Delivery](#) recommendations. With an estimated 15% incidence of patients experiencing some form of pain or discomfort during cesarean delivery – this should be the #1 goal of our obstetric anesthesia greater community to address in 2024. Each year, I survey not only CObA members, but also individuals from SOAP, OAA, ACOG, SMFM and others for their suggestions on new topics to develop. We then rank the ideas and choose the most important and current needs.



Mark Zakowski, MD,  
FASA

For the current ASA 2024 year, CObA is working on updating the *Statement on Resuming Breastfeeding after Anesthesia* as a routine Five-Year Review, led by Rachel Kacmar and creating a *Statement on Psychological Support in Obstetric Anesthesia* led by David Stahl, a *Statement on Use of Systemic and Neuraxial Adjuvants for Pain During Cesarean* – led by Michael Hofkamp, and a *Statement on Anesthesia Support of Postpartum Tubal Ligation* – led by Regina Fragneto. Kristen Fardelmann, Pervez Sultan, Michael Hofkamp and Joshua Younger are continuing to work as part of an Obstetric Technical Expert Panel with the ASA Committee on Performance Outcomes and Measurement to develop obstetric outcomes measures and lastly, we are taking a first look at a possible framework for developing a *Statement on Staffing Labor and Delivery Units* next year, led by Ron George. Mark Rollins has been queuing up scientific evidence for a potential Obstetric Difficult Airway statement. Note that all statements need to be vetted by the Board of Directors and approved by the ASA House of Delegates in October.

(cont'd. - ASA Committee Obstetric Anesthesia Updates)

## ASA COMMITTEE ON OBSTETRIC ANESTHESIA UPDATE - CONTINUED

These activities meet CObA's mission and ASA's 2024 strategic plan to: advocate for the highest standard in patient safety and quality of care, expand member awareness of the work being done on their behalf, provide the best opportunities for anesthesiologists to acquire and maintain knowledge and skills associated with the practice of anesthesiology, strengthen the visibility and voice of the specialty as leader in the health care ecosystem, advance ASA's position as medicine's leading resource for anesthesia patient safety and quality and advance collaboration with subspecialty and other anesthesiology-related societies. I wish to thank the many ASA CObA members for their diligent work, developing statements and delving into the scientific evidence for future potential statements. Many ASA CObA members are participants and leaders at SOAP as well – the two organizations cooperate closely at both the individual and organizational level.

The ASA Annual Meeting 2024 will be taking place in Philadelphia, PA – lots of great sights and educational opportunities both obstetric and general. I also serve as Alternate Director from California to the ASA Board of Directors and Vice-Chair for Quality Management and Departmental Administration and for the Educational Track Subcommittee on Obstetric Anesthesia. If you have questions or suggestions, please contact me via SOAP.

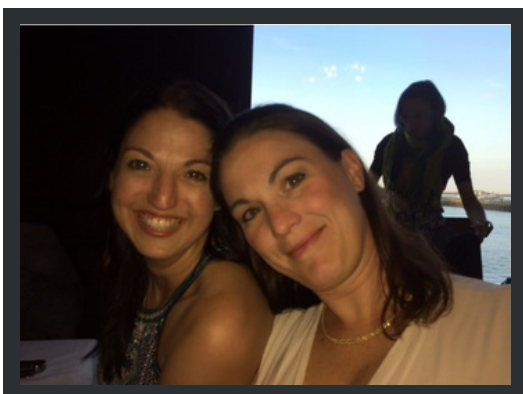
My personal reflections – it's been an honor and a privilege to work with and to encourage such a great community of dedicated, brilliant and hardworking colleagues! We all strive to improve the care and outcomes of pregnant people and their babies not just during labor but also beyond the peripartum period, advancing the practice of obstetric anesthesiology.

Mahalo!  
Mark

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# *In Memoriam*

## Dr. Gillian Isaac





# Mark your Calendars!

Board of Directors Election

Deadline: April 19, 2024

[Cast your ballot by 11:45pm EST](#)

SOAP 2024 Annual Meeting

Registration Fees Increase April 25, 2024

[Register Today!](#)

Optional Workshops at the Annual Meeting

Registration Fees Increase April 25, 2024

[Sign Up](#)

[Research Network Symposium](#)

May 4, 2024

Volunteer on a SOAP Committee or Subcommittee

Deadline: May 10, 2024

[Complete an application](#)

2024 Virtual Highlights

June 10-11, 2024

[Pre-Registration is Required!](#)

SOAP Fundamentals

September 14 and 21, 2024

Fall Forum

November 16-17, 2024

[Donate to the SOAP  
Endowment Fund!](#)

## SOAP ENDOWMENT FUND

Advancing the safety and comfort of pregnant women and their babies through:

- Research grants
- Education projects
- Support to bring best practices in obstetric anesthesia care to more patients worldwide

**SOAP**  
Society for Obstetric  
Anesthesia and Perinatology

[DONATE](#)





## AGENDA AT A GLANCE

### Wednesday, May 1, 2024

- FATE Workshop - 8:00 PM - 5:00 PM
  - (Optional - Pre-registration Required - Additional Cost)
- POCUS Workshop - 12:00 PM - 5:00 PM
  - (Optional - Pre-registration Required - Additional Cost)
- Trauma Informed Care for Optimal Outcomes Workshop - 12:00 PM - 5:00 PM
  - (Optional - Pre-registration Required - Additional Cost)
- Welcome Reception - 6:00 PM - 8:00 PM

### Thursday, May 2, 2024

- Opening Remarks - 7:50am – 8:00am
- Keynote Lecture - 8:00am – 9:00am
- President's Panel - 9:00am – 10:00am
- OAA Lecture - 10:45am – 11:30am
- Best Paper Competition - 12:45pm – 1:45pm
- Trauma Informed Care - 1:45pm – 2:30pm
- SMFM Lecture - 3:15pm – 4:15pm
- Case Report Breakout Session - 4:15pm – 6:30pm

### Friday, May 3, 2024

- Special Interest Group Roundtable Discussions in Expo Hall - 7:00am – 7:30am
- Abstract Breakout Session - 7:30am – 10:45am
- Opening Remarks - 11:00am – 11:10am
- SOAP/FAER Mentored Research Training Grant Update - 11:10am – 11:30am
- Gertie Marx Research Competition - 11:30am – 1:00pm
- CONCURRENT SESSIONS (45 min)
  - Oral Presentations #1 - 2:00pm – 2:45pm
  - A Network to Enhance Maternal Care: The SOAP State Representative Initiative - 2:00pm – 2:45pm
- Fred Hehre Lecture - 2:45pm – 3:45pm
- CONCURRENT SESSIONS
  - Sol Shnider Track #1 - 4:30pm – 6:30pm
  - Research Track #1 - 4:30pm – 6:30pm
- FELLOWS & RESIDENT'S RECEPTION - 7:15pm – 8:15pm

*(cont'd - Agenda at a Glance)*



## AGENDA AT A GLANCE

### Saturday, May 4, 2024

- Research Network Symposium - 7:00am – 10:00am
- Opening Remarks - 7:50 am – 8:00 am
  - SOAP Speaks! Speaker Database for Curricular Development
- Sol Shnider Clinical Track #2 - 8:00am – 10:00am
- Best Case Reports - 10:45am – 11:45am
- ASA Update - 1:00pm – 1:30pm
- SOAP Endowment Fund 2025 Campaign Launch - 1:30pm – 1:50pm
- Gerard W. Ostheimer Lecture - 1:50pm -2:50pm
- Distinguished Service Award 3:15pm – 3:25pm - *Brendan Carvalho, MD*
- SOAP Awards - 3:25pm – 4:00pm
  - Best Research Paper
  - Gertie Marx
  - Teacher of the Year
  - Diversity and Inclusivity Award
  - Patient Safety Award/PSF
  - Research in Education Award
  - Frederick P. Zuspan Award
- Case Report Breakout Sessions - 4:30pm – 6:30pm

### Sunday, May 5, 2024

- Opening Remarks - 7:55am – 8:00am
- SOAP/ASRA Panel - 8:00am – 9:00am
- CONCURRENT SESSIONS
  - Sol Shnider Track #3 - 9:15am – 11:15am
  - Oral Presentations #2 – 9:15am - 11:15am
- Case Report & Research Abstract Breakout Sessions - 11:15 pm - 1:15 pm

View the full schedule:  
[2024 SOAP Annual Meeting!](#)

