President’s Message: Harmonious Reflections

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“It is as if the eternal harmony were conversing within itself, as it may have done in the bosom of God just before the creation of the world.

– Goethe, on experiencing Bach’s “Well-Tempered Clavier” pieces.

From the first flicker of morning consciousness until sleep steals back into our nighttime grey matter, we have every moment occupied. We’re engaged in a Sisyphusian effort of pushing too many tasks into a limited amount of time. The modern day hospital environment pressurizes this process with a cacophony of chirping monitors, epileptic beepers, twittering PDAs, and “urgent” e-mails and Bluetooth-enabled phone calls. Against this backdrop, the end of the calendar year, with the various family celebrations and holidays, presents a welcome respite for reflection.

The Nobel Prize-winning author J.M. Coetzee, as a 15-year old boy in Cape Town, mentioned an afternoon in his family’s garden when “everything changed.” While Coetzee was referring to hearing Johann Sebastian Bach’s “The Well-Tempered Clavier” for the first time, the Society for Obstetric Anesthesia and Perinatology (SOAP) has also arrived at a moment where a number of things are changing dramatically. Jill Mlodoch, our Executive Director who ably guided our management transition to the ASA, has taken another position within the ASA, at the Anesthesia Quality Institute. Jill has been a wonderful confidant, whose candor and “let’s get things done” attitude will be missed. As we thank Jill for her contributions to our Society, we welcome our new Executive Director, Michele Campbell, who has nine years of association management experience, most recently with the American Society of Plastic Surgeons. We’re confident that Michele’s enthusiasm and experience will enable our Society to develop in new and exciting ways.

A number of other transitions have occurred within the past six months. Our new logo, a conglomeration of suggestions from SOAP members (Joan Spiegel, Naveen Nathan, Robert D’Angelo, Hector Lacassie, Kenneth Nelson, and yours truly), a talented graphic artist (John Babcock) and the ASA design team, replaces the “mermaid and amoeba” that

“Our mission statement has been revised to more uniquely feature our support of ‘research, education, and clinical excellence to improve the pregnancy-related outcomes of women and neonates.’”

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President’s Message

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was in place for decades. The result is a contemporary, dynamic reflection of our mission. Incidentally, our mission statement has been revised to more uniquely feature our support of “research, education and clinical excellence to improve the pregnancy-related outcomes of women and neonates.” You can find the entire statement on our newly redesigned Web site (thanks to Bhavani Kodali, Bill Camann and members of the Web Site Task Force). The Web site now features SOAP members-only access to American College of Obstetrician and Gynecologists (ACOG) and ASA guidance documents, as well as a number of other member enhancements. Please take a look at www.soap.org! The 42nd Annual Meeting in Washington, D.C., our best-attended meeting, can now be called an unequivocal fiscal and success. Thanks for making it so. The meeting evaluations have illuminated our interest in special lectures and symposia on specific, sometimes outside-the-specialty-of-anesthesia topics, and our continued support of our “What’s New” lectures, the resident research symposium, and sessions to highlight clinical progress and research. The SOAP Board and Meeting Planning Committees have used these evaluations in planning our upcoming meetings.

SOAP proudly invites you to two meetings in 2010. For the first time in over two decades, SOAP will produce and manage the successful Sol Shnider Meeting in Obstetric Anesthesia (March 12-14, 2010) in San Francisco. Mark Rosen, Linda Polley, Robert D’Angelo, Val Arkoosh and myself have maintained the fast-paced, short-lecture style of clinically relevant issues; a roster of dynamic speakers have all confirmed. You should acquire your tickets now! Plan on coming early to take advantage of the Ultrasound Workshop for Regional Anesthesia presented by the University of California, San Francisco on Thursday, March 11, 2010. In addition, Robert D’Angelo, Manny Vallejo and the Program Committee have created an amazing program for our 42nd 2010 Annual Meeting in San Antonio (May 12-16, 2010), with the theme “Emerging Technologies in Obstetric Anesthesia.” On the first day of the meeting, two optional workshops (Managing the Difficult Obstetric Airway and the Use of Ultrasound Technologies for Obstetric Anesthesia and Analgesia) are guaranteed to sell out early; abstract submissions are now open, and meeting registration will open by January 1.

The next six months will bring further advances for your benefit. Our newly created CME committee, which will be chaired by Kiki Palacios from Baylor, will work with our education and research committees to create and ensure high-quality learning opportunities. Please let us know if there are specific issues for which you would like clinical or research guidance. The solicitation for proposals for our newly created Gertie Marx Research Grant will offer up to $40K for research endeavors (submissions will open January 2010, be received by September 2010, and awarded in October 2010 at the SOAP Breakfast Panel at the ASA). Moreover, we’re working with the Foundation for Anesthesia Education and Research (FAER) to create new opportunities; we thank Alan Sessler and the FAER Board for interesting, introductory discussions. Finally, with the ASA, we’ve made some overtures to the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) asking them to relax their 2007 guidance on the role of non-anesthetist registered nurses in manipulating catheter-based labor analgesia.

SOAP has been busy on your behalf! But unlike Bach, a virtuoso who could work alone to pen masterpieces of such transparency and grace that invoke emotions and actions in others, SOAP needs your help and energy. Make it your mission to attend our meetings, provide feedback, and invite your colleagues to join SOAP so we can benefit from their experiences and they from ours.

The pianist and composer Robert Schumann found an isolated resting place in the “character” Bach exposed in each note, and advised all musicians to sample his “Well Tempered Clavier” pieces as their daily bread. As we approach the closing of this year and begin the next, listen intently to what you hear on a daily basis through your patients, your obstetric, nursing or anesthesia colleagues, or your own inner voice; discover what is necessary to improve research, education or clinical care within obstetric anesthesia or within our Society. Then share your idea(s) with SOAP and help us create a solution (e-mail me! Itsen@zeus.bwh.harvard.edu). Indeed, these gentle resting moments of reflection are what should be savored with family and friends, and which most often make the most difference in the lives we touch.

Blessings for Health, Happiness, and a Harmonious Holiday Season,

Lawrence Tsen

P.S.: My favorite recording of Bach’s 24 pieces that comprise “The Well Tempered Clavier” features the iconoclast Glenn Gould on the piano (Sony 1963-65; reissued in 1993). It is regarded as a laser-like etching of Bach’s musical lines, but with a flood of light and quirkiness. For a warmer, more romantic interpretation (which may not sit well with purists), listen to Daniel Barenboim’s version (Warner Classics, 2004).
Fred Zuspan was a devoted SOAP member. When he died in June 2009, he had attended approximately 25 annual meetings, served on its Board of Directors, received the Distinguished Service Award and, most importantly, made good friends.

I was asked to say a few words about my dad, Fred Zuspan. If he were here today, he would say: Keep it short, tell a few stories and throw in some pearls.

Fred told me that he had a job that was exciting to go to every day. He was known as a charismatic leader who built strong, productive academic departments. He began his academic career at age 38 as Chair of the Department of Obstetrics and Gynecology at the Medical College of Georgia, then at the University of Chicago and finally at his alma mater, the Ohio State University (OSU) College of Medicine. A faculty member at the University of Chicago said: “The department had national leaders in every area of obstetrics and gynecology, and Fred’s cohesive leadership of those individualistic giants was the stuff of legend.”

Fred became a Professor Emeritus at OSU in 1991 and was honored with a named professorship, the Frederick P. Zuspan Chair, in 2001. As one former faculty member noted, “(Fred) was a superb example of the power of positive thinking, always reaching higher by saying ‘We can do that!’ when those around him were thinking ‘No way.’”

Pearl #1: The key to success is to love your job.

Fred’s interest in basic science and clinical research was evident throughout his career. He was the first to describe the use of intravenous magnesium sulfate for the prevention of convulsions in preeclampsia-eclampsia. The treatment protocol he pioneered in 1963 was adopted internationally and remains the standard for treating preeclampsia over 45 years later. A prolific researcher and author, his CV lists over 240 peer-reviewed medical publications and 40 textbooks. Pearl #2: Intellectual curiosity keeps your job interesting.

Whenever Fred saw a need, he viewed it as an opportunity. He was a founding editor of the Journal of Reproductive Medicine. In addition, he served for 40 years as associate editor, then editor-in-chief, and finally emeritus editor of the American Journal of Obstetrics and Gynecology. He was editor-in-chief of the Journal of Clinical and Experimental Hypertension in Pregnancy. He, along with his friend (and former SOAP member) Ted Quilligan, developed ACOG’s Maternal-Fetal Medicine Division. He served as a Director of the American Board of Obstetrics and Gynecology, was president of the American Gynecological and Obstetrical Society, and was one of the founders and later president of both the International Society for the Study of Hypertension in Pregnancy and the Association of Professors of Gynecology and Obstetrics. Pearl #3: Work hard and be adventurous.

Fred’s former students, now department chairs, professors, academic faculty and private practitioners, reflect on how he took the time to know them personally. They knew he believed in them and their abilities, and this gave them great confidence. Pearl #4: If you expect great things of people, they will live up to your expectations.

As Fred’s health declined, he heard from medical friends from around the world. Many SOAP colleagues called and sent notes. Pearl #5: Friends are like family and are to be valued highly.

Fred Zuspan was a devoted SOAP member. When he died in June 2009, he had attended approximately 25 annual meetings, served on its Board of Directors, received the Distinguished Service Award and, most importantly, made good friends. Through the years, he counseled many...
warm hello to everyone! There is a lot of exciting news we would like to share with you about SOAP’s future. As you may be aware, strategic planning is a bylaw requirement of the SOAP Board of Directors (BOD); in May 2007, then-President Gary Vasdev assembled a Strategic Planning Committee (SPC) composed of the three of us (Val Arkoosh, Robert D’Angelo, Lawrence Tsen) and charged us with the task of developing a long-term strategic plan for the Society.

In preparation, the SPC met with independent consultants and read *Blue Ocean Strategy*. The book provided invaluable insight for identifying strengths and weaknesses of an organization, comparing them with competing organizations, and developing a strategic plan that focuses on improving a product for existing members as well as targeting potential new members.

The SPC then developed a member survey that was distributed in early 2008. Results from the survey indicated that although members were generally pleased with the Society, there was room for improvement, especially in the areas of communication and education. In October 2008 at the Orlando ASA Annual Meeting, the survey results were presented at a Strategic Planning Retreat attended by the SOAP BOD and committee chairs. A strategic plan with six primary goals was ultimately developed, which is outlined below:

1. **Membership:** Increase membership rosters 20 percent by 2011, primarily by significantly increasing the value of a SOAP membership.

   **Short-Term Goals**
   
   a. Redesign the Web site to be user-friendly, have member-restricted areas, allow online renewal and registration, provide up-to-date information, offer amenities such as pertinent ACOG and ASA documents, and allow real-time change/updates.
   
   b. Increase transparency through newsletters, e-blasts and Web site updates.

   c. Seek Membership Committee input for enhancing member value.

2. **Education:** Become a leader in obstetric anesthesia education by targeting all anesthesia providers who practice obstetric anesthesia.

   **Short-Term Goals**
   
   
   b. Enhance educational opportunities at the SOAP Annual Meeting.
   
   c. Enhance the value of the SOAP Annual Meeting for clinical and academic practitioners without making significant changes.

3. **Research:** Establish a funding program and create an obstetric anesthesia research network by 2011.

   **Short-Term Goals**
   
   a. Establish SOAP research grant.
   
   b. Complete the SCORE Project (Serious Complication Repository).
   
   c. Create a network of at least 10 institutions to conduct multi-center trials.

4. **Obstetric Anesthesia Outcomes:** Define successful outcomes in obstetric anesthesia by 2011.
5. **International Outreach**: Expand outreach by increasing cooperation with international obstetric anesthesia societies.

**Short-Term Goals**
- Continue ongoing relationship with Kybele.
- Design a template for hosting pre-SOAP symposiums with international component societies.

**Long-Term Goals**
- Foster relations with other international obstetric anesthesia societies.
  - Chair of SOAP and OAA Outreach committees sits on Kybele BOD to coordinate efforts.
  - Organize a joint symposium with the Japanese Society of Anesthesiologists.
- Co-host a World Congress of Obstetric Anesthesia meeting by 2015.

6. **Revenue**: Generate $100,000 in annual net income by 2011.

**Short-Term Goals**
- Host the Sol Shnider Meeting.
- Incorporate a method for payments (membership renewal, CME modules, SOAP store) on the Web site.
- Form a SOAP CME Committee.

**Long-Term Goals**
- Offer CME credit online that might include appropriate lectures from the Sol Shnider and SOAP Annual meetings.
- Create online SOAP Store.
- Host the Sol Shnider meeting annually.
- Consider establishing a regional refresher course network based on Sol Shnider template.

Hopefully you can see that we’ve taken seriously your input into making this a better Society. The SOAP Board believes that each of the strategic goals is achievable and is committed to making them a reality. To that end, the following items are just a short list of actions that have been taken as a result of the Strategic Plan:

1. SOAP will now host the Sol Shnider Meeting! The first “SOAP Presents the Sol Shnider M.D., Obstetrical Anesthesia Meeting, 2010” is scheduled for March 12-14, 2010, in San Francisco. We are committed to making this entire meeting, as it has been for the past 20 years, relevant to the practicing clinician with short, practice-oriented lectures. Please join us there!
2. A CME Committee is being formed and will be charged with overseeing the Sol Shnider Meeting, as well as exploring CME opportunities for members and non-members.
3. The SOAP Web site has been completely redesigned and will be a perpetual “work in progress” to provide great content that reflects the most current information. Please take a few moments to visit the Web site at [www.soap.org](http://www.soap.org) and e-mail Dr. Camann at [wcamann@partners.org](mailto:wcamann@partners.org) with comments or suggestions for improvement. The new Web site allows for in-house modifications/updates.
4. The newsletter has been redesigned, and under the direction of Barbara Scavone, promises to be more informative than ever.
5. Electronic information (e-blasts!) will be sent on a frequent basis to keep you up to date and increase transparency regarding what’s going on inside SOAP. Please update your membership profile to include your e-mail address.
6. Templates for “Clinical Guidance” and “How It’s Done” documents are being designed by the Education Committee.
7. A competitive and significant SOAP Research Grant is being developed by the Research, Education, and Disbursement committees.
8. The data collection phase of the SCORE Project has been completed. Information was captured on over 250,000 anesthetics.
9. An Obstetric Anesthesia Research Network is being developed by the Research Committee and is considering projects for multicenter clinical trials.
10. Outcome measures for evaluating the quality, safety and outcomes of obstetric analgesia and anesthesia are being developed by the Research Committee and Patient Safety committees.
11. Templates for joint obstetric anesthesia society meetings are being developed by the International Outreach Committee.
13. The 2010 SOAP Annual Meeting includes two Wednesday workshops and two guest speakers.

While this may seem like a lot for the organization to take on at one time, the work is being carefully planned and distributed among the many different SOAP committees. We have no doubt that the goals established by the strategic planning process will provide you with increased value and improve our Society to serve you better in the future. We would very much appreciate hearing your comments! Please send them to valerie.arkoosh@mac.com, rdangelo@wfubmc.edu or ltsen@zeus.bwh.harvard.edu.
Disbursement Committee:
Honor the Memory of Gertie Marx – Submit Your Research Grant Application

Valerie Arkoosh
University of Pennsylvania Health System
Chair, SOAP Disbursement Committee

The Society for Obstetric Anesthesia and Perinatology (SOAP) is pleased to announce that it is seeking applications for the inaugural SOAP/Gertie Marx Education and Research Grant. The application deadline will be September 1, 2010, and the winner will be announced at the SOAP Breakfast Panel at the 2010 annual meeting of the American Society of Anesthesiologists. Funding will commence in January 2011. It is anticipated that this grant will be awarded on an annual basis starting in 2011.

The goal of this program is to provide initial funding for projects with the intention that the results of these projects will form the basis of subsequent grant applications to other society, foundation (e.g., IARS, FAER) or federal sources. This award is not intended to supplement ongoing projects or to provide additional funding to partially funded projects.

The SOAP/Gertie Marx grant will provide a maximum of $50,000 over two years to support research in obstetric anesthesia or a closely related area. Fundable projects may include research in basic physiology, clinical practice or teaching/training methods. Funding requests will be considered in any amount up to $50,000.

This award is intended for initiating research in the early stages of an investigator’s career. In general, applicants should be at the Fellow, Instructor or Assistant Professor level, although more senior applicants may apply. For more senior applicants, the proposal should involve a change in research direction to an area for which that individual has not been funded previously, with the expectation that the applicant will ultimately obtain sustained independent funding. The research must be conducted in North America, and the applicant must be a member of SOAP.

Check the SOAP Web site in January 2010 for the grant application. Questions can be directed to valerie.arkoosh@mac.com.

In Memorium: Frederick P. Zuspan, M.D.

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young SOAP researchers and secured funding to ensure the longevity of the Frederick P. Zuspan Award, which is given annually to the best research paper involving collaborative work between anesthesiologists and obstetricians. It is a testament to his belief that by working together, anesthesiologists’ and obstetricians’ goals of improving maternal outcomes can be realized.

Ten days before he died, Fred was videotaped for the SOAP Legacy files. He talked about personally learning from the early anesthesia titans such as Robert Hingson at Case Western University, Jay Jacoby at Ohio State University, and James Elam at the University of Chicago. He said being a part of SOAP had been a wonderful experience and commented on the friendliness of the members. He said SOAP differs from many larger organizations because there is the easy opportunity for junior and senior members to interact on all levels in a positive way to encourage research and education. Which brings us to Pearl #6: Collaboration is rewarding.

Fred Zuspan had a full and productive 87 years of life. Looking back, he said he wouldn’t change a thing.
Membership Committee: Efforts to Sustain and Grow the Membership

Vernon Ross, M.D.
Wake Forest University
Chair, SOAP Membership Committee

I bring you greetings from the SOAP Membership Committee. The committee is charged with assessing status of current membership and bringing forth proposals to sustain and grow membership of the Society.

SOAP Web Site Input

The Membership Committee made several suggestions concerning the design of the new SOAP Web site, which has been up and running since just after our 2009 Annual Meeting in Washington, D.C. We suggested many of the specific items that are listed under the membership login tab: Items such as the Membership Directory, previous meeting archives with selected lectures, past newsletters, “Ask SOAP a Question” and links to ACOG documents. Many of the member benefits came from discussions and suggestions from the Membership Committee. A new suggestion from the committee’s deliberations this year is a podcast of the annual meeting pro-con debate.

Targeted Outreach

As outlined elsewhere in this newsletter, the Society has put forth a strategic plan to increase membership in SOAP. We have targeted two particular groups for recruitment outreach: anesthesiology residents and obstetrical anesthesia fellows and private practitioners who perform a large amount of obstetric anesthesia.

The membership committee has collaborated with the newly formed Resident Affairs Committee regarding changes to the Residents’ Forum at the Annual Meeting. This forum has the purpose of introducing SOAP to residents and fellows who have an interest in obstetric anesthesiology. Recruitment efforts are also ongoing at the regional resident meetings and through the ASA Resident Component. We have established a seat on the Membership Committee for a representative from the resident committee and will continue to work with that committee in these efforts.

The SOAP Membership Committee has also embarked on an outreach effort to anesthesiologists across the country in private practice who participate in a large amount of obstetric anesthesia care. The committee is contacting groups in hospitals with large delivery numbers to obtain information regarding how many anesthesiologists in the practice are SOAP members and what SOAP could do to benefit the private practice obstetric anesthesiologist.

This spring, on March 12-14, 2010, SOAP will be sponsoring the Sol Shnider, M.D. Obstetric Anesthesia Meeting at the Grand Hyatt in San Francisco California. The Membership Committee is developing a survey to place in packets at that meeting for feedback on improvements to the Society that could benefit the non-academic obstetric anesthesiologist.

We Welcome Ideas

The SOAP Membership Committee continues to deliberate regarding ways to sustain and increase membership of our Society. We welcome ideas from the membership as a whole to assist in this endeavor. Please feel free to contact me with your comments at vhross@wfubmc.edu.

I look forward to hearing from you.

Have a question?
Log on to the SOAP Web site
www.SOAP.org
and “Ask SOAP”
(a members-only feature).
COMMITTEE REPORTS

International Outreach Committee: Fruitful Years for International Outreach

Ashraf Habib, M.D.
Duke University Medical Center
Chair, SOAP International Outreach Committee

The International Outreach Committee (IOC) coordinates efforts of SOAP members doing international work, provides an infrastructure of support for new projects, and provides a forum to discuss progress in various projects, disseminate information about planned trips, and invite participation from suitable SOAP members. The IOC has been working closely with Kybele, a non-profit organization with a goal to provide safe childbirth worldwide. 2008 and 2009 have been busy and fruitful years for international outreach.

Ghana: A program began in Ghana in 2005 in collaboration with Ghana Health Service. Dr. Yemi Olufolabi (Duke, olufo001@mc.duke.edu) and Dr. Medge Owen (Wake Forest, mowen@wfubmc.edu) are leading this project. The primary goal is to reduce maternal and neonatal mortality. Three to four visits per year have included a multidisciplinary team of anesthesiologists, obstetricians, neonatologists, midwives, labor and delivery nurses, and operating room managers. Efforts have focused on creating a center of excellence in Ridge Hospital, Accra. Numerous achievements have been accomplished to date, the most notable of which is a 21-percent reduction in maternal mortality and 30-percent reduction in stillbirths. Starting next year, Ron George (Halifax, rbgeorge@dal.ca) will lead a new project at Sunyani. Future trips are planned for January and May 2010.

Romania: The project in Romania started in April 2007, with subsequent trips in May 2008 and May 2009. In the most recent visit led by Dr. Virgil Manica (Tufts University, vmanica@tuftsmedicalcenter.org) a team including three anesthesiologists, one obstetrician and one neonatologist concentrated efforts in Iasi, the second largest city in Romania and home to Cuza Voda Maternity, the busiest maternity center in Romania. A hands-on workshop was extremely successful, with over 20 anesthesiologists and obstetricians attending from Iasi and surrounding towns. Dr. Camman’s book Easy Labor was launched in Romanian and well received. A return trip is planned for May 2010.

Republic of Georgia: This project started in October 2004 and is led by Dr. Brittany Cline (bbclyne@hotmail.com) and Dr. Lisa Councilman (Scott & White, lcouncilman@msn.com). The most recent visit to Tbilisi, Georgia, was in March 2009 with a team consisting of eight anesthesiologists and one obstetrician. A total of seven hospitals were visited. The team was very pleased to see improvements since the previous visit such as increased use of bupivacaine and pencil point needles (previously introduced in the country by the team), growing use of regional anesthesia for both labor analgesia and cesarean delivery, and improved monitoring equipment. A national obstetric anesthesia conference was organized with over 200 physicians in attendance. The team plans to return in September 2010.

Turkey: In April 2009 a group of six anesthesiologists led by Dr. Owen visited six cities in Turkey. The team was pleased to see the continued improvement and increased use of regional anesthesia for cesarean section since their first trip, which took place in 2004.

Mongolia: In June 2009, a team under the leadership of Amanda Baric (Australia, Amanda.Baric@nh.org.au) visited four hospitals in the capital city of Ulaanbaatar for five days, followed by a one-day seminar on obstetrics, anesthesia and neonatology. The group of six anesthesiologists, two obstetricians and two neonatologists focused on labor analgesia, neonatal resuscitation and care of the high-risk parturient. The group also introduced laparoscopic surgery to one of the hospitals.

Egypt: Two trips to Egypt occurred in April 2008 and October 2009. In the most recent trip, led by Dr. Sabri Barsous (Cleveland Clinic, barsous@ccf.org) and Dr. Ashraf Habib (Duke, habib001@mc.duke.edu), a team of 11 anesthesiologists and two obstetricians visited three busy maternity hospitals in Cairo. The team was very pleased to see improvements since their prior visit, including the increased use of regional anesthesia for cesarean delivery, improved monitoring and availability of more modern anesthesia machines. A hands-on workshop at the three hospitals was very successful. Plans are under way for a return visit with a multidisciplinary team in fall 2010.

China: A group led by Dr. Ling Qun Hu (Northwestern, lingqunh@gmail.com) started an outreach program in China in June 2008. The first leg of the medical education mission to China was conducted at the Women’s Hospital, Zhejiang University School of Medicine, in Hangzhou. This mission plans to establish 10 obstetric anesthesia training centers throughout China within the next 10 years, with the goal of increasing neuraxial labor analgesia usage, which is currently less than 1 percent. This first trip included 10 anesthesiologists, one obstetrician, three labor and delivery nurses and two interpreters. The group participated in a national anesthesia conference and provided hands-on clinical training. A repeat visit is planned for June 2010.

If you are interested in any of the above programs, please contact the trip leader.
Media Committee: Making Efforts to Increase Communication

Barbara M. Scavone, M.D.
Northwestern University Feinberg School of Medicine
Chair, SOAP Media Committee

The SOAP Media Committee manages communications from the Society and Board of Directors to the membership and public via the SOAP newsletter, Web site and periodic e-blasts to the membership. The committee also assumes responsibility for distributing the SOAP Media Award.

This year, we adjusted the dates of publication of the newsletter to allow for more even distribution throughout the year, while ensuring dissemination of important announcements regarding the SOAP Annual Meeting and important news coming out of the American Society of Anesthesiologists Annual Meeting. Target publication dates are March 15, July 15 and December 15 of each year. Remember: It is your newsletter; if there are topics you would like to see addressed, please contact me at SOAPeditor@gmail.com.

A big thanks to Drs. William Camann and Bhavani Kodali, both from Brigham and Women’s Hospital in Boston, for their continued work at improving our Web site. It contains many useful new features, many of them for members only. Please refer to their article in this newsletter for a complete update.

Don’t delete that – it’s not spam! In an effort to increase communication with the membership, last April the Board of Directors charged the committee with distributing periodic e-blasts to the membership. This year, e-blasts were sent in June and September with news and announcements, and then again in October with a list of ASA activities pertinent to practitioners of obstetric anesthesia. Look for another one shortly after the first of the year. Send information you want included in an e-blast to SOAPeditor@gmail.com.

The committee is soliciting nominations for the SOAP Media Award. The award acknowledges the contribution of a member of the media in furthering public awareness of the important role obstetric anesthesia plays in the care of the parturient. Journalists, photographers, producers, directors and any other media professionals involved in the development and advancement of the above content will be considered. All relevant media genres including print, radio, television and the Internet are eligible. Any SOAP member may submit a candidate for consideration. Send relevant information to Mark Zakowski of the SOAP Media Committee at mark.zakowski@cshs.org.

I look forward to seeing everyone at our annual meeting in San Antonio!

Are there specific educational or patient safety topics you would like to see addressed in the newsletter?

Please send ideas to SOAPeditor@gmail.com.
Obstetric hemorrhage remains a leading cause of maternal morbidity and mortality worldwide. Professional and safety organizations around the world urge the implementation of obstetric hemorrhage drills and well-developed plans for management of these emergencies. In the United States, three states have made improvement in hospital-based care of obstetric hemorrhage a public health priority. If you are reviewing your own institution’s preparation and resources, or developing new protocols and drills, take a look at the information the states of New York, California and Illinois have made available.

New York acted primarily through education to help hospitals improve the care of women suffering from obstetric hemorrhage. As of 2002, New York State had one of the highest maternal mortality rates in the United States, and obstetric hemorrhage accounted for 15 percent of the maternal deaths in the state. As part of the plan, a summary poster was developed as an aide memoire to be displayed prominently in delivery suites. The state Web site includes examples of these posters as well as several digital presentations developed for provider education and available for free download. These expositions offer useful suggestions for common management issues such as caring for the patient who refuses blood products and preparation for emergency hysterectomy. For more information refer to [www.health.state.ny.us/professionals/protocols_and_guidelines/maternal_hemorrhage](http://www.health.state.ny.us/professionals/protocols_and_guidelines/maternal_hemorrhage) (accessed on November 1, 2009).

Three thousand miles away in the state of California, the maternal mortality rate nearly tripled between 1996 and 2006 to almost 17 deaths per 100,000 live births. The California Maternal Quality Care Collaborative (CMQCC) combines the efforts of many organizations and individuals to improve obstetric outcomes. It is sponsored by the California Department of Public Health and the California Perinatal Quality Care Collaborative. “Collaborative #1” for the CMQCC is obstetric hemorrhage. Many excellent resources are available on its web site [www.cmqcc.org/resources/ob_hemorrhage](http://www.cmqcc.org/resources/ob_hemorrhage) (accessed on November 1, 2009). Among these are a list of resources for OB Hemorrhage Best Practice, a fact sheet on uterotonic drugs and a list of resources for drills and simulations in the management of obstetric hemorrhage.

In the most recent, and perhaps the most sweeping, state-run project, the Illinois Department of Public Health has ordered all Illinois hospitals providing maternity services to implement the Obstetric Hemorrhage Education Project by December 2009. The project includes a pre-test, lecture, skills station training (including estimation of blood loss) and multidisciplinary simulation drills with debriefing. It was developed with input from obstetric and anesthesia providers as well as perinatal nurses. All care providers, including physicians, midwives, CRNAs and nurses, must participate, with lesser involvement of clerks, nursing assistants and technicians. In addition, hospitals are required to develop a Rapid Response Team that must include maternity services. The Illinois Society of Anesthesiologists has developed a useful summary of the project available at [www.isahq.org/Portals/0/community/docs/ID-PHOBproject.pdf](http://www.isahq.org/Portals/0/community/docs/ID-PHOBproject.pdf) (accessed on November 1, 2009).

Have you found any useful resources in the practice implementation of protocols and drills? Are there any regulatory or mandated initiatives in your region or state? If you live in New York, California or Illinois, have these programs been helpful? We would be interested in hearing from you. Contact me at craigo.paula@mayo.edu.
Sol was born in Yorktown, Saskatchewan, Canada, and received his medical degree from the University of Manitoba, Canada. After completing his internship, he did family practice in Swift Current, Saskatchewan, for four years before commencing his anesthesia residency training at Columbia Presbyterian Hospital in New York City. There he met Virginia Apgar and Frank Moya, two obstetric anesthesia pioneers who would have a profound effect on his professional future. Sol joined the Columbia faculty as an instructor in anesthesiology, and in 1962 joined the faculty of the Department of Anesthesia at the University of California, San Francisco, where he quickly established a leading center for obstetrical anesthesia research and training.

Sol was a founding member of SOAP in 1968 and served as its President in 1973. He wrote over 100 articles, approximately 40 book chapters and three textbooks. His first textbook started from a collection of syllabus contributions by invited speakers at an obstetric anesthesia update meeting he organized in the late 1970s. The meeting was very successful and became an annual event.

I first attended the meeting as a senior anesthesia resident in 1980. As a fellow of Sol’s the subsequent year, I had the responsibility of running the slide projector, a task I shared with Sam Hughes. During the early 1980s, the meeting grew and changed venues, but the concept remained the same. Sol wanted a forum devoted exclusively to obstetric anesthesia at which leaders in our field would present recent clinical updates. Sam Hughes and I became more involved, and by the mid 1980s, Sol, Sam and I rotated as course directors but still worked as a team to ensure the meeting’s success. We received invaluable assistance from Judy Johnson, who became our meeting organizer and copy editor. By the late 1980s, Sam and I had settled into a comfortable routine of doing the conference together, and after Sol died in January 1994, we continued, but renamed the meeting in his honor. Unfortunately, in late 2006, Sam was diagnosed with pancreatic cancer and the 2007 meeting was his last. With Sam’s death, I was reluctant to continue alone what had become a “family project,” yet I wanted the meeting to continue. Fortunately, the SOAP Board of Directors is taking over stewardship for the Sol Shnider, M.D. Obstetric Anesthesia Meeting, and the meeting will be reinstated in March 2010 after a two-year hiatus. Having helped organize this upcoming meeting, I know it will be a great conference as the program is packed with talented speakers and interesting topics. As for me, I’m extremely pleased to see this meeting perpetuated by SOAP, and I know that Sol and Sam would feel the same. As for you, don’t wait to sign up for the conference!
Our New Web Site!

In May 2009, SOAP launched a completely revised Web site, still at our same URL of www.soap.org. We hope you have had a chance to visit this site, and we hope our members will enjoy some additional benefits of our new and improved Web site. Most importantly, the new Web site is much more user-friendly than our previous site. Ease of navigation will be apparent, with intuitive vertical and horizontal drop-down menus. The color scheme is soothing to the eye, and the overall layout has a look and feel that we believe users will find attractive and consistent with modern Web site design. We are excited to offer our members some exciting benefits, as noted below:

- American College of Obstetricians and Gynecology (ACOG) documents: With much appreciation to our colleagues at the American College of Obstetricians and Gynecologists, many of the ACOG Committee Opinions and Practice Bulletins of relevance to obstetric anesthesiologists (otherwise only available to ACOG members) can now be accessed through the members-only section of the SOAP Web site. Please check out this feature. We hope you will find some useful resources.

- Ask SOAP! Do you have a question? Utilize the “Ask SOAP” feature, accessible through the members-only section, to submit a question on any topic related to any aspect of obstetric anesthesia. The questions are reviewed by a selection of members of the Board of Directors, and an answer will be sent, usually within a few days or a week at most, to the best of our ability. There is also a “FAQ” that provides brief answers to some of the more commonly submitted queries.

- Previous meeting archival content is available through the members’ section of the site. We also now have an “ASA Corner,” where important updates and information from the ASA Committee on Obstetrical Anesthesia will be posted. You can view old newsletters, meeting photos, and learn about future SOAP and other societal meetings.

All SOAP members should have a user name and password to access the features of this Web site. For ASA members, this is the same as your ASA username and password. If you wish to change your username and password, you can only do so if you are also an ASA member, and this can be done through the ASA Web site www.asahq.org, and will immediately roll over to your SOAP account.

Stay tuned for additional Web site features, including enhanced scientific content, to be forthcoming in the future.

Updates on the SOAP Resident Research Forum

On behalf of the SOAP Resident Affairs Committee, I would like to congratulate all of the participants and winners of last year’s Resident Research Forum. The 2009 first-place winners were:

- Laurie Chalifoux for “Persistent CN VI Palsy After Inadvertent Dural Puncture”

- Angel Martino Horall for “A Case of Central Hypoventilation Syndrome in a Pregnant Patient”
- Thuy Anh Nguyen for “Management of Pulmonary Embolus and DIC after a Dilation and Evacuation”

- Brian Paitsel for “Relation Between Combined Spinal Epidural Characteristics and Spinal/Epidural Labor Analgesia Outcomes – A Daily Problem/Decision Encountered by OB Anesthesiologists That Has Not Been Answered Previously!!”

- Patrick Thornton for “Evaluation of obstructive sleep apnea in a pregnant population and its correlation with maternal airway” and

- Dirk Varelmann for “Nocebo induced-hyperalgesia during local anesthetic injection.”

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Gertie Marx, M.D., was a pioneer in anesthesiology, helping to establish obstetric anesthesiology as a subspecialty. Dr. Marx’s contributions to the practice of obstetric anesthesia include acute hydration for prevention of post-spinal hypotension, studies of aorto-caval compression, and the use of regional anesthesia for emergency cesarean deliveries. She was honored with the ASA’s Distinguished Service Award in 1988. Often called “the Mother of Obstetric Anesthesia,” she passed away on January 25, 2004.

Dr. Marx’s passion for obstetric anesthesiology lives on through the Gertie Marx Research and Education Fund, which she established at the Foundation for Anesthesia Education and Research (FAER) several years before her death. In 2005, this fund was the beneficiary of $320,000 from her estate, with contributions of roughly $30,000 to follow yearly thereafter. In addition, SOAP has generously donated $160,000 to FAER since 1998.

Along with the Gertie Marx Research and Education fund, SOAP’s generous donations have supported FAER funding for the following OB anesthesiology research projects:

- 2002 Research Training Grant: Chuanyao Tong, M.D., Wake Forest University, “Visceral Pain of Uterine Cervical Distention: Role of COX.”
- 1999 New Investigator Award: Ellen M. Lockhart, M.D., Duke University, “Progesterone as an Endogenous Neuroprotectant”

Though FAER continues to benefit from the generosity of both Dr. Marx and SOAP, FAER has not had the opportunity to fund an OB anesthesiology research project in several years. “FAER and SOAP share a vision consummate with Dr. Marx’s emphasis on education in obstetrics,” said FAER President Dr. Alan Sessler. “Together, we wish to perpetuate her wishes by continuing to co-sponsor education and research programs in obstetric anesthesia.”

Please help FAER honor Dr. Marx’s love for obstetric anesthesia by submitting a research grant application in obstetric anesthesia to FAER. Applications for OB-related research projects will be accepted for all three FAER grant categories: Mentored Research Training, Research in Education, or Research Fellowship. Details on FAER grants and the application process are available online at www.faer.org/programs/grants. The next FAER grant application deadline is Tuesday, February 16, 2010.

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The selection process for the Resident Research Forum will remain largely unchanged. All of the resident and medical student abstracts submitted to SOAP are reviewed by the research committee and scored. The residents with the top six scores are selected for the Gertie Marx Research competition. Other resident submissions are selected for presentation in other oral sessions based on score. Those residents whose projects were not selected for oral presentations are then eligible for participation in the resident research forum.

The Resident Research Forum is divided into research presentations and case reports. Ten to 12 residents in each room present a five-minute synopsis. Then two obstetric anesthesia experts guide discussion and assign a score to the submission. Excellent opportunities exist for residents to meet and interact with accomplished obstetric anesthesiologists outside of their own institution.

There will be a few important changes to the Resident Research Forum this year. Over the past few years, fellows had participated in the Resident Research Forum; however, starting in 2010, fellows will not be eligible to participate in the forum. Also in the past, one first-place winner was named in each room. Starting this year, we will be awarding a first, second and third prize to three individuals in both the research category and case reports categories, selected from the group as a whole. Lastly, we will be requiring residents to submit their PowerPoint presentations to SOAP by April 30. Specific instructions will be given to residents chosen for the forum prior to the meeting.

Visit the SOAP Web site www.SOAP.org to submit abstracts for 2010. We had some great presentations last year and look forward to another interesting and exciting year!
Dear Editor:

The Summer 2009 SOAP newsletter contained an article detailing my recent departure as editor of the Obstetric Anesthesia Digest. That this was newsworthy for SOAP was a bit surprising to me, but nonetheless I was honored at the kind tribute paid to me by Drs. Basinger and Vallejo.

Unfortunately, the article omitted some important details about the Obstetric Anesthesia Digest’s editorial past. In particular, no mention was made of Dr. Gerard Bassell’s long association with the journal – which, in fact, began at the journal’s inception and which continues today. Dr. Bassell preceded me as editor, and though I joined Dr. Bassell and Dr. Gertie Marx in 1990 as co-editor, Dr. Bassell remained intimately involved in the production of the journal for most of my tenure as the journal’s editor. Indeed, much of the success of the journal is owed to Dr. Bassell’s intellectual gravitas in addition to his constant attention to detail and his exquisite appreciation for and mastery of the English language over the course of his 29-year tenure (thus far) with the digest. The letter also did not mention Dr. Robert Hodgkinson, whose wonderful editorial work with the digest was ended by his untimely death. In addition, the contributing editors of the Obstetric Anesthesia Digest, most of whom are SOAP members, must be fully credited for their erudite, enlightening and ever-entertaining commentary. These contributions changed the drudgery of assembling the journal into a rewarding experience. The privilege of working with these scholars and of being among the first to read their thoughts is indeed a treasure.

Finally, the inspiration we all received from Dr. Gertie Marx, the journal’s founder and a major SOAP benefactor, will live on. Fortunately, the summer newsletter did pay tribute to Dr. Marx, the founder of OAD. I believe readers of the SOAP newsletter will appreciate these added details, perhaps even more than the mundane “stepping down” of an editor-in-chief.

Thank you,

Robert S.F. McKay, M.D.
Kansas University School of Medicine-Wichita

Congratulations!

to Bob D’Angelo and all the other SOAP members who participated in the SCORE (Serious Complication Repository) project.

This was the first large-scale study to reliably estimate the risk of serious complications associated with obstetric anesthesia. As of June 2009, they completed the data collection phase of SCORE, having achieved their goal of acquiring data on over 250,000 anesthetics.

We are all awaiting analysis of their data.
There exists a general trend to allow greater participation of family members and other loved ones during hospitalization. Anyone working in their hospital’s labor and delivery suite sees evidence of it daily. Patient opinion on this matter may vary, but certainly some percentage of the parturient population would like for their visitors to remain present during initiation of labor analgesia for instance. And no doubt a certain percentage of those family members would like to stay with their loved one. Does this arrangement provide tangible benefits for the patient and/or her guests? A recent study found that partner presence in the operating room during placement of neuraxial anesthesia had only minimal effects on patient anxiety but did help prevent partner anxiety.1 This is in agreement with data from the pediatric population, where parental presence during induction of anesthesia has been studied extensively, although it is unclear with what validity this can be extrapolated to the obstetric population. A randomized controlled trial demonstrated that the patients themselves had few outcome differences depending on whether or not a parent was present during induction with regard to measures of anxiety.2 Those who did benefit had parents with a low level of trait anxiety. (Some would say these are the family members who are not likely to insist on being present during procedures!) A recent review of parental presence during anesthesia induction revealed no measurable benefits for the patients themselves in these arrangements, although there does seem to be some potential advantage to the parent in terms of decreased stress and increased satisfaction.3 So, there may be some small advantage to some patients and their family members, especially if they are calm and reasonable to start with; now, we must weigh that against any potential disadvantages.

Passalaqua vs. Kaiser Permanente details the case of a woman who brought (and won) a wrongful death suit when her husband fainted and suffered a fatal head injury during administration of her labor epidural. It is important to note, however, that the outcome of the suit rested on the fact that the husband had been employed to help hold the patient, and so it seems that family members, if they are allowed to remain present, should at least be seated and act only as a comfort to the patient.

Little data measures the effect of attendance of family members on anesthesiologist performance of neuraxial anesthesia procedures; however, the effect on other complex cognitive and motor skills, such as driving, has been investigated. It seems that others’ presence has the greatest negative impact on performance by novices.4 Therefore, the greatest adverse influence may occur in the setting of resident functioning, but it probably affects all of us to at least some degree, especially when occasional unexpected difficulties arise. In addition, nurse staffing has probably not been adjusted to compensate for family presence, and perhaps their vigilance is compromised.

Although keeping family members in the room during procedures serves some purpose regarding patient and family member satisfaction, it appears that satisfaction may come with a price in some circumstances and should therefore be subject to attending anesthesiologist discretion. Unfortunately, an anesthesiologist who prefers not to allow visitors to stay during procedures may be in the minority in his practice setting and therefore less able to assert his preferences. He may also feel pressure from obstetric, nursing and hospital administration colleagues. While remaining committed to patient satisfaction, we must assure that we do not cross the line from “patient input” to “patient control,” a model that, in the business world, is seen to decrease sustainable performance and, in the medical world, may negatively impact patient safety.

References:
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