It is an immense honor and privilege to serve our society as president for 2007-2008. I thank you all for your support and confidence. I look forward to solidifying and furthering the aims and the aspirations of this society, and the members it represents. SOAP arrives at a new milestone as we await our 40th year since its inception. We look at our past with pride at a road well trodden and to our future to provide many more years of yeomen service. We salute the vision of our founders and those who have shepherded us through those times; it truly was a “labor of love.” I hope to uphold these traditions in my presidential year. It will be a hard act to follow.

SOAP’s 39th Annual Meeting was a success as witnessed by a record attendance. As I write this note, Drs. Linda Polley and Barbara Scavone are hard at work putting together the program for the 40th Annual Meeting. This program promises to improve on the outstanding program that we had at Banff.

The last few months have had an interesting number of challenges. First, the American Society of Anesthesiologists (ASA) will become our management company. There are many advantages for SOAP to be managed by the ASA. The main one is the ability to negotiate favorable rates for our annual meetings due to the volume of business generated by ASA. Other benefits include stronger associations with other anesthesiology subspecialties, industry support, and archiving through the Wood Library Museum. I hope to appoint a Task Force to facilitate our inclusion in the Wood Library Museum archiving system and to exhibit some of SOAP’s major accomplishments at our next meeting. If you are willing to serve on this task force please let me know.

“We appreciate our association with IARS and the management innovations they have brought to our society. To our members the transition from IARS to ASA should be seamless. We will be officially aligned with ASA beginning January 1, 2008...”

The impetus for new management was driven by a change in the International Anesthesia and Research Society’s (IARS) strategic plan to no longer include management of subspecialty societies. I wish to thank Pamela Happ and Anne Maggiore who were the IARS executives for SOAP. In their first year of managing SOAP we saw substantial savings in management fees, improvements in the conduction of internal processes, and well-ordered annual meetings, which gave us a huge uplift. We appreciate our association with IARS and the management innovations they have brought to our society. To our members the transition from IARS to ASA should be seamless. We will be officially aligned with ASA beginning January 1, 2008 at which time our contact number and headquarters address will change (all members will receive notification of new contact information via email). It is vital that all members update their contact information via SOAP’s website or send headquarters an e-mail note. Please renew your membership promptly.

Earlier this year, the editor of Anesthesiology, Dr. James Eisenach, announced a change in the journal’s long-term plans, one of which was to drop all affiliation with subspecialties. This will take effect beginning January 2008. As the Board of Directors searched for a new affiliation, several contenders were brought forward including International Journal of Obstetric Anesthesia (IJOA), Anesthesia and Analgesia, and Regional Anesthesia and Pain Management as the main contenders. After much debate, the Board of Directors voted on the affiliation; we are pleased to announce that Anesthesia and Analgesia will be our new affiliated journal starting January 1, 2008. There are many advantages to SOAP in an affiliation with a large circulation, large impact factor journal. I am sensitive to the needs of our society to support all scholarly activity in obstetric anesthesia and mechanisms for other journals to be more widely available to our members needs to be addressed. I would...
like to hear from our membership as to which benefits they would like to see implemented, so we may work on prioritizing those expressed needs. I am happy to reply to e-mails or phone calls (directly or through SOAP headquarters) to address these issues on a one-to-one basis.

I do hope you enjoy this edition of our newsletter. We have included much of the committee reports and minutes so all can see the nature of decision-making in our beloved society. My goal is to make our society as transparent as possible with easy access for all to witness the reasons for changes within our society.

We have our 4-year review from the Accreditation Council for Continuing Medical Education (ACCME) in Chicago October 2007. All your evaluations of your annual meetings have been very useful in preparing the necessary documentation for ACCME review. Thank you for your diligence.

Dr. Alan Santos has submitted SOAPs application for an accredited obstetric anesthesia fellowship to the Accreditation Council for Graduate Medical Education (ACGME). The review process can take a considerable amount of time, but we are all hopeful that Alan will be successful in this endeavor.

This is a good time to apply for a FAER grant in obstetric anesthesia. There are sufficient funds to help both seasoned and new researchers. The grant writing and review process is well explained on their web site www.faer.org. If SOAP members need assistance in formulating studies, the research committee has always had an open door for bouncing ideas around. This is a huge perk of membership.

The future is very exciting as we embark on new friendships and professional association with the Society of Maternal Fetal Medicine (SMFM) and North American Society of Obstetric Medicine (NASOM). Our new and old friends from across the oceans will only add to the strength of “our family.” SOAP is and will continue to represent all physicians involved in the practice of obstetric anesthesia. This is your society.

Finally, we are pleased to have a SOAP booth at the ASA. Please plan to stop by and share your thoughts and ideas – or just to say “hello.”

Best wishes,
Gurinder Vasdev, MD, FRCA
SOAP President 2007-08
vasdev.gurinder@mayo.edu

SOAP continues to grow financially. We are now receiving the annual interest payments from Dr Marx’s trust, and, as a reminder, the Board’s goal for our finances is to grow an endowment of two million dollars from which the interest will fund future research and educational activities. We are well on our way to reaching that goal within ten years. Additionally, we will be changing management companies from IARS to the ASA as of January 1, 2008. Transitions always incur additional costs but we should be able to weather those reasonably well. So, just what is our bottom line?

REVENUE
Annual meeting revenue, membership dues, and investment income remain the primary sources of the Society’s overall revenue. Investment income is defined as dividend income and any realized and unrealized gains/(losses) from our investments. The following table summarizes the past two fiscal years. Please note that the three categories listed will not add up to the actual total because there are other smaller contributions included.

<table>
<thead>
<tr>
<th></th>
<th>FY2006</th>
<th>FY2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$102,502</td>
<td>$101,557</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>$230,874</td>
<td>$237,496</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$89,587</td>
<td>$51,910</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$487,622</td>
<td>$401,245</td>
</tr>
</tbody>
</table>

ANNUAL MEETING
Our 2006 annual meeting was another profitable one despite the increased expenses due to the need to change our venue with less than the usual time format. As a result, our management company was at a disadvantage as they negotiated the conference terms for the hotel. However, attendees overwhelmingly enjoyed the meeting and we remained in the black. The following table reports the two meetings for which we have complete information.

“Although it is too early to report final numbers for our 2007 annual meeting, it was our best attended SOAP meeting ever and the increased revenue has offset the increased expenses of Banff…”

<table>
<thead>
<tr>
<th></th>
<th>FY2006</th>
<th>FY2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$230,874</td>
<td>$237,496</td>
</tr>
<tr>
<td>Expenses</td>
<td>$213,871</td>
<td>$167,055</td>
</tr>
<tr>
<td>Gain/(Loss)</td>
<td>$17,003</td>
<td>$70,491</td>
</tr>
</tbody>
</table>

Although it is too early to report final numbers for our 2007 annual meeting, it was our best attended SOAP meeting ever and the increased revenue has offset the increased expenses of Banff as of the mid-July review of the numbers. Thus, it appears we have another profitable meeting.
Treasurer’s Report - continued from page 2

SOAP INVESTMENTS
The value of our investments continues to grow thanks to our investment management firm, Independence Advisors. The market value of our investments and associated income for the previous two fiscal years was as follows:

<table>
<thead>
<tr>
<th>INVESTMENTS</th>
<th>FY2006</th>
<th>FY2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Value</td>
<td>$810,597</td>
<td>$732,223</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$89,587</td>
<td>$51,910</td>
</tr>
</tbody>
</table>

As of June 30, 2007, our education and research account (OAPEF) has grown modestly by 4.3% year-to-date and 13.3% since June, 2006. Our Reserve account, which is bond-heavy and serves as our reserve operating fund, has grown by 1.9% year-to-date and 5.8% since June, 2006. As many have suffered individual losses recently, our portfolios continue to grow.

<table>
<thead>
<tr>
<th>OPERATING EXPENSES</th>
<th>FY2006</th>
<th>FY2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Fees</td>
<td>$48,000</td>
<td>$48,000</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>$10,253</td>
<td>$8,575</td>
</tr>
<tr>
<td>Investment, Legal and Professional Fees</td>
<td>$17,248</td>
<td>$12,588</td>
</tr>
<tr>
<td>Website</td>
<td>$1,483</td>
<td>$8,087</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$98,052</td>
<td>$82,860</td>
</tr>
</tbody>
</table>

OPERATING EXPENSES
Our operating expenses stayed pretty much within budget for FY06. The exceptions were that higher legal fees were incurred as the Board needed advice on liability for the “Ask SOAP a Question” segment of the website. Also, IARS charged an additional $14,026 in fees for working on the joint OAA-SOAP meeting held August, 2006. This was appropriate as they were contracted to manage only our annual meeting and no others.

EDUCATION AND RESEARCH
While we grow the endowment, it should be noted that we anticipate that adequate monies will remain available to fund current research and education requests. In FY05, we spent $26,000 for this purpose and $29,500 in FY06. With the establishment of the Disbursement Committee (please see the description within this newsletter), a defined manner by which to seek funding now exists and thus, we hope, will encourage requests.

Respectfully Submitted,
Cally Hoyt, MD, MBA
SOAP Treasurer

The Society for Maternal-Fetal Medicine’s 28th Annual Scientific Meeting (The Pregnancy Meeting”) will be held January 28-February 2, 2008, at the Hyatt Regency at Reunion in Dallas, TX. Among the postgraduate courses being offered prior to the Scientific Meeting itself is an “Obstetrical Critical Care” course, jointly sponsored by SMFM and SOAP. This all-day course (8am-5pm) is scheduled to be held January 29, 2008, and is under the co-directorship of Dr. Stephanie Martin (SMFM) and Dr. John Sullivan (SOAP). SOAP members are eligible to register at the reduced SMFM-member rate for all postgraduate courses and Scientific Sessions.

More detailed information, including meeting registration form and hotel reservations link, will be available on the Society’s website (www.smfm.org) in mid-October.

Joint symposium between Japanese Society of Anesthesiologists and SOAP: David Wlody, Dr. Terui and his mother.
The SOAP Ad Hoc Committee on Resident Membership was established in 2006 by the Board of Directors with Joanne C. Hudson, M.D. of Virginia Commonwealth University appointed as Chair, and Helene Finegold M.D. of Western Pennsylvania Hospital as Co-Chair. The first meeting was held at ASA Meeting in Chicago on October 15th. There was great enthusiasm for such a venture within SOAP. David Louw, M.D. of the Cleveland Clinic was elected as Resident Chair. The immediate objectives were to create a mission statement, establish goals, create a committee structure, determine the mechanism to select future committee members and establish a yearly “Resident’s Forum” at the Annual SOAP meeting. The second meeting was held during the SOAP Annual Meeting at which the first Resident Forum was held. The Committee completed its proposed organizational structure and mechanism of member selection.

The mission is:

- To inform residents of the purpose of SOAP in promoting research and education in obstetric anesthesia
- To encourage resident interest in obstetric anesthesia and perinatology, and to encourage continued membership involvement beyond residency
- To participate in resident education regarding the practice and current issues of obstetric anesthesia and Perinatology
- To encourage residents to gain experience in organized medical societies, thereby promoting their development as future leaders
- To increase the number of academic obstetric anesthesiologist

The organizational structure consists of four SOAP members appointed by the President for a 3 year term: a Chair, Co-Chair and two Ad Hoc members, Chair of Membership Committee and Chair of Education Committee. The resident members include the Resident Chair, Resident Chair – Elect, Secretary, and 12 residents. Emily Parke, DO from the Cleveland Clinic was elected the Resident Chair for 2007-2008. Membership, Education and Research sub-committees will support the committee’s mission and are the primary focus. Resident members will have the opportunity to sit in on related SOAP Committee meetings to gain understanding of Committee function and interact with the leadership of SOAP.

Membership selection will occur by the Ad Hoc Committee after solicitation in the SOAP Newsletter and by letter with Program Directors, and OB Fellowship Directors. Appointment of Committee members is for 2-year terms. The sponsoring institution is expected to provide the time and funding for the Resident to attending the SOAP and ASA meetings. SOAP Membership Fee for residents, fellows and medical students will be reduced. Currently active membership fee is $125, and resident fees are $40 which is the same as the retired members’ fee.

Educational endeavors will be to create a Resident section on the SOAP website through the assistance of Dr. Michael Smith. This will serve as a communication and education vehicle. The residents would like to develop a resource of power point lectures and PBLD’s contributed by SOAP members. Short interesting cases (“you did what?”) contributed by residents will be encouraged. Expanding the information on OB fellowship programs will help residents choose a Fellowship. Perhaps a “Meet the Fellowship Director” session at SOAP will be considered. The residents plan to be involved in curriculum and educational trends in OB Anesthesia. Creating mentors for those interested in OB as well as working on career development and locating jobs are other projects that may be explored.

The Residents’ Forum was established to showcase resident efforts in research and provide feedback to an extent not provided during the annual SOAP meeting. Residents and their faculty mentors interact with judges to evaluate the merits and deficits of their projects in a less intimidating atmosphere. In the future the number of presentations will be limited to give adequate time for discussion. The presentations will no longer include any that are accepted to the main SOAP meeting, and all will be oral presentations with Power Point slides. At least one member of the committee will attend the major regional resident anesthesia conferences (GARC, MARC and WARC) to observe the programs, seek interested residents and identify research trends.

Past and present Committee members are filled with enthusiasm and desire to expand their exposure to SOAP. Please refer interested residents to our committee.

Joanne C. Hudson, M.D.
Chair Ad Hoc Committee on Resident Membership
Associate Professor
Director OB Anesthesia,
Department of Anesthesia and Obstetrics and Gynecology
Virginia Commonwealth University

Please inquire with the SOAP office to place your OB Anesthesia job offerings on the SOAP website.
Email: soaphq@soap.org
Report from the ASA Committee on Obstetric Anesthesia

Acting Chair, Craig M. Palmer, M.D.

It has been a busy year for the Committee. The Committee met in October at the ASA Annual Meeting in Chicago. The members had significant input into the revised “Practice Guidelines for Obstetrical Anesthesia” and unanimously supported their adoption by the ASA’s House of Delegates. In February, Sam Hughes stepped down as Chair of the Committee, and I was appointed acting Chair by ASA President Mark Lema.

Three ASA documents relating to obstetric anesthesia underwent the required five-year review by the Committee:

- Guidelines for Regional Anesthesia in Obstetrics
- Optimal Goals for Anesthesia Care in Obstetrics
- Statement on Pain Relief during Labor

The latter two documents are joint statements of the ASA and the American College of Obstetricians and Gynecologists (ACOG). The Committee recommended reaffirmation of these three documents with the only change being updated references in “Optimal Goals for Anesthesia in Obstetrics” and “Guidelines for Regional Anesthesia in Obstetrics”. No changes were recommended for the “Statement on Pain Relief during Labor”. All three documents are available on the ASA’s website, under the “Clinical Information” section.

At the request of the Administrative Council of the ASA, the Committee performed an analysis of an article published early this year in the journal “Nursing Research” (Simonson et al. Anesthesia Staffing and Anesthetic Complications during Cesarean Delivery: A Retrospective Analysis. Nursing Research 2007; 56:9-17); it purported to show that obstetric anesthesia services provided by unsupervised CRNAs have similar quality of care and complication rates as that provided by anesthesiologists. The analysis by the Committee revealed several serious flaws in the study design and data interpretation, which refuted the AANA’s press release heralding these findings.

An important function of the Committee is to be the ASA’s liaison to our colleagues in ACOG. The Chair of the Committee represents the ASA at the bi-annual meetings of ACOG’s Committee on Obstetric Practice (“COOP”). I participated in two meetings of the Committee on Obstetric Practice, one in April in Washington, D.C. and one via teleconference in June. The COOP reaffirmed the two joint statements noted above (“Optimal Goals for Anesthesia Care in Obstetrics” and “Statement on Pain Relief during Labor”) which were forwarded to ACOG’s Executive Board for final approval. While none of the extensive list of items considered at these two meetings directly impacts anesthesiologists, the members of COOP are extremely supportive of the ASA’s continued involvement with the committee; it remains an excellent relationship.

As part of the ASA’s educational “outreach” efforts to our obstetric colleagues, I moderated two educational sessions at the ACOG’s Annual Clinical Meeting in May in San Diego, CA. David Gambling, M.D., an ASA and SOAP member from San Diego, also assisted the effort. The presentations (“The Changing Practice of Obstetric Anesthesia: An Obstetric Anesthesia Update”) were well received by an enthusiastic and grateful audience.

Perhaps the biggest issue with potential to impact obstetric anesthesiologists is the ASA’s initiative to draft guidelines for the use of neuraxial opioids. The Task Force on Neuraxial Opioids was created last year by then ASA President Orin Guidry, in response to a number of reports of respiratory depression following the use of epidural and intrathecal opioids. It was felt that the development of guidelines could improve care and reduce complications. As with other Practice Guidelines formulated by the ASA (think last year’s “Practice Guidelines for Obstetrical Anesthesia”), these practice guidelines are recommendations based on the “…current literature, expert opinion, open forum commentary, and clinical feasibility data.” They are not intended as “standards or absolute requirements”, and may be “adopted, modified or rejected according to clinical needs and restraints.” The Guidelines are intended to apply to all patients receiving neuraxial opioids.

Because of the ubiquitous use of neuraxial opioids in current obstetric anesthesia practice, formulation of these Guidelines has produced significant anxiety among obstetric anesthesiologists, and rightly so. Many obstetric anesthesiologists feel that we have used these medications for so long, in so many obstetric patients, that we know how to use them safely, and these Guidelines are an unwanted intrusion on our practice. Unfortunately, it is also true that we cannot point to any large studies or series to document this perception; we are left “trying to prove the negative”, so to speak. We cannot be sure complications are not happening. Without such hard evidence, it is hard to justify the exclusion of obstetric patients from the Guidelines.

Fortunately, the Task Force has been receptive to our concerns, and members of the Committee on Obstetric Anesthesia (and many of the Directors of SOAP) have had significant input into the final draft. For most, if not all of us, the recommendations in the Guidelines mirror our current practice and protocols, and should not impose a significant burden. We all have a stake in reducing anesthetic complications, in both our patients and our colleagues’ patients, and these Guidelines can have a beneficial impact.

The current draft of the “Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration” is posted on the ASA’s website. By the time you read this, comments will no longer be taken on the website, but I encourage all SOAP members to take the time to read the Guidelines. Comments may still be made during Reference Committee hearings at the ASA’s Annual Meeting in San Francisco, before a final recommendation is made to the House of Delegates.

— 5 —
SOAP Patient Safety Review

SOAP continued its commitment to patient safety at the annual meeting in Banff this year. The program featured several events specifically designed to highlight work being done in this important arena. The Ad Hoc patient Safety committee met for the second year with increased interest and membership. Topics discussed included lecture topics and speakers for future annual meetings,

Dr. Paul Ogburn, M.D., associate professor and the Director of Maternal Fetal Medicine at SUNY Stonybrook, was asked to present a first ever, SOAP-sponsored patient safety exhibit. Dr. Ogburn presented their innovative approach to the management of maternal hemorrhage. Each patient is given a score to assess her risk of post-partum hemorrhage based on several maternal and fetal characteristics. Based on this score, one of several pre-determined order sets is initiated, ranging from routine care for low-risk parturients, to cross-matching blood and the use of uterotonics for those at increased risk. In addition, the team regularly practices their hemorrhage drills with a mannequin. These drills actually allow the mannequin to be admitted to a hospital bed and the team runs the entire process as though it were a real event.

Finally, a significant part of the academic program was dedicated to patient safety. On Friday morning, Dr. Stephen Pratt, from Beth Israel Deaconess Medical Center (BIDMC) at Harvard, hosted a 2½ hour patient safety panel. First to present was Dr. John Sullivan, assistant professor and Director of Resident Education at Northwestern, who lectured on the use simulation to teach residents. He highlighted the fact that while we have taken a few good steps in this direction, there is a lot of room for growth. Dr. May Pian-Smith from Massachusetts General Hospital moderated a debate between Drs. Richard Wissler, of the University of Rochester, and John Pawlowski, also from BIDMC, about whether the use of Crew Resource Management would be just a fad in medicine. While few people believed Dr. Wissler’s position that CRM was just a fad, the debate was lively, highlighted the work still needing to be done in this area, and was very entertaining. Finally, Dr. Edward Molina-Lamas, a long-time SOAP member and current Joint Commission inspector, lectured on the impact of the Commission’s National Patient Safety Goals on Obstetric Anesthesia. Not surprisingly, this lecture engendered the most discussion and questions.

Since the meeting, the SOAP Board of Directors has voted to make the Ad Hoc Patient Safety Committee a standing committee. SOAP has long been dedicated to the safest possible care of our patients and the inclusion of such significant activities at the annual meeting means that the future of patient safety at SOAP is just as bright.

Respectfully submitted,
Stephen Pratt, MD
Beth Israel Deaconess Medical Center

MEMBERSHIP COMMITTEE REPORT FROM MAY 2007 MEETING

As new chair of the membership committee I would like to provide you with an update for the committee meeting May 18, 2007 in Banff, Alberta, Canada. The members present were Gary Vasdev, Arthur Calimaran, Cheryl Desimone, Maya Suresh, Patricia Dalbly, Lisa Councilman-Gonzales, Rakesh Vadhera, Devina Santos, Vernon Ross, David Wlody; and Virgil Manica.

Actions and or items discussed were as follows

The October minutes from the ASA were approved. Anesthesiology is no longer affiliated with SOAP.

Journal Affiliation: The committee believes that offering a journal could potentially increase membership; However further discussion was postponed until the Board of Directors establishes a journal affiliation.

Resident Membership: At this time there is high interest of residents and fellows in our organization. The board of Directors feels that offering free membership to them could incur a substantial cost to the society and this is to be re-explored at a later date. The society is developing a SOAP resident committee. Discussions with Dr. Finegold, Co-Chair of the Resident Committee are underway to allow a member of that committee to attend the membership committee meetings for their input.

Website: The ASA will be the new management company. This transition will take place January 1, 2008. Committee members felt the website should have a new feel. It was agreed that after establishment of the new management company for the society the website format should be readdressed and request the Board of Directors to look into the process.

Philanthropic Support: An e-mail request has been sent to Dr. Michael Smith requesting a box in the newsletter for philanthropic support to SOAP.

International Members: The demographic of international members participation in SOAP at the last two meeting were reviewed and there was large contingent of attendees from the UK and Japan noted. This year’s meeting of course had a concurrent Japanese Society for Anesthesiology-SOAP Symposium on Wednesday prior to the SOAP meeting which influenced Japanese participation. Some discussion was entertained regarding having lumped sum fees for future joint symposiums.

Mission statement: Due to lack of time the Mission statement of the membership committee was not discussed.

Future discussions for membership committee will center around collaboration with the resident committee to identify how to continue to attract Residents and Fellows to SOAP, ideas concerning appropriate fiscally sound but enticing benefits to attract new members, maintaining an interaction with international attendees and discussing how the website can be used to attract new members to our organization. We plan to move forward on these items at the membership committee meeting at the ASA in San Francisco. I would solicit any ideas for recruiting members and or benefits you like for existing members to have, kindly forwarded them to me.

Vernon H. Ross MD
Chair Membership Committee of SOAP
E-mail: vhross@wfubmc.edu
The Disbursement Committee: How SOAP Members Should Seek Funding for Projects

Historically, SOAP members sought funding for projects by approaching the President and the Board and asking for funds. Although this may have worked in the past, it has not worked well recently nor is it an efficient way for the membership to ask for funding. Confusion would reign as questions such as “Who do you approach?”, “How much can you request?”, “What do I have to present to get funding?” went unanswered.

What Changed for SOAP
The idea for this committee was born with news of the Gertie Marx trust and recognition that a significant change in our ability to fund research, foundations, and education was happening. The Board did not feel that it was best suited to continue to be “where the buck stopped” but that a more formal and streamlined process would be appropriate. It also made sense for a group “with memory” to control the funding and perform the due diligence that the monies are used as expected.

The Gertie Marx trust made its first disbursement to those acknowledged in her will last Dec (’06). Of the four recipients named, SOAP is one. No one may touch the principle amount which is comprised primarily of bonds. Every December starting in ’06, the interest generated by the principle gets distributed to the four entities. On an almost 4 million account, after fees, the amount comes to about $42,000 per year per recipient, without taking growth into account. BOTTOM LINE: Receipt of these monies is new for us and is set up to continue indefinitely.

Given this situation, the SOAP Board of Directors is using the OAPEF account to establish an endowment of $2,000,000 so that the interest generated can be used to fund obstetric anesthesia projects on a larger scale. This is essentially taking Dr Marx’s original $200,000 seed money that first created the OAPEF account and expanding it to $2,000,000. In the two years of focusing on this, we are now at $880,000.

Committee Structure
The committee structure is designed so that four members, who have contributed significantly to the welfare of SOAP and understand the mission, would comprise the foundation of the committee with ex officio members being the Chair of the Research Committee, Chair of the Education Committee and Treasurer. The ex officio chair positions are obvious as members often think to approach these committees with funding ideas. Also, Chairs can remind their committee members that there is a process for funding. The role of the Treasurer is to work with the committee to decide a reasonable budgetary amount for distribution based on knowledge of current and upcoming requests as well as making sure that overruns don’t happen or are kept to a minimum. This committee was formalized via the bylaws at the Miami meeting in ’06.

Currently
As the Committee develops the process by which funding requests should be made, we will inform and update SOAP members through this newsletter and the website. In the interim, if you have a funding request for an educational or research project, please feel free to approach any of the members with your ideas or request.

McCallum Hoyt, MD, MBA
Gerard Bassell, MD
Treasurer
Disbursement Committee
Interim Chair
Richard Smiley, MD, PhD
Samuel Hughes, MD
Chair, Research Committee
Joy Hawkins, MD
Jonathan Sullivan, MD
Chair, Education Committee

ASA Committee on Obstetric Anesthesia
Revised May 2007

Craig Palmer, MD • Acting Chair

Valerie Arkoosh, MD
Yaakov Beilin, MD
David Birnbach, MD
Patricia Dailey, MD
Robert Eberle, MD
Michael Froelich, MD
Joseph J. Kyre, MD
Della Lin, MD
Beth Mintzer, MD, MS
Susan Palmer, MD
Lee Perrin, MD
Patricia Perry, MD
David Wlody, MD

SOAP gratefully acknowledges the generous support of the 2007 39th Annual Meeting by the following corporations:

Arrow Medical Products, Ltd.
B. Braun Medical Inc.
Baxter Healthcare Corporation
Becton Dickinson
Elsevier Canada
Indigo Orb, Inc.
International Medical Development
Laerdal medical ltd.
Limbs & Things, Inc.
Masimo
Perinatal Resources, Inc.
Smiths Medical
SonoSite, Inc.
Vitaids, Ltd., Canada
Wolters Kluwer health-Lippincott Williams & Wilkins
A record annual meeting was held May 16-19, 2007, in a picturesque setting of the Canadian Rockies. This year we broke all records with 692 registrants. Many traveled from overseas and we were very pleased to see 110 residents, fellows, and medical students take part in our meeting. This huge interest provided us with a great uplift and pride in our society.

The Program Committee’s strong desire to have a meeting which encompassed our mission started with pre-meeting workshops on simulation and neonatal resuscitation (31 individuals certified or recertified with the American Academy of Pediatrics). A joint symposium with the Japanese Society of Anesthesiology received excellent reviews with 75 Japanese physicians traveling to participate. This forum was unique in its collection of presentations and problems that affect obstetrics in Japan and compared them with the issues that occur in the USA. Symposium forums such as this open many doors for research and educational collaboration.

President David Wlody formally started the meeting on Thursday, May 17, 2007, to a room filled to capacity. Seven excellent papers were presented for the honored Gertie Marx Award moderated by Alan Santos. The winners are highlighted on page 11.

On behalf of SOAP, President David Wlody presented the Distinguished Service Award to Frank James, M.D. of Wake Forest University/Bowman Gray Medical Center, for his outstanding contributions to our specialty and society.

SOAP is well known for its thoughtful debates and this year lateral versus sitting position for induction of labor epidural was discussed by two charming adversaries, Dr. Linda Polley and Dr. Lawrence Tsan. At the end of the debate most of the audience did not indicate a change in their personal preference, but it will be interesting to see what style the next generation of obstetric anesthesiologists will adopt.

Professor Michael Helewa, Past President of Canadian Society of Obstetricians and Gynecologists, presented a comprehensive review on what’s new in obstetrics. His presentation highlighted many of the “hot issues” of obstetrics which affect our daily practice.

The Society is grateful to our long-standing benefactor, Dr. Fred Zuspan, and his award was presented to an obstetrician, Dr. R. B. George of Duke University for his presentation, “Apoptosis in the Chorion of Fetal Membranes in Preterm Premature Rupture of Membranes.”

On Thursday evening, one of the meeting highlights included the newly formed Residents Section. In this evening session, 100 medical students and anesthesiology trainees presented some outstanding work indicating a high degree of interest in scholarly activity among our young colleagues. These young people are the future of our society.

SOAP’s professional association with the North American Society of Obstetric Medicine (NASOM) was highlighted by a wonderful presentation by Dr. Linda Barbour, past president of NASOM, University of Colorado, on the long-term maternal and fetal effects of diseases acquired during pregnancy.

Our commitment to patient safety was featured in the Patient Safety Session chaired by Dr. Steven Pratt. An optional and very popular Regional Workshop which included an introduction to ultrasound was organized by Dr. Jose Carvalho and Dr. James Hebl.

Social events included our fun run and a spectacular ball. Pictures are available on our web site, www.soap.org, under the meeting section. SOAP is grateful to Drs. Divina Santos and Alex Pue for commemorating our meeting through their keen photography and donating these pictures to the society.

SOAP has always been a leader at forging new horizons for clinical practice. An outstanding presentation on how genomics can help anesthesiologists was presented by our new research chair, Dr. Richard Smiley with Drs. Ruth Landau and William Hartman presenting a well attended early Saturday morning session.

Our named lectures were delivered to a packed, standing room only audience: Dr. Birnbach presented the Fred Hehre lecture and Dr. Alison Macarthur gave the Ostheimer lecture. Details of Alison’s lecture will be available in Anesthesiology.

The Best papers session was chaired by Dr. Gordon Lyons, President of the Obstetric Anesthetists Association. His presence signifies our long and firm commitment to our colleagues from across the Atlantic Ocean.

The 39th SOAP Annual Meeting wrapped up with a panel discussion on infection after neuraxial block. New guidelines will be generated in conjunction with the ASA Task Force on Neuroaxial Infection. SOAP members discussion on this topic will be part of the evolution of our specialty.

Dr. William Camann, SOAP Journal Liaison, Brigham and Women’s Hospital Boston will be publishing a formal meeting report in Anesthesiology next month.

We wish to thank you all for your participation, presentation and camaraderie and look forward to celebrating our 40th birthday in Chicago with President-elect Dr. Linda Polley and meeting host Dr. Barbara Scavone. See you there!

Respectfully submitted,

2007 Program Committee Members
10. **Because Chicago has world class museums for everyone in the family:** You will enjoy Sue – the largest and most complete T. Rex ever found – at the Field Museum of Natural History almost as much as your kids; Or try the Shedd Aquarium (beluga whales), the Museum of Science and Industry (which re-creates a working deep shaft coal mine in its central pavillion), the DuSable Museum of African American History (the oldest museum of its type in the US), the International Museum of Surgical Science (not for the faint-hearted!) or our own Wood Library of Anesthesiology at ASA headquarters in nearby Park Ridge.

9. **Because Chicago was rated the best restaurant city in the US:** Gourmet magazine’s pick for #1 restaurant in the US? Chicago’s Alinea. Their pick for best chef? Rich Bayless of Chicago’s Frontera Grill. Don’t leave town without some deep dish pizza and an Italian beef sandwich.

8. **To explore the vibrant art scene:** Chicago’s Art Institute houses the largest collection of impressionist paintings and drawings outside of the Louvre in Paris. The more adventurous can discover emerging artists in numerous gallery districts.

7. **So you can shop ‘til you drop:** You can go for bargains on State Street or throw caution to the wind on the Magnificent Mile.

6. **Because of the fascinating architecture:** Architecture aficionados won’t want to miss architectural and historical boat tours on the Chicago River. Oak Park, just outside of the city, offers a walking tour of the world’s largest collection of Frank Lloyd Wright designed buildings and houses (25 structures) representing the Prairie School of Architecture.

5. **To visit historic Wrigley Field:** Take the el to the friendly confines, home to the Chicago Cubs.

4. **To experience the neighborhoods:** Chicago’s multicultural heritage is reflected in its neighborhoods, the heart and soul of the city. Explore them on your own or take a guided walking tour of the neighborhood that piques your interest.

3. **Because the Sears Tower is still the world’s tallest rooftop:** And don’t let anyone tell you any different!

2. **Because Chicago has more parks per square area than any other US city:** Visit Lincoln Park and the free Lincoln Park zoo. There are also 18 miles of protected shoreline (Fun Run anyone?).

…and the number 1 reason to visit Chicago in 2008:

1. **To come to the SOAP Annual Meeting April 30 – May 4!!!**

There are more flights (including international flights) in and out of Chicago every day than any other city in North America. We will be staying at the 5-star Renaissance Hotel, newly renovated and located at State and Wacker near the entrance to the Magnificent Mile. Our SOAP Ball will be at the famous University Club on Michigan Avenue, with views of Millennium Park, hailed at its opening as one of the most important millennium projects in the world. Hope to see you there!
Use of SOAP Mailing List for Surveys/Research

Because of an increasing number of requests for the SOAP mailing list, the Board of Directors has established a protocol for requesting the official mailing list. As a benefit of SOAP membership, those conducting surveys or research studies may request the SOAP mailing list. Requirements are:

1. Offered to SOAP Members in good standing.
2. Mailing list for research use only.
3. The research survey must be IRB approved at the primary investigator's institution.
4. The survey and IRB approval letter must be submitted to SOAP Headquarters.
5. The survey will then be reviewed by the SOAP Research Committee.

A fee of $100 will be charged for this one-time distribution/use of the mailing list. Requests for follow-up surveys will be handled on a case-by-case basis. (Note: No email addresses will be provided but, if preferred, the survey can be emailed from SOAP headquarters.)

For additional information contact:
Robert D’Angelo, MD
Chair, SOAP Research Committee
rdangelo@wfubmc.edu

or
Submit your request to:
Via Email: soaphq@soap.org
Via Fax: 216-642-1127
Via Mail: SOAP
1 Summit Park Drive, Suite 515
Cleveland, OH 44131

PHILANTHROPHIC SUPPORT

SOAP has defined the gold standard in research, education and patient safety for over 40 years as a leader in the field of obstetric anesthesia. This stems from our mission and heritage. As a member, you are part of that mission. As a benefactor, you will continue to contribute to this standard of excellence. Philanthropy is essential to attain our goals in the future of medicine. I would welcome a future opportunity to discuss continued philanthropic support with you. Gifting may range from unrestricted support to a gift designated towards an area of personal interest. The opportunities for you to advance the current medical revolution are as unlimited as the potential for individualized medicine. Please consider SOAP in your future financial plans. It is gift of the present, to remember a legacy of the past, for the physicians of the future.

Gurinder Vasdev, MD
Membership Chair 2004-07

SOAP Future Meetings

SOAP 40th Annual Meeting
Renaissance Chicago Hotel
Chicago, IL
April 30 - May 4, 2008

SOAP 41st Annual Meeting
Renaissance Washington DC Hotel
Washington, DC
April 29 - May 3, 2009

SOAP 42nd Annual Meeting
San Antonio, TX

Obstetric Anaesthetists’ Association
Providing the highest standards of anaesthetic practice in the care of mother and baby

Obstetric Anaesthesia 2008

The Waterfront, Belfast
15-16 May 2008
Evening Reception 14 May 2008

Deadline for submission of abstracts 11 January 2008
Enquiries OA Secretariat, PO Box 2229, Barnet, London SA13 5BR
Tel: +44 (0)20 8744 0163; Fax: +44 (0)20 8744 0613; www.oameetings.info
AWARDS

The Gertie Marx Awards were presented and awarded as follows:

1ST PLACE: T. Gelfand, A. Palanisamy, L.C. Tsen and S. Segal; Brigham and Women’s Hospital, Boston, MA; Warming in Parturients with Epidurals is and Averaging Artifact.

2ND PLACE: W. Zielinska, E. Chini and G.A. Vasdev; Mayo Clinic, Rochester, MN; The Role of the CD38/CADPR Signaling Pathway in Oxytocin-Induced Contraction in Human Myometrium.

3RD PLACE: D. Horstman, E. Riley, S. Mehta and B. Carvalho; Stanford University, Stanford, CA; Cerebrospinal Fluid Pressure and Sensory Block Height with Single-Shot Spinal Compared to Combined-Spinal Epidural Anesthesia for Cesarean Section.

The Zuspan Award was presented to R. George, J. Kalich, B. Yonish and A.P. Murtha from Duke University. Dr. George’s presentation was entitled: Apropotosis in the Chorion of Fetal Membranes in Preterm Premature Rupture of Membranes.

The 2007 Research in Education Award was awarded to S. Lipman, K. Daniels, B. Valdez, D. Lopez and M. Druzin from Stanford University Medical Center, Stanford, CA; Form Factor Incorporated, Livermore, CA; Lucile Packard Children’s Hospital, Stanford, CA. Dr. Lipman’s presentation was entitled: Maximized Learning in Limited Time: Using Health Failure Modes Effects Analysis (HFMEA) in Simulated Obstetric Crisis Drills: Poor Communication is the Highest Ranking Team Deficiency.

The Best Paper Award:
Chronic Pain After Delivery – Is It Different Between Vaginal and Operative Deliveries?

AUTHORS:
P.H. Pan, Wake Forest University, Winston-Salem, NC
R. Smiley, Columbia University, New York, NY
T. Houlel, R. Landau, University of Geneva, Geneva Switzerland
P. Lavand’homme, St. Luke Hospital Medical School, Brussels Belgium
L. Harris, J. Eisenach, Wake Forest University, Winston-Salem, NC

The Resident Session winners:
For our new Resident Section we had 6 winners from each resident oral presentation group. Each resident prize was awarded by the Session chair and we hope to make this into a tradition each year.

OAPEF Contributions
January – April, 2007

Gertie Marx Patron
Lesley I. Gilbertson

Level Donors $250+
Gilles R Girouard
Joy L. Hawkins
Philip Hess
McCallum Hoyt
Nancy Kenepp
Bettylou Koffel
Jean E. Kronberg

Gold Level Donors $100-249
Yunping Li
Ellen Lockhart
Simon J. Lucy
Edward McGonigal
Sally M. Mekellar
James P. Mcmichael
Medge Owen
Craig Palmer
Patricia M. Perry
Michael Petsch
Vitaly Soskin
Alan Strobel
Marsha L. Wakefield
Valerie Wassill
Stephen Webber

Silver Level Donors $50-99
Donors <$50

Theodore G. Cheek
Gumdur Grewal-Banerjee
Allan Kassa
Monica M. Neumann
Noel Zweig
Chris Collie
Thomas Dolphin
George Dumitrascu
Elia Elia
Pamela Flood
Gumdur Grewal-Banerjee
Masato Morita
Lale Odekon
Sanjeev Patel
Lisa Ross
Dawn Sparks
Ihab Toma
# Society for Obstetric Anesthesia and Perinatology
## 2007-2008 Board of Directors

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Gurinder M.S. Vasdev MD, FRCA</td>
<td>Rochester, MN</td>
</tr>
<tr>
<td>President-Elect</td>
<td>Linda S. Polley, MD</td>
<td>Ann Arbor, MI</td>
</tr>
<tr>
<td>First Vice President</td>
<td>Lawrence C. Tsen, MD</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Second Vice President</td>
<td>Robert D'Angelo, MD</td>
<td>Winston-Salem, NC</td>
</tr>
<tr>
<td>Treasurer</td>
<td>McCallum R. Hoyt, MD, MBA</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Secretary</td>
<td>Brenda Bucklin, MD</td>
<td>Denver, CO</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>David J. Wlody, MD</td>
<td>Brooklyn, NY</td>
</tr>
<tr>
<td>Chair, ASA Committee on Obstetric Anesthesia</td>
<td>Craig Palmer, MD</td>
<td>Tucson, AZ</td>
</tr>
<tr>
<td>Newsletter &amp; Website Editor</td>
<td>Michael P. Smith, MD, MS Ed.</td>
<td>Akron, OH</td>
</tr>
<tr>
<td>Meeting Host 2009</td>
<td>Robert R. Gaiser, MD</td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>Director at Large</td>
<td>Rakesh B. Vadhara, MD, FRCA, FFARCSI</td>
<td>Galveston, TX</td>
</tr>
<tr>
<td>Representative, ASA House of Delegates</td>
<td>Andrew P. Harris, MD, MHS</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>ASA Alternate Delegate</td>
<td>Richard N. Wissler, MD, PhD</td>
<td>Rochester, NY</td>
</tr>
<tr>
<td>Meeting Host 2007</td>
<td>Raouf Wahba, MD, FRCP</td>
<td>Calgary, Alberta, Canada</td>
</tr>
<tr>
<td>Meeting Host 2008</td>
<td>Barbara Scavone, MD</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>Journal Liaison</td>
<td>William R. Camann, MD</td>
<td>Boston, MA</td>
</tr>
</tbody>
</table>

---

Society for Obstetric Anesthesia and Perinatology
2 Summit Park Drive, Suite 140
Cleveland, Ohio 44131