FALL 2023

SOAP NEWSLETTER

Official Newsletter of the Society for Obstetric Anesthesia and Perinatology

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SOAP
Society for Obstetric Anesthesia and Perinatology

PRESIDENT'S MESSAGE

President's Message

May Pian-Smith, MD

President, Society for Obstetric Anesthesia and Perinatology

What a tremendous time this is for SOAP! There are numerous initiatives and opportunities that align with our society's mission to "advance and advocate for the health of pregnant women and their babies through research, education, and best practices in obstetric anesthesia care."

We have made, and continue to make, exponential progress to be the ultimate voice of obstetric anesthesia. In large part, this has been through a multi-pronged approach that includes community-building across role and geographic boundaries and the launching of new educational content/programming to expand the footprint of our influence. We are simultaneously infusing high octane efforts into research and improving access to informed best practices for obstetric anesthesia providers in all clinical environments.

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

PRESIDENT'S MESSAGE - CONTINUED

I invite all members to consider these developments as opportunities to become more engaged with SOAP. Our membership is the heart and soul of our community, and as a family, we can have an even more positive impact on our patients' experiences and benefit from connections that will bring more joy, reward and meaning to our daily work. The updated website and new Tradewing app aim to facilitate this engagement and enhance member's experiences.

We understand that the growing success and value of our society depends on further outreach and inclusivity. Learning from our pandemic experiences, we continue to augment our flagship Annual Meeting programming with additional virtual, hybrid and archived educational offerings. These include the "SOAP Fundamentals" program and our annual "Fall Forum" with a focus on professional development relevant to leadership skills in all areas of anesthesia practice. Our lecture webinars, journal clubs, and simulation modules continue to be well received.

Realizing that our membership is active and not yet fully representative of the national workforce of obstetric anesthesia providers, we have made a deliberate effort to grow our membership in more geographic locations and across all professional roles. To date, there are 44 SOAP State representatives that will link our growing network and will help us reach our society's vision to provide "safe and equitable care for women and newborns everywhere." We hope and expect that our educational programming will enhance our teamwork with non-physician associate members and allow all obstetric anesthesia providers to practice at the peak of their potential.

We are pleased to address important disparities in maternal needs, patient care, and in our own workforce through a significant and tangible change in SOAP governance. The Board of Directors has expanded to include the Chair of our newly formed Diversity & Inclusivity Committee. Currently being organized, the committee and associated subcommittees' work will be supported and highlighted prominently in the months to come.

(cont'd. - President's Message)

EDITOR'S NOTE

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

Autumn in New England is a time for gathering, giving thanks, and celebrating as a community. It is also a time of change, and for me provides a freshness, and a sense of renewed purpose for the academic year. This fall newsletter celebrates the SOAP community, and the impact SOAP initiatives and members have on our patients and our colleagues.

In this newsletter, we learn of the personal and professional growth for four participants in the Mentor/Mentee Matching Program through the SOAP Mentoring Academy. Dr. Feyce M. Peralta provides an update on the progress of the SOAP Mentoring Academy. We also discover the influence of the SOAP Research Network and how meaningful feedback guided the development of a multicenter research study now enrolling sites and participants.

To continue the exploration into topics related to abortion care, Dr. Peter Mancini presents a "How We Do It" article describing an anesthesiologist's approach to inpatient surgical abortion in the first and second trimester. Dr. Alfred Lopez presents a "Hymn to OB Hemorrhage: Jada Jada Jada" and Dr. Mark Zakowski provides an update from the ASA Committee on Obstetric Anesthesia. We also celebrate the grant and award recipients from the SOAP Annual Meeting 2023 in New Orleans.

Last year's successful annual meeting focused on "teamwork" as a strategy to improve outcomes. Our society has broadened that common theme and has created links with other organizations to promote professional partnerships and enable a wider impact. For example, intersociety collaborations have resulted in consensus recommendations (e.g., an article in JAMA about post-dural puncture headaches), and a SOAP-sponsored webinar with faculty from ACOG ("Building evidence-based skills for effective conversations about abortion"). The "SOAP Speaks!" database will facilitate speaking opportunities for our members to reach a wide range of audiences and venues.

Please consider joining one of our SPECIAL INTEREST GROUPS: reflecting the breadth of our membership's passions: Environmental sustainability on L&D, Fetal surgery, Maternal health inequities, Maternal mental health and birth trauma, Medical students and residents, Obstetric anesthesia provider wellness, Obstetric critical care medicine, Placenta accreta, Point of care ultrasound, Private practice, Recovery after childbirth, and Simulation- stay tuned, even more special interest groups are forming!

While we push to influence the daily practice of maternal clinical care, for example, through dissemination of best practices and the designation of Centers of Excellence, we also remain deeply committed to SOAP's historic roots as a research-driven society. As we grow our clinical network, our research network is also expanding with vigor, highlighting our important dual commitment and ensuring that each piece of the SOAP pie grows equally.

EDITOR'S NOTE - CONTINUED

The newsletter strives to add value for all members while fulfilling the mission and vision of our society. Newsletter content is non-peer reviewed and may stimulate discussion, present debatable and controversial topics or thoughts, and share meaningful member experiences. I would like to thank last year's Newsletter Subcommittee members for their contributions to a successful year: Audrey Alleyne, Unyime Ituk, Neil Kalariya, Laura Sorabella, Adam Wendling, and Jennifer Woodbury.

Please visit the new SOAP website and add the Tradewing app to your device to stay connected to SOAP colleagues and informed on SOAP initiatives throughout the year. Join our members at the SOAP "Meet Up" in San Francisco at the ASA Annual Meeting on Sunday, October 15th from 3:30-4:15pm in Exhibit Hall Lounge A of the Convention Center. I look forward to connecting with you and want to encourage all members to submit suggested topics for the newsletter.

In our unwavering support of research, we are so delighted to have awarded the first combined SOAP-FAER Mentored Research Training Grant this past year. Partnering with FAER will allow us to provide more substantial funding to highly competitive, budding research scientists as they progress in their careers. FAER has a strong track record of supporting the preliminary work of investigators who go on to successfully earn their own independent funding. In parallel, our SOAP research network symposia simultaneously highlight new work and allow for important advice and mentorship to help assure success of new projects. The SOAP Mentoring Academy continues to receive high reviews and is in the process of launching a new year with 8 mentor-mentee pairs.

Your SOAP Board of Directors is looking forward to seeing as many of you as possible at the ASA meeting this month in San Francisco! Please prioritize attending the many obstetric offerings on the program, including the SOAP President's Panel ("Teamwork: Partnerships, bridges and pivots") on Saturday, the SOAP/ Gertie Marx Lecture ("The anesthesiologist's role on Labor & Delivery") and the SOAP Research Network Symposium, both on Sunday. We will also be debuting an assortment of SOAP merchandise for purchase (SOAP swag!) and a portion of proceeds supports our organization. So please wear your love for SOAP!

(cont'd. - President's Message)

Save the date for our annual meeting in Denver, May 1-5, 2024! The meeting theme will be "Focusing on the patient: Improving individual outcomes and experiences."

In this season of harvest, where the fruits of summer's labor come to fruition, let us celebrate the countless new lives that are brought into the world with our assistance. I wish you all a season of warmth and reflection, and hope for new beginnings and meaningful growth.

All my very best,
May

MEMBER CONTENT

A YEAR OF INSIGHT: THE FUSION OF MENTORING AND MEDICAL LEADERSHIP

Fatoumata Kromah, MD, FASA
Manuel Vallejo, MD, DMD

Fatoumata Kromah, MD, FASA

Manuel Vallejo, MD, DMD

Introduction

In the ever-evolving world of medicine, the adage, "standing on the shoulders of giants," rings especially true. Mentorship, an age-old concept, signifies more than just guidance. It is a collaborative partnership, an exchange of wisdom and passion, of experiences lived and lessons yet to be learned. At the heart of this story is a fusion of two souls from opposite ends of the medical journey: Dr. Vallejo, a titan in the medical realm with over three decades of experience in Anesthesiology, and Dr. Barry, a dynamic young force ready to carve her niche in the expansive world of medicine. Together, they embark on a year-long odyssey through the SOAP Mentoring Academy to dive deep into the multifaceted world of medical leadership. Through their eyes, we'll navigate the intricate pathways that an Obstetric Anesthesiologist might walk, from the bustling corridors of an academic teaching hospital to the hallowed halls of an esteemed school of medicine, down to the individual (in this case the Anesthesiology department) where the real magic unfolds.

The Scene

The atmosphere was electric at the Society for Obstetric Anesthesia and Perinatology (SOAP) Annual Meeting in Miami, Florida. Among the attendees was Dr. Barry, absorbing the wealth of knowledge around her, eyes gleaming with ambition. Across the lecture hall, Dr. Vallejo was engrossed in a Pro and Con debate regarding the use of Nitrous Oxide for Labor Analgesia when he recognized his former Obstetric Anesthesiology Fellow, Dr. Barry. Dr. Barry was focused on moderating the session on Neurological Complications in Obstetrics. During a break in the conference sessions, they ran into each other at a nearby café. They shared a light-hearted moment, with Dr. Vallejo describing the unpredictability of life and conferences. The casual encounter turned into an hour-long discourse on medical leadership. By the time they parted ways, a mentorship was re-ignited.

(*cont'd. - A Year of Insight: The Fusion of Mentoring and Medical Leadership*)

MEMBER CONTENT

A Year of Insight: The Fusion of mentoring and Medical Leadership - Continued

They agreed to meet each year at the SOAP Annual Meeting. However, the COVID 19 pandemic and work schedule delayed their plans. As fate would have it, they both applied to the SOAP Mentoring Academy and were paired as Mentor-Mentee. It was here, amidst “the 9-month commitment to enhance personal and professional development” that their mentoring journey continued.[1]

The Weekly Meetings

Nestled in their cozy homes, they met religiously every week or two virtually. Each meeting began with anecdotes from Dr. Vallejo's storied career tales of triumphs and tribulations. Dr. Barry, in turn, shared her dreams, her visions of leadership that went beyond day-to-day clinical administration. Their initial discussions revolved around leadership at a foundational level. What did it mean to be a leader in medicine? How could one marry clinical excellence with management acumen?

As weeks turned to months, their conversations matured. From the philosophical underpinnings of leadership, they delved into hospital hierarchies, academic responsibilities, departmental dynamics, and more. On a rainy afternoon, Dr. Barry, grappling with a challenging case study, found clarity in Dr. Vallejo’s simple yet profound words, "True leadership is not about having all the answers but asking the right questions from the right individuals."

“I remember being exactly where you are now, Dr. Barry,” Dr. Vallejo said during their third meeting, recollecting his early days. “It is a treacherous path, but with the right guidance, it becomes rewarding, and I have been fortunate with exceptional mentors.”

Dr. Barry, ever the eager learner, jotted down notes, and provided detailed agenda, meeting notes and to do tasks with actionable items before and after each session. Their discussions ranged from ethics in leadership to the nuances of departmental dynamics. They tackled case studies, analyzed real-world challenges, and navigated the waters of decision-making.

“I want to do more than just lead, Dr. Vallejo,” Dr. Barry confided one day. “I want to inspire and revolutionize obstetric anesthesia care.”

By month nine, their bond had transcended the traditional mentor-mentee dynamic. They celebrated each other's victories and offered solace during setbacks. Their rapport was palpable, a seamless blend of respect, camaraderie, and shared purpose.

Exploring Medical Leadership

As their discussion evolved and pages of notes amassed, Dr. Barry and Dr. Vallejo delved into the intricacies of medical leadership roles.

In the Hospital Setting: Dr. Vallejo reminisced about his tenure as the Chair of Anesthesiology. “It is more than just being the face of an entire department,” he stated, “It is about ensuring patient safety, the proficiency of medical staff, training of residents, fellows and students and strategic direction.” They then discussed the pivotal roles of Attending Physicians, the crucial team members who synchronize specialized care, and the Director of Nursing, who ensures the highest standards of patient care. Not to forget the Chief Officers, the conductors responsible for hospital operations.

(cont'd. - A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued)

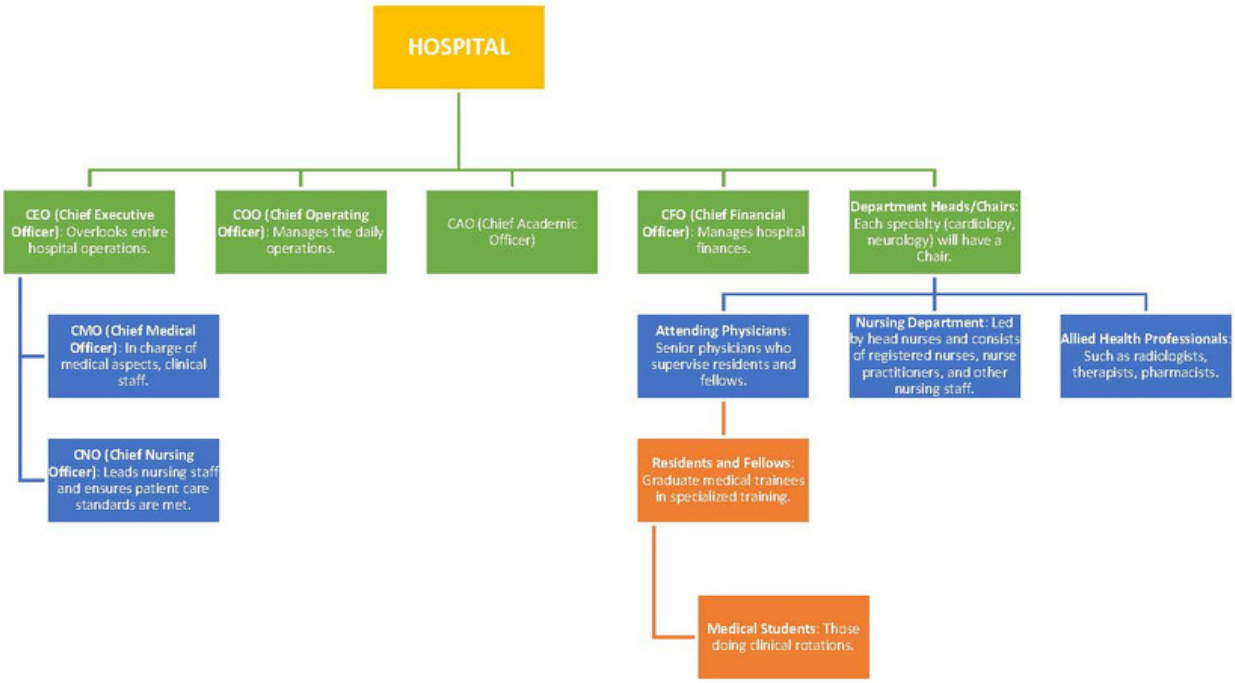
MEMBER CONTENT

A Year of Insight: The Fusion of mentoring and Medical Leadership - Continued

At the School of Medicine: Dr. Barry's enthusiasm was palpable when the subject shifted to academic leadership. The Dean's role was examined as a figure of authority and vision steering the institution's educational values. The Dean often collaborates with Associate Deans (such as the DIO) and Department Chairs. Department Chairs ensure academic excellence and foster research. Medical Educators in various ranks, on the other hand, bridge the gap between practice and theory, ensuring the next generation is well-equipped. Research Coordinators, the unsung heroes managing the intricacies of academic investigations, were also highlighted.

Within a department: "The dynamics here are diverse," explained Dr. Vallejo. Department Chairs, Vice Chairs, Medical Directors, and Administrative Staff ensure patient care, teaching, research, and departmental operations meet the overarching institutional goals. Attending Physicians lead clinical initiatives, while Junior Residents absorb knowledge and bring fresh perspectives.

The Organization Graph



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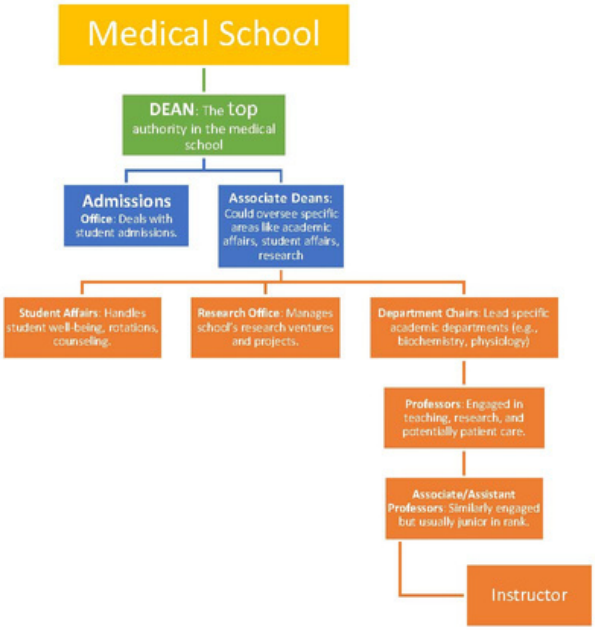
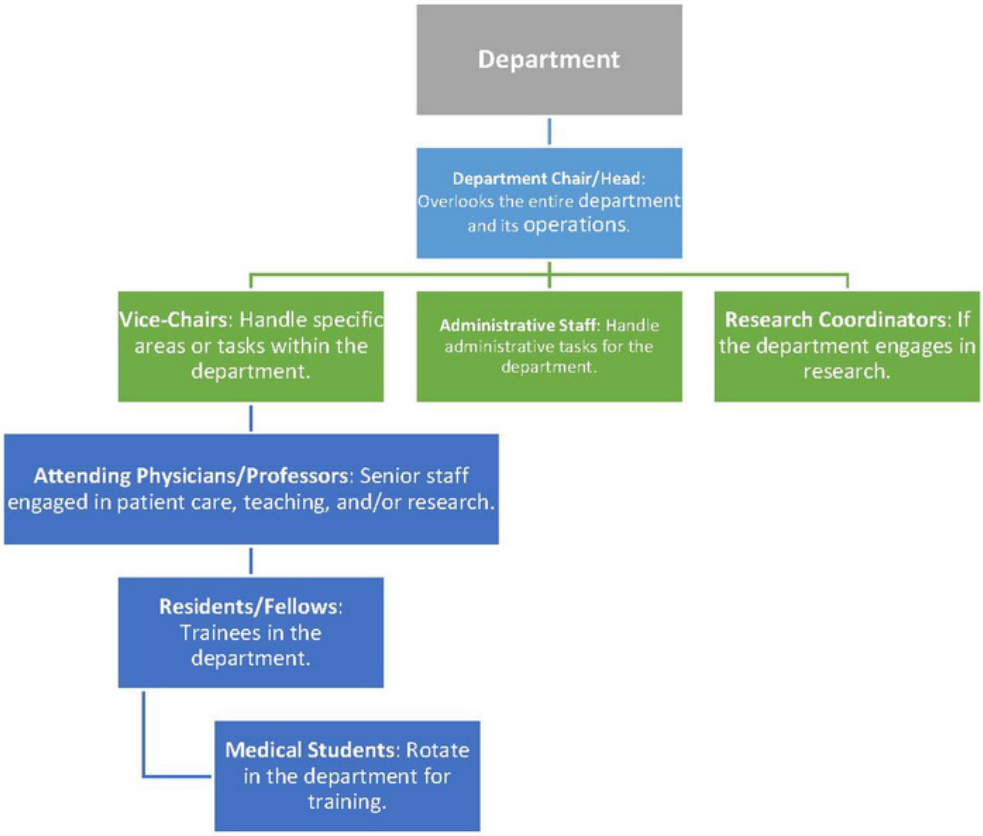
MEMBER CONTENT

A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued





(cont'd. - A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued)

MEMBER CONTENT

A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued

Exploring the Shadows: Physician Burnout
As the months passed and their understanding of medical leadership deepened, Dr. Vallejo shared tales of triumph and tribulation. One evening, with a solemn tone and a distant gaze, he recounted his brush with physician burnout.

"It is the unspoken shadow that often looms behind the allure of leadership," Dr. Vallejo began. "In our pursuit of excellence, it is easy to lose oneself, stretch too thin, and be consumed."

Dr. Barry, although a budding professional, had already witnessed this in her peers. Late nights, back-to-back shifts, coupled with the weight of academic excellence and leadership ambitions, were a potent mix. "I've seen bright sparks dim too soon," she thought to herself.

They discussed the symptoms – emotional exhaustion, depersonalization, and a diminished sense of accomplishment. More importantly, they pondered solutions. "Resilience training, peer support groups, and even something as simple as recognizing one's limits," Dr. Vallejo emphasized, "can make a world of difference."

Dr. Barry thought sincerely, "But is the path of leadership, with its inherent stresses, worth these risks?"

Dr. Vallejo took a moment before answering, "Leadership, at its core, is service - to one's peers, patients, and the profession. But service, devoid of self-care, is unsustainable."

Weighing the Worth
In one of their final virtual meetings, Dr. Barry asked, "With the threat of burnout and the weight of responsibility, is the pursuit of medical leadership truly worth it?"

Looking directly into the camera on his computer screen, Dr. Vallejo responded, "Every path has its thorns. Leadership is demanding, and it asks much of us. But to shape the future of medicine (especially obstetric anesthesia care), inspire, innovate, and make a lasting impact – for many, these rewards far outweigh the challenges."

Dr. Barry, reflective, replied, "Your guidance has shown me both the beauty and the burdens of this path. It is up to each individual to measure its worth, armed with awareness and a commitment to self-care."

With the added theme, the story underscores the delicate balance medical professionals must strike as they tread the path of leadership. It is a journey of profound rewards that demands mindfulness and a commitment to personal well-being.

(cont'd. - A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued)

MEMBER CONTENT

A Year of Insight: The Fusion of Mentoring and Medical Leadership - Continued

The Culmination

A year of profound insights and shared wisdom reached its crescendo. Dr. Barry's dedication and Dr. Vallejo's guidance bore fruit as she was selected as a SOAP State Representative for her state and became a member of a couple committees in the American Society of Anesthesiologists.[2] Their shared vision, however, did not stop there. Recognizing the profound impact of their mentoring journey, Dr. Barry is initiating a mentoring program to groom future medical leaders, ensuring that the legacy of guidance is continued.

Conclusion

The story of Dr. Vallejo and Dr. Barry is not just a testament to the power of mentorship; it is an ode to the limitless possibilities that emerge when experience meets ambition. In the realm of Obstetric Anesthesiology and medicine, where every decision can sway lives – personally and professionally, leadership is paramount. As the story concludes, let it serve as an inspiration: whether a person is a seasoned professional or a budding practitioner, there is a world of wisdom to share and gain. Embrace mentorship, for in its embrace lies the future of medical leadership.

References:
1 https://www.soap.org/mentoring-academy
2 https://www.asahq.org/

MEMBER CONTENT

The SOAP Mentoring Program, A Successful Partnership for Mentees and Mentors Alike

Amy Penwarden, MD
Nicole Higgins, MD

Amy Penwarden, MD

Nicole Higgins, MD

The SOAP Mentoring Academy is a community of individuals passionate about mentoring the growth, learning, and career development of the next generation of those committed to providing obstetric anesthesia care. The goal of the Mentoring Academy is to enhance the personal and professional development of mentors and mentees, by providing guidance, advice, and support, connecting individuals, and creating targeted programs and events.

MEMBER CONTENT

The SOAP Mentoring Program, A Successful Partnership for Mentees and Mentors Alike - continued

When the invitation email for the SOAP Mentor/Mentee pairing came out a year ago, I was in a transitional place in my career. I had been working in private practice in a small community hospital and was about to return to academic medicine. This opportunity seemed like a great place to start to find someone that I would be able to bounce ideas off of and look to for advice as I made that transition. I was very fortunate to be paired with an excellent mentor, Nicole Higgins from Northwestern University in Chicago. During our first "get to know each other" meeting we were able to talk through goals for our relationship as well as my own professional development goals. The formality of the SOAP Mentor/Mentee relationship made it easy to coordinate meetings and check-ins. It not only gave me a sense of accountability, it also relieved any feelings of being bothersome to a mentor. We met several times virtually over the year and were then able to meet in person at the SOAP annual meeting in New Orleans. I found it to be a very productive experience and am glad to have found someone that I know I'll be able to reach out to again in the future. I highly recommend this program for obstetric anesthesiologists who are looking to expand their professional circle. While having mentorship at your job is great, it's also wonderful to have someone outside of your workplace to rely on when you want to discuss things that may be difficult to discuss with colleagues. I have found the entire SOAP community to be very inviting and feel very fortunate to be part of a specialty with so many talented and friendly people.
- Amy Penwarden

I was interested in participating in the SOAP Mentor/Mentee Matching Program because I know how important it is to have mentorship and have benefitted from wonderful mentorship, both in my own institution as well as external relationships and felt that I had reached a point in my career where I could help someone else. I was paired with Amy Penwarden, who had recently made a huge decision to return to academic medicine. Other than both of us being obstetric anesthesiology fellowship trained anesthesiologists, we were very different from one other. I am in the later stages of my career and Amy is a few years into her career. Amy has young children at home and my stepdaughters are in college. I have only practiced in an academic setting and Amy has private practice experience. The differences were many, but I think it was because of these differences that the pairing was so successful. Although we met formally through the program, our meetings felt informal, like friends meeting to discuss their most recent life events. It was refreshing to meet with a mentee outside of my institution because there were no undertones to our interaction. Our meetings were purely to learn about each other, discuss goals, find ways to achieve those goals, and for Amy to navigate the academic environment once again. This pairing also challenged me. Amy is an accomplished anesthesiologist and I have no doubt she would be successful in anything she chooses to do, with or without my help, but I was challenged to find opportunities for her that met her individual goals and interests. The pairing was not one-sided, however. Amy taught me to be a better mentor and held me accountable. The time we spent in the program went by very fast and although the formal relationship has ended, our friendship has not. I would highly recommend the program to mentors and mentees alike.

- Nicole Higgins

MEMBER CONTENT

SOAP MENTORING ACADEMY

Feyce M. Peralta, MD

Feyce M. Peralta, MD

The SOAP Mentoring Academy was launched in the Summer of 2021 to boost the professional development of SOAP members by:

1)Providing guidance, sponsorship, and support
2)Connecting individuals
3)Creating targeted programs and events

The rollout of the Mentoring Academy was divided into three different phases:

- Speakers Exchange Program (i.e., peer-reviewed lecture program) - January 2022
- •Mentor-Mentee Pairing (i.e., 9-month mentorship commitment) – July 2022
- •Professional Development Lecture Series (e.g., SOAP Fall Forum) – September 2022

With the SOAP Mentoring Academy, we hope to foster a community within SOAP of individuals passionate about the growth, learning, and career development of the next generation of those committed to providing obstetric anesthesia care.

For the Mentor	For the Mentee
9-month commitment	9-month commitment
Clear goals and objectives discussed during first meeting	Clear goals and objectives discussed during first meeting
Engage with mentee every 2-4 weeks (depending on the need and the stage of the pairing commitment)	Check-in with mentor every 2-4 weeks (depending on the need and the stage of the pairing commitment)
No more than 2 mentees per cycle	Only 1 mentor per cycle
Completion of EXIT survey	Completion of EXIT survey

(cont'd. - SOAP Mentoring Academy - Continued)

MEMBER CONTENT

SOAP Mentoring Academy - Continued

SHORT-TERM CONSULTING SERVICES (I.E., MENTOR/MENTEE MATCHING PROGRAM)

- Clinical Teaching
- Clinical Care
- Clinical Research
- Career Planning
- Classroom Skills
- Presenting Nationally
- Basic Science Research
- Grant/Funding
- Administrative Leadership
- Educational Leadership
- Departmental Leadership
- Research Leadership
- Publishing Research
- Manuscript Writing
- Navigating Upper Management
- Navigating a Career as a Woman
- Navigating a Career as a URM
- Business Development
- Entrepreneurship
- Academic Promotion
- Program/Fellowship Director development/Leadership
- Division Director development/Leadership
- How to Be a Mentor/Mentee
- Manuscript Peer Review
- Quality Improvement Research

MEMBER CONTENT

How We Do It!
Considerations for Inpatient Surgical Abortion: An Anesthesiologist's Perspective and Management Strategy

Peter Mancini, MD

Peter Mancini, MD

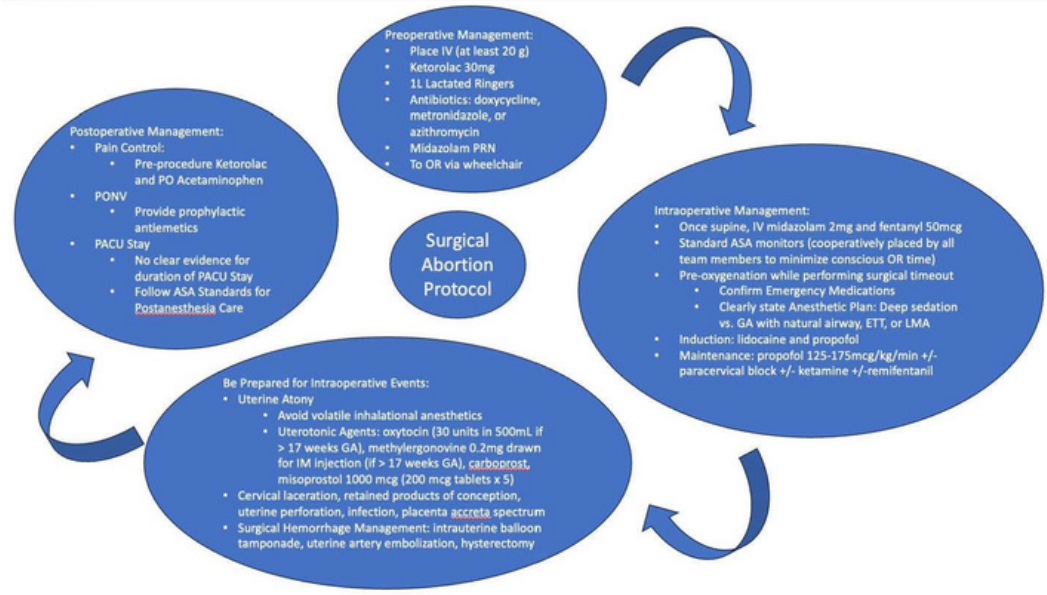
Approximately one in four women will have a surgical abortion in her life.[1] For most of these patients, local anesthesia (paracervical block) and mild sedation with or without pain medication will facilitate safe abortion care in an office or clinic setting without assistance from an anesthesiologist.[2] However, advanced gestational age, medical or obstetric co-morbidities, and access to adequate resources may necessitate deeper anesthesia and an anesthesiologist's expertise.[3] In these instances, dilation and evacuation is the most common surgical approach.[4] A medical abortion on the labor and birth unit is also possible and anesthetic management for this circumstance is outside the scope of this discussion.

(Cont'd - How We Do It - Continued)

How We Do It! - Continued

At Yale New Haven Hospital, a small team of anesthesiologists and CRNAs developed the following protocol in 2018 for complex family planning cases of surgical abortion up to 23 weeks and 6 days gestation (Figure 1). Our multidisciplinary team approach provides the foundation for patient care. Each morning, the team reviews the summary grid of cases, preparing for the medical and psychosocial needs of each patient. A surgical huddle is performed prior to each high-risk case.

Figure 1.



Deep sedation with monitored anesthesia care is the anesthetic depth provided for most patients undergoing surgical abortion in our protocol with general anesthesia (GA) being reserved for patients with significant medical co-morbidities such pulmonary or cardiovascular disease or high risk for hemorrhage and surgical complications. High dose propofol infusion is utilized to maintain unconsciousness and to blunt airway reflexes. The gynecologists frequently, but not always, perform a paracervical block (PCB) of lidocaine with epinephrine or vasopressin. The PCB acts synergistically with our deep sedation to provide analgesia and optimal surgical conditions. If a PCB is not performed, additional strategies to prevent reflex movement in response to surgical stimulation may be required and include ketamine and short- or ultra-short acting opioids. Patients with greater anesthetic requirements, particularly those with opioid tolerance or substance use disorder, may require additional strategies to prevent movement in response to stimuli. We have had excellent experience with propofol 75-100 mcg/kg/min coupled with ketamine 0.2-0.5 mg/kg/hr both for LMA and natural airway cases in these patients.

We strongly recommend avoiding inhalational anesthetics during surgical abortion. While low concentration nitrous oxide does not cause significant uterine atony, halogenated inhalational anesthetics cause significant uterine atony and were associated with greater blood loss and interventions for bleeding in a randomized controlled trial when compared to patients receiving an anesthetic consisting of midazolam, fentanyl, propofol, and nitrous oxide. [5]

(Cont'd - How We Do It - Continued)

How We Do It! - Continued

Longstanding dogma in clinical anesthesia dictates that pregnant patients are at risk for perioperative pulmonary aspiration. If so, a pregnant patient who presents for a surgical abortion would require a rapid sequence induction with tracheal intubation. However, the dogmatic approach conflicts with existing evidence, may not be in the best interest of the patient who requires a time-sensitive procedure (especially after cervical preparation) with an inability to optimize clinical status, may cause unnecessary harm such as airway trauma, and can be associated with longer operating room and recovery times. A very large retrospective study of >62,000 first-and second-trimester surgical abortions in healthy (BMI<40 kg/m^2), fasting pregnant patients revealed no cases of perioperative pulmonary aspiration under deep sedation or general anesthesia without tracheal intubation.[6] Further evidence in smaller cohorts of patients with obesity (including patients with BMI>50 kg/m2) and advanced gestational ages > 17 weeks' gestation in the outpatient and inpatient settings support the consideration of IV sedation without tracheal intubation in these patient populations.[7,8] In fact, adverse events are so rare that a randomized prospective trial will likely never be performed -- nor does it need to be -- to absolutely establish the safety of unsecured airways in low-risk abortions before 24 weeks gestation.

Airway Considerations:

1. If a LMA is placed, we typically favor a device with gastric outlet capabilities (e.g. iGEL or Supreme). Patients will be in lithotomy with some degree of Trendelenburg, and the gastric outlet will provide some warning if gastric secretions require suction or in rare circumstances intubation.

2. How do we decide who should have deep sedation, LMA, or intubation? There is no clear evidence at this time, but in our experience, we do not perform deep sedation in the following situations:

- Morbid obesity (BMI > 40)
- Severe OSA
- Unstable or poorly optimized medical conditions in which obstruction, hypercarbia, or brief oxygen desaturation cannot be tolerated.

3. How do we decide who requires intubation? Again, the evidence is not clear, but we generally intubate in the following situations:

- Extreme obesity (BMI > 50)
- Cases with high risk of aspiration (e.g. known gastroparesis)
- Cases with high risk of severe hemorrhage (e.g. uterine scar pregnancy, suspected accreta)

If in doubt, approach these cases as you would approach airway management in a non-pregnant patient. A woman who has horribly controlled GERD that wakes her up every night may require intubation. Her pregnancy may have contributed to the severity of the GERD, but the decision to intubate is based on her uncontrolled medical condition, not her pregnancy status.

(Cont'd - How We Do It - Continued)

Post-op:

1. Evidence supports pre-procedure ketorolac and PO acetaminophen to reduce post-operative pain.[2]

2. Pre-procedural oral opioids and anxiolytics do not reduce post-operative pain. [2]

3. Cervical ripening does not reduce post-operative pain. [2]

4. Postoperative nausea and vomiting (PONV) prophylaxis should be provided. Medications to reduce PONV include 5-hydroxytryptamine receptor antagonists, corticosteroids, dopamine antagonists, anticholinergics, phenothiazines, and the use of total intravenous anesthesia with propofol.

5. Standards for postanesthesia care should be provided in all locations as outlined in the American Society of Anesthesiologists' "Standards for Postanesthesia Care." [9]

6. Post-operative hemorrhage from uterine atony can occur in second trimester surgical abortions. There is no clear evidence on how long patients should remain in PACU. Surgeons and anesthesiologists need to maintain close communication during PACU stay.

References:

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MEMBER CONTENT

OB Hemorrhage Hymn

Jada Jada Jada

Written by Alfred Lopez, MD

Alfred Lopez, MD

Well
We have this new thing Jada
It exists on L and D
And when the bleeding is heavy
Then Jada we shall see

Oh Jada Jada Jada
We need it on OB
And when it's bleeding heavy
Then Jada we will see

Bakri or Jada
Look at some theoretical data
Go ahead and put it in
So the bleeding stops
and we all win

Jada and accreta
Now that just doesn't rhyme
So if that's the bleeding heavy
Don't try the two combined

Our Jada is so helpful
It stops the transfusing
A happy day with Jada
No need for MTP

Oh Jada Jada Jada
We found it on OB
And when the bleeding's heavy
Then Jada we shall see

MEMBER CONTENT

Multicenter Intraoperative Pain During Cesarean Delivery (MIDCD): A SOAP Research Network Study

James O'Carroll, MBBS, Daniel Conti, MD, Pervez Sultan, MBChB and Brendan Carvalho, MD

James O'Carroll, MBBS

Daniel Conti, MD

Pervez Sultan, MBChB

Brendan Carvalho, MD

Cesarean delivery is the most commonly performed inpatient surgical procedure in the world. In North America, there are approximately 1.25 million performed each year. While neuraxial anesthesia remains the gold standard for anesthesia management, it is not always successful, with the reported incidence of failed neuraxial ranging from 0.8 to 19% [1–3]. Largely dependent on the definition of failure, these findings are obtained from retrospective studies and randomized controlled trials and fail to provide important information regarding patient reported pain, patient perspectives, and individual experiences. The incidence of patient reported pain during cesarean delivery surprisingly remains unknown.

We presented our initial study design to the SOAP Research Network at the ASA meeting in New Orleans in October 2022. We proposed a multicenter, prospective observational study across sites in North America investigating intraoperative pain during cesarean delivery. This received very strong interest from the meeting attendees and sparked stimulating debate regarding the optimum methodology to explore this important area of investigation. Due to the concern for the complexity of our initial study design that involved input from patients, physicians and researchers, the SOAP research network's feedback helped focus the study design to the primary investigative question, "How common is intraoperative pain during cesarean delivery?" This simplified design will also characterize the patients' experiences when intraoperative pain occurs.

The simplified study design includes an initial data collection for the occurrence of intraoperative pain on postpartum day 1 followed by a characterization of the intraoperative pain experience at each participating site over a 2-3 month period. Utilizing quality improvement methodology, all patients will be asked whether they experienced intraoperative pain during their cesarean delivery as part of routine follow-up to ascertain the incidence of intraoperative pain across multiple centers. If they report experiencing intraoperative pain, they are asked to rate their experienced pain from 1-10 and asked to rate their satisfaction with how the intraoperative pain was managed. If the patient experienced intraoperative pain, they will be invited to take part to characterize their pain experience in greater detail. We have designed a patient centric case record form and will be using a modified McGill pain questionnaire.

(Cont'd - Multicenter Intraoperative Pain During Cesarean Delivery (MIDCD) - Continued)

MEMBER CONTENT

Multicenter Intraoperative Pain During Cesarean Delivery (MIDCD): A SOAP Research Network Study

In May 2023, this modified proposal was presented to the SOAP Research Network at the Annual Meeting. There was continued enthusiasm and appreciation for the altered methodology, with several new sites contacting us with interest to participate. We are incredibly grateful to the SOAP Research Network for providing invaluable feedback to our study design and increasing the feasibility to execute the study across multiple centers in North America. We would strongly encourage those wishing to conduct collaborative research to submit their proposals to the SOAP Research Network. We feel our study is more robust following this process.

All centers contributing patient data to our study will have their investigators listed as collaborators on related peer reviewed publications. The data will be used to facilitate benchmarking and inform our preoperative discussion with our patients. The first centers are due to start patient recruitment this fall, with additional centers currently submitting their ethical approval documents. If your center would like to be involved or you would like more information, please contact Dr. James O'Carroll by email at jamesoc@stanford.edu.

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ASA COMMITTEE ON OBSTETRIC ANESTHESIA UPDATE

Mark Zakowski, MD, FASA
Chair, ASA Committee on Obstetric Anesthesia

Mark Zakowski, MD, FASA

Together we are stronger! SOAP and ASA continue to work in conjunction, with many Committee on Obstetric Anesthesia (COBA) members actively engaged as key members of SOAP as well; I personally invite the SOAP President to attend all COBA meetings. We have expanded the size of COBA to about 40, in order to include even more member diversity from resident, fellow, early career and underrepresented minorities.

(Cont'd - ASA Committee on Obstetric Anesthesia Update - Continued)

MEMBER CONTENT

ASA Committee on Obstetric Anesthesia Update

If you are interested in joining an ASA committee, applications are accepted November 15 through January 15. Please follow the instructions, and be sure to obtain supporting references as these are an important component of the application.

On August 19th, ASA COBA members and SOAP leadership advocated at the ASA Board of Director's (BOD) meeting for the continued maintenance of the ASA-SOAP Obstetric Anesthesia Practice Guideline, last updated in 2016. A process and timeline to do so for not only this practice guideline but also other statements are being developed.

I wish to thank the many ASA COBA members for another productive committee year, developing statements on Neurologic Complications of Neuraxial Analgesia/Anesthesia in Obstetrics (Manny Vallejo lead), Pain During Cesarean Delivery (Michael Hofkamp lead), and Neuraxial Medication Shortage and Alternatives (Joshua Younger lead). These were developed by working groups, approved by COBA, supported by the ASA BOD, with the final approval expected at the House of Delegates on October 18th. The statements will then be posted (takes ~1 month) on the ASA website to help both the obstetric specialist and the generalist anesthesia provider of obstetric anesthesia services.

COBA appreciated the recognition by ASA President Champeau in his August 28th Monday Morning Outreach including comments from the ASA August 19th BOD meeting. We all share in Dr. Champeau's and other board members' praise of the work done in producing high quality committee statements.

Other ASA COBA materials that you may find useful include Statements on: Statement on Quality Metrics (in OB Anesthesia), Reducing Maternal Peripartum Racial and Ethnic Disparities in Anesthesia Care, Anesthesiologists' Role in Reducing Maternal Mortality and Severe Morbidity, Oral Intake During Labor, Resuming Breastfeeding after Anesthesia, Neuraxial Analgesia or Anesthesia in Obstetrics. You'll find these and more at the Standards and Practice Parameters web page. More COBA materials designed to help both the obstetric specialist and the generalist anesthesia provider of obstetric anesthesia are on the Obstetric Anesthesia Committee resources web page: PDPH patient instructions, PDPH Clinical Management Template, PDPH Differential Diagnosis & Complication, and Blood Patch Placement, and Nitrous Oxide for Labor Analgesia. Topics for consideration in the ASA COBA 2024 cycle year are solicited from committee members as well as from individuals from SOAP, ACOG, SMFM and OAA.

The ASA Annual Meeting had a robust obstetric anesthesia educational track with over 24 hours of relevant content – thank you to Educational Track Chair Brenda Bucklin, Vice Chair Brendan Carvalho and the entire committee, speakers and presenters for a great meeting! ASA 2024 has a fantastic schedule of obstetric anesthesia content to explore.

It's been an honor and privilege to work with and to lead such a community of dedicated, brilliant and hardworking colleagues – we are all here to improve the care and outcomes of pregnant people and their babies not just during labor but also beyond the peripartum period as well as advance the practice of obstetric anesthesiology.

2023 SOAP ANNUAL MEETING

Grant & Award Recipients

Gertie Marx Research Competition

- First Place: Elizabeth Colburn, B.A., Alabama College of Osteopathic Medicine, Montgomery, AL, USA
- Second Place: Amber Wesoloski, BS/BSC, Vanderbilt University Medical Center, Nashville, TN, USA
- Third Place: Adnan Al-maaitah, MBBS, Beth Israel Deacon Medical Center, Maiden, MA, USA

Best Research Paper Competition

- First Place: Jessica Ansari, MD, Stanford University, Pacifica, California, USA

Best Case Reports Competition (Top 10)

- Michael Balot, MD, Mount Sinai West and Morningside, New York, NY, USA
- Abdo Barakat, MD, MS, Columbia University Medical Center, New York, NY, USA
- Pamela Huang, MD, University of California San Francisco, San Francisco, CA, USA
- Leila Katabi, MD, MA, University of Michigan, Ann Arbor, MI, USA
- Karim Shuaib, MD, NYP Columbia, New York, NY, USA
- Micah de Valle, RN, University of Texas Medical Branch John Sealy School of Medicine, Galveston, TX, USA
- Yash Bisen, BA, Northwell, Fremont, CA, USA
- Mariana Montes, MD, MPH, University of Chicago, Chicago, IL, USA
- Eleanor Kenny, MD, McGaw Northwestern, Chicago, IL, USA

Award Recipients

- Distinguished Service Award: Brenda Bucklin, MD, University of Colorado School of Medicine, Aurora, Colorado, USA
- Teacher of the Year Award (More than 10 Years): Bhavani Kodali, MD, University of Maryland Medical Center, Lutherville, Maryland, USA
- Teacher of the Year Award (Less than 10 Years): Jennifer Dominguez, MD, Duke University School of Medicine, Durham, NC, USA
- Diversity & Inclusivity Award: Dr. Feyce Peralta, MD, Northwestern University Feinberg School of Medicine, Chicago, IL, USA
- Patient Safety Award: Dr. Jean Guglielminotti, MD, Columbia University, New York, New York USA
- Frederick P. Zuspan Award: Jessica Ansari, MD, Stanford University, Pacifica, California, USA

SOAP/Kybele International Outreach Grant

- Anjan Saha, MD, PhD Columbia University, New York, New York, USA

Diversity and Inclusivity Mentored Grant

- Amy Krepps, MD, MPH & Cristina Wood, MD, University of Colorado, Aurora, CO, USA
- Brittany Burton, MD and Cristianna Vallera, MD, University of California Los Angeles, Los Angeles, CA, USA

SOAP COMMUNITY

Join the new SOAP Community Platform on Tradewing

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https://soap.tradewing.com/

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Scan the QR code to access the app in the Apple & Google Play Stores.

Notifications
Add notif@soap.tradewing.com to your safe sender's list so you can receive announcements from SOAP Community

Frequently Asked Questions

Features

- Ask Questions of Your Peers
  - Start discussions with fellow SOAP members by creating posts that your peers can provide their thoughts on.
- Share Important Resources
  - Have a document that you think others in the community would benefit from? The online community is a perfect place to share it.
- Get and Give Answers
  - See a question that you know the answer to? You can use the SOAP community to provide your thoughts!
- Follow Topics of Interest
  - Stay up-to-date on the professional topics you care about most, like: POCUS, Simulation, Research.
- Share Conversation-Worthy Articles
  - Come across an article that you think that the SOAP community might enjoy reading about? Share the link with the community to start the conversation.
- Create Your Community Profile
  - Make it easier for others to find and learn about you by building a full profile within the community. If there's information you'd rather not share, you can control that through your privacy settings.

Mark your Calendars!

SOAP Research Network Symposium
October 15, 2023
9:30-12:30 pm Pacific
Hilton San Francisco Union Square
Register Today!

Conferences in Obstetrical Point of Care Ultrasound (COPUS)
Register for the live webinar!
October 30, 2023
5 pm Eastern

Donate to the SOAP Endowment Fund!
Donate Now!

SAVE THE DATE

SOAP 2024 ANNUAL MEETING

May 1-5, 2024
Sheraton Denver Downtown Hotel
Denver, Colorado

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Society for Obstetric Anesthesia and Perinatology

Focusing on the Patient:
Improving Individual Outcomes & Experiences

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