

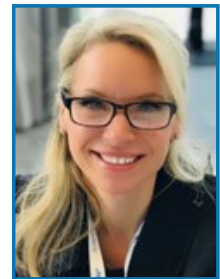
FALL 2024

SOAP NEWSLETTER

Official Newsletter of the Society for Obstetric Anesthesia and Perinatology

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PRESIDENT'S MESSAGE

Heather Nixon, MD

President, Society for Obstetric Anesthesia and Perinatology

Welcome to Fall! During the summer lull and hopefully vacation time for many, SOAP leadership, volunteer members and our management company have been busy planning another stellar year of educational programming, networking and professional development events while creating new evidence-based resources to help our members care for pregnant persons everywhere.

To reach all providers, we created virtual events like "SOAP Fundamentals" and "The SOAP Fall Forum." In our annual virtual SOAP Fundamental series led by Dr. Carlos Delgado (Sept 14th and 21st), we designed a curriculum geared for obstetricians, anesthesiologists, CRNAs and AAs to enhance provider knowledge on fundamental topics in obstetric anesthesiology. Participants interacted with our experts during the scheduled question and answer sessions and both ASA and AANA credit hours were offered. Our upcoming 3rd annual virtual "Fall Forum: Pathways to Success in Anesthesia" scheduled for November 13th and 14th will be a professional developmental event crafted by our Mentoring Academy focusing on Leadership, Quality Improvement, and Education.

(cont'd. - President's Message)

PRESIDENT'S MESSAGE - CONTINUED

This event is FREE to all medical students and residents with a nominal fee for fellows. Junior faculty or anyone seeking professional development can benefit from this event. In addition, participants can sign up for a personalized curriculum vitae clinic with senior members of SOAP.

Finally, mark your calendars, our Annual Meeting will be held in Portland, Oregon on April 30th-May 4th. The theme will be "Leveraging Technology for Better Outcomes: Improving the Lives of Patients and Clinicians" will highlight cutting edge uses of innovation to help clinicians focus on what is important, their patients and themselves. The Annual Meeting and Live Events Committee is currently accepting and reviewing submissions for sessions and educational content related to the theme.

If you are going to the ASA annual meeting in October, please join us at the Research Network Symposium which will be held October 20th from 10am-1pm. Registration is required for this event. In addition, the SOAP Research Promotion Subcommittee is proud to continue to host Virtual Journal Clubs where experts in the field and journal article authors lead discussions on the findings, significance and implications of published articles.

In addition to our educational offerings, SOAP continues to be active in recognizing centers with the highest quality obstetric anesthesiology care via the SOAP Centers of Excellence (COE) Designation. The SOAP Centers of Excellence application cycle is now in full swing, applications are due October 15th, 2024. If you need more information, please visit the website.

Our mentoring academy continues its amazing work pairing junior and senior members for productive mentor-mentee interactions. Applications just closed and new pairings will be announced soon.

For new or interested members who want to connect with others, please consider joining one of our SPECIAL INTEREST GROUPS. These groups reflect the passion SOAP members bring to the organization in all areas of practice. The current groups include Anesthesiologist Assistants, Cardio-Obstetrics, Environmental sustainability on L&D, Fetal surgery, Informatics, Maternal health inequities, Maternal mental health and birth trauma, Medical students and residents, Obstetric anesthesia provider wellness, Obstetric critical care medicine, Placenta accreta spectrum, Point of care ultrasound, Private practice, Recovery after childbirth, and Simulation!

(cont'd. - President's Message)

EDITOR'S NOTE

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



Dear Colleagues,

Welcome to the fall season! As we transition from summer to fall, it is the perfect time to reflect on our community's progress, accelerate ongoing projects, and embrace new opportunities for growth. This SOAP Newsletter aims to meet these goals and starts with an update on the progress and direction of our society through a message from our SOAP President, **Dr. Heather Nixon**.

In this newsletter, we also highlight the recent multi-society collaborative guidelines for post-dural puncture headache through our first ASRA-SOAP Newsletter Swap presented by **Dr. Vishal Uppal**. **Dr. Andrea Ibarra and colleagues** discuss the progress of their research investigation on preeclampsia and neurocognitive dysfunction funded by the Mentored Research Training Grant (MRTG), an important collaboration between SOAP and FAER. **Drs Adam Wendling and Linda Le-Wendling** discuss the duality of practice of obstetric and regional anesthesia in marriage.

The SOAP Newsletter Subcommittee continues our Map your Practice! initiative, featuring recent publications on block assessment for cesarean delivery. Engage with the question via Tradewing to share your experience. **Dr. Jennifer Dominguez** also shares an experience of outreach during the SOAP Annual Meeting. Members from the Diversity and Inclusivity Committee participated in a "Doctors Back to School" event,

(cont'd. - Editor's Note)

PRESIDENT'S MESSAGE - CONTINUED

We welcome you and new applications for groups are accepted biannually.

As you can see, 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." SOAP leadership continues to welcome new voices and ideas, please feel free to contact us personally with any ideas or questions.

On a personal note, I want to thank all our members for the amazing work you do for SOAP, maternal health organizations and at your home institutions. As always, I continue to be inspired by your grace, passion and investment in your patients and I am proud to be part of this community.

ASRA-SOAP NEWSLETTER SWAP

COLLABORATIVE EXCELLENCE: THE MULTI-SOCIETY POST-DURAL PUNCTURE HEADACHE GUIDELINES

Dr. Vishal Uppal, MBBS, MSc, FRCA
Associate Professor | Department of Anesthesia, Pain Management & Perioperative Medicine
Dalhousie University, Halifax, Canada
Board Member | ASRA Pain Medicine

EDITOR'S NOTE - CONTINUED

inspiring diverse students while exploring aspects of an obstetric anesthesiologist's clinical practice. **Dr. Mark Zakowski** provides an exciting update from the ASA Committee on Obstetric Anesthesia. Don't miss the excellent obstetric anesthesia educational content at *Anesthesiology 2024*.

The newsletter aims to enhance the experience of our members, and the publication of the newsletter would not be possible without the volunteer support of the Newsletter Subcommittee. Please join me in thanking last year's members for their contributions to a successful year: **Drs. Audrey Alleyne, Jasveen Chadha, Unyime Ituk, Christine McKenzie, Laura Sorabella, and Adam Wendling**. Please reach out with ideas for upcoming content.

I look forward to connecting with everyone at *Anesthesiology 2024* in Philadelphia.

Best,
Kristen L. Fardelmann, MD



Figure 1

Post-dural puncture headache (PDPH) is a known complication that can occur after an accidental dural puncture during epidural analgesia or a deliberate dural puncture after a lumbar puncture. While the headache may subside within two weeks, its intensity can significantly disrupt daily activities. PDPH is also linked to complications such as subdural hematoma (SDH), cerebral venous sinus thrombosis (CVST), and cranial nerve dysfunction.

Recently, I had the privilege and honour of leading the development of the evidence-based clinical practice guidelines on PDPH, a consensus report from a multi-society international working group.^{1,2} These guidelines were developed with contributions from 21 delegates (Figure 1) from six professional societies, including the American Society of Regional Anesthesia (ASRA), the European Society of Regional Anesthesia (ESRA), the Society for Obstetric Anesthesia and Perinatology (SOAP), the Obstetric Anaesthetists' Association (OAA), the American Society of Spine Radiology (ASSR) and the American Interventional Headache Society (AIHS). The SOAP representatives for these guidelines included Drs Jessica Ansari, Lisa Leffert, Grace Lim and Manuel C. Vallejo.

In April 2021, Dr. Samer Narouze and I obtained approval from ASRA's guidelines committee and board of directors. Please see Figure 2 for the guideline timelines. The ASRA executive director, Angela Stengel, reached out to leaders of each society to nominate representatives for the guideline. We developed ten review questions and refined them during conference calls, with input from committee members and stakeholders. Contributors were divided into ten writing groups, each with a designated leader.

A health sciences librarian conducted literature searches using specific search terms related to PDPH. The search results were imported into Covidence and shared with collaborators for screening. Each group performed title/abstract and full-text screening, followed by data extraction. The groups submitted structured narrative reviews with graded recommendations based on the US Preventative Services Task Force guidelines.

The editing team consisting of Drs Robin Russell, Vishal Uppal and Rakesh V Sondekoppam reviewed and revised the submissions, creating an interim draft. This draft was shared with collaborators for anonymous voting on each recommendation using a modified Delphi approach.

After two rounds of electronic voting, we achieved >90% consensus for almost all statements and recommendations. Each collaborator and society then approved the manuscript.

Figure 3 presents the ten PDPH review questions and their corresponding writing groups, with team leads indicated in bold. The executive summary manuscript was submitted to the *JAMA Open* in March 2023, followed by the full paper submission to the *Regional Anesthesia and Pain Medicine (RAPM)* journal in June 2023. Both papers and the accompanying editorials are available as free downloads.^{3,4} Additionally, infographics summarizing the key findings of the guidelines were published in the RAPM journal.⁵

The guidelines were also featured in presentations at the ESRA World Congress in September 2023 and the ASRA Spring Meeting in March 2024. A dedicated session titled "PDPH Beyond the Guidelines" was held at the SOAP Annual Meeting in May 2024 in Denver. Moderated by Dr. Lisa Leffert, this session included presentations on the guidelines' recommendations by Dr. Vishal Uppal, challenging case discussions by Dr. Sharon Orbach-Zinger from Tel Aviv, and insights into basic science research by Alexandra Schyns-van den Berg from the Netherlands. The session concluded with Dr. Wouter Schievink, a Professor of Neurosurgery from Los Angeles, discussing surgical interventions for PDPH and CSF leaks. The session was well attended by delegates.

ASRA-SOAP NEWSLETTER SWAP

COLLABORATIVE EXCELLENCE: THE MULTI-SOCIETY POST-DURAL PUNCTURE HEADACHE GUIDELINES - CONTINUED

This project exemplifies a significant collaboration, bringing together 21 experts from six different professional societies and achieving completion within a remarkable timeframe. The comprehensive guidelines document spanned nearly 20,000 words and included over 450 references, reflecting the commendable dedication and effort of these busy clinicians.

Given the lack of uniformity and limited evidence in current approaches to treating PDPH, we hope these guidelines offer clinicians a structured framework to assess risk, confirm diagnoses, and adopt a more systematic approach to management.

1. Uppal V, Russell R, Sondekoppam R, et al. Consensus Practice Guidelines on Postdural Puncture Headache From a Multisociety, International Working Group: A Summary Report. *JAMA Netw Open* 2023;6(8):e2325387 DOI: 10.1001/jamanetworkopen.2023.25387.
2. Uppal V, Russell R, Sondekoppam R, et al. Evidence-based clinical practice guidelines on postdural puncture headache: a consensus report from a multisociety international working group. *Reg Anesth Pain Med* 2024;49(7):471-501 DOI: 10.1136/rapm-2023-104817.
3. Bicket MC, Peahl A, Gaiser RR. Improving the Management of Postdural Puncture Headache-An International Clinical Guideline and Call for Better Evidence. *JAMA Netw Open* 2023;6(8):e2325348 DOI: 10.1001/jamanetworkopen.2023.25348.
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5. Uppal V, Russell R, Kalagara H, et al. Evidence-based clinical practice guidelines on postdural puncture headache: infographics. *Reg Anesth Pain Med* 2024;49(7):502-504. DOI: 10.1136/rapm-2024-105280.

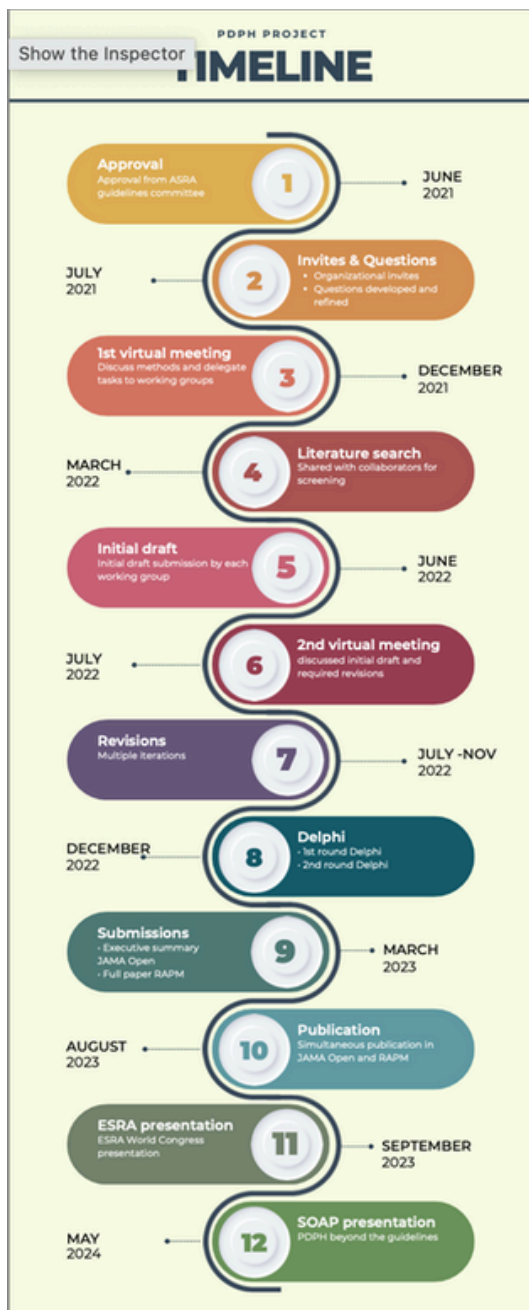


Figure 2



Figure 3

SOAP-FAER MENTORED RESEARCH TRAINING GRANT (MRTG) UPDATE:

PREECLAMPSIA: EXPLORING A UNIQUE POST-PARTUM NEUROCOGNITIVE DISORDER

Andrea J. Ibarra M.D.¹, M.S.; Meryl A. Butters Ph.D.²; Senthil Sadhasivam M.D.¹; Janet M. Catov Ph.D., M.S.^{3,4,5}

1 - Department of Anesthesiology and Perioperative Medicine, University of Pittsburgh, Pittsburgh, PA USA.

2 - Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA USA.

3 - Department of Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh, Pittsburgh, PA USA.

4 - Magee-Womens Research Institute, University of Pittsburgh, Pittsburgh, PA USA.

5 - Department of Epidemiology, University of Pittsburgh, Pittsburgh, PA USA



Andrea J. Ibarra, MD, MS



Meryl A. Butters, PhD



Senthil Sadhasivam, MD



Janet M. Catov, PhD, MS

Preeclampsia is a multi-organ vasculopathy disease of pregnancy and the leading cause of maternal morbidity in the United States. Based on the most recent American College of Obstetricians and Gynecologists guidelines, preeclampsia is defined by new onset of hypertension with proteinuria and/or evidence of end organ damage.¹ It is now understood that the effects of preeclampsia do not resolve with the delivery of the placenta but persist in the postpartum period and years after delivery. Preeclampsia is associated with increased risk of hypertension (3.1-fold increased risk), heart failure (4.20-fold increased risk) and stroke (1.8-fold increased risk).² This has prompted the American Heart Association to recognize preeclampsia as an important risk factor for cardiovascular and cerebrovascular disease later in life.

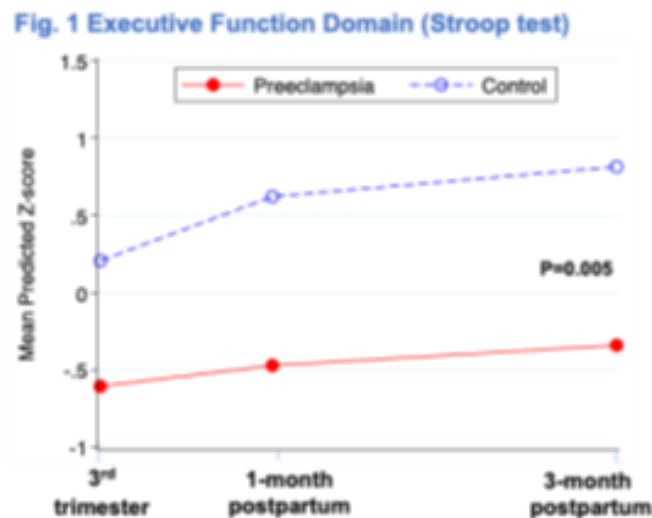
More recent epidemiological studies have also reported an association between preeclampsia and the risk of dementia, specifically vascular dementia (1.6-3.1-fold increased risk).^{3,4} There are almost no studies, however, examining acute effects of preeclampsia on cognitive performance. Comprehensive neurocognitive testing offers a robust clinical evaluation of brain pathology in a non-invasive, cost-effective way. Thus, we designed a prospective longitudinal study with the goal of recruiting 80 pregnant preeclamptic and 80 normotensive people. This cohort will undergo neurocognitive testing at three time points: during the third trimester of pregnancy, 1- and 3- months post-pregnancy. Lastly, a subset of participants will undergo cerebrospinal fluid collection to establish biomarkers associated with cognitive performance.

SOAP-FAER MENTORED RESEARCH TRAINING GRANT (MRTG) UPDATE:

PREECLAMPSIA: EXPLORING A UNIQUE POST-PARTUM NEUROCOGNITIVE DISORDER - CONTINUED

Supported by SOAP, we began recruitment in Fall 2023. Our enrollment rate has been approximately 8 participants per month. We collected baseline neurocognitive assessments and CSF biospecimens from 104 and 36 participants, respectively. Our retention rate for the post-partum visits has been >40%. As we continue with enrollment, we have developed strategies to increase our retention including increased incentives, telehealth-visits, transportation support, and off-hours visits. Our study has demonstrated the importance of schedule flexibility for research activities that include the immediate post-partum period.

Our study will identify a high-risk population with post-partum neurocognitive disorders. This project significantly extends our pilot study findings, where we demonstrated feasibility and detected changes in cognitive domains related to executive function, attention and working memory that persisted across all timepoints (Fig.1).⁵ Preliminary data collected during the SOAP-FAER- Mentored Research Training Grant will allow me to acquire skills in neurocognitive assessment and machine learning approaches to explore underlying mechanisms related to cognitive changes. My research and training objective is to become an impactful independent physician-scientist studying women's perinatal and perioperative brain health.



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2. Wu P, Haththotuwa R, Kwok CS, et al. Preeclampsia and Future Cardiovascular Health: A Systematic Review and Meta-Analysis. *Circ Cardiovasc Qual Outcomes*. 2017;10(2):e003497. doi:10.1161/CIRCOUTCOMES.116.003497
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5. Ibarra AJ, Butters MA, Lim G, et al. Longitudinal cognitive evaluation before and after delivery among people with preeclampsia. *Am J Obstet Gynecol MFM*. 2023;5(7):100966. doi:10.1016/j.ajogmf.2023.100966

MEMBER CONTENT

LIFE MARRIED TO A REGIONAL ANESTHESIOLOGIST...AN OBSTETRIC ANESTHESIOLOGIST'S POINT OF VIEW

Adam Wendling, MD

Linda Le-Wendling, MD



Adam Wendling, MD



Linda Le-Wendling, MD

On the surface, obstetric anesthesia and regional anesthesia are quite similar as subspecialties. We both love depositing local anesthetic near nerves to negate the patient's pain without rendering them unconscious. But it seems like our similarities diverge from here.

Regional anesthesia is primarily preemptive and obstetric anesthesia, a combination of preemptive and reactive. Regional anesthesiologists like their blocks distal. We like our blocks proximal.

Post-dural puncture headache? I would go for the epidural blood patch. She would add an ultrasound-assisted pterygopalatine ganglion block to top off the blood patch.

Post-operative pain relief? Either neuraxial morphine and/or single injection transversus abdominis plane blocks for me, either continuous nerve blocks for 2 to 3 days or single injection blocks with elaborate adjunct cocktails for her.

Even for surgical anesthesia, while I enjoy the more quickly titratable effects of short-acting lidocaine, she prefers long-acting ropivacaine or bupivacaine. I point out the fact that she has a catheter to continue dosing, she argues about rebound pain and analgesic gaps.

For analgesia, I have my preferred programmed intermittent epidural bolus delivery mode with infusions of local anesthetic and opioid going at 10 ml every 45 minutes with frequent boluses allowed per hour for that cumulative effect. For her, she meticulously counts the vertebral levels with ultrasound and runs the subsequent one or two epidurals at the lowest dose possible and scoffs at programmed intermittent boluses and higher local anesthetic doses, claiming undesirable side effects such as increased hypotension, urinary retention and lower extremity weakness.

As for epidural cocktails, the addition of opioids is frequently a must on obstetrics to optimally enhance analgesia with less motor blockade. Her regional anesthesia group removes all opioids from the neuraxis, reserving the opioid for systemic administration to cover "other pains in the body not covered by the epidural."

I dislike hot spots and unilateral blocks. She dislikes contralateral blocks. Obstetric patients need their foley catheters. Regional anesthesiologists prefer not to be blamed for them.

I wake up at 6:00 in the morning. She leaves the house by 5:30 in the morning.

(cont'd. - Life Married to a Regional Anesthesiologist...an Obstetric Anesthesiologist's Point of View)

MEMBER CONTENT

LIFE MARRIED TO A REGIONAL ANESTHESIOLOGIST...AN OBSTETRIC ANESTHESIOLOGIST'S POINT OF VIEW - CONTINUED

But jokes aside, these differences remind us that our subspecialty cultures have evolved separately and differently based on the perceived different outcomes we are striving to obtain and the different pain pathways we deal with. We each have to respect our differences in our professional practice. I'm reminded on a daily basis that we need to be active listeners and keep an open mind. And shared decision making isn't just for anesthesia consents. Yet through all these differences in our career paths and competition for time with each other and our family, working in the same profession is rewarding and allows us that tacit understanding when it comes to sharing stories of our workday, whether it be those small successes that only we anesthesiologists can appreciate or the stresses of managing hemodynamic instability that only we can empathize with. Plus, feedback is immediate and usually brutally honest. And that actually is a pretty awesome perk.

Yours,

Adam Wendling, MD
Associate Professor of Anesthesiology and OB/Gyn
Chief, Obstetric Anesthesiology Division
University of Florida

Linda Le-Wendling, MD
Professor of Anesthesiology
Director, Regional Anesthesiology & Acute Pain Medicine Fellowship Program
University of Florida

MEMBER CONTENT

IN MEMORIAM: FELICITY REYNOLDS, MBBS, MD, FRCA, FRCOG, 1935-2024

Joanne Douglas, MD

Recently, obstetric anesthesia lost one of its "greats." The incomparable Felicity Reynolds passed away in July 2024.



Joanne Douglas, MD

Felicity was passionate about obstetric anesthesia and about ensuring the best possible outcomes for mothers and babies. Her background in pharmacology and her practice in obstetric anesthesia led to her most important research, namely on systemic local anesthetic toxicity, placental transfer of drugs (local anesthetics, opioids, etc.), effects of local anesthetics on the fetus, neuraxial anesthesia and its complications, and other clinical topics.¹ Her academic career culminated in her appointment in 1992 as Professor of Obstetric Anesthesia at St. Thomas' Hospital in London.

In addition to Felicity's research publications, she wrote reviews, commentaries, editorials, case reports, and book chapters in notable obstetric anesthesia textbooks. Most obstetric anesthesiologists are familiar with the multi-author textbook she edited titled, *Effects on the Baby of Maternal Analgesia and Anaesthesia*.²

MEMBER CONTENT

IN MEMORIAM: FELICITY REYNOLDS, MBBS, MD, FRCA, FRCOG, 1935-2024 - CONTINUED

A sought-after speaker, Felicity left her audience infinitely wiser at the end of each of her presentations. A memorable moment for me was her talk at SOAP of cases on scoliosis in obstetrics (later written up in the SOAP Newsletter.³) Her research, lectures and writing made all of us better anesthesiologists and better able to care for mothers and babies.

At St. Thomas' Hospital, Felicity was a mentor for trainees, fellows, and colleagues. In addition to teaching the basics of obstetric anesthesia, she emphasized good ethical conduct in caring for the woman. She treated everyone with respect and would go the extra mile to ensure the best possible outcomes.

Felicity received numerous awards and accolades during her career, both in the United Kingdom and internationally. She was an active member of the Obstetric Anaesthetists' Association (OAA) in the UK and in 1966 she received the OAA Gold Medal, its highest award. An active member of SOAP, Felicity attended the SOAP annual meetings where she was a speaker, moderator and in 1994 gave the Fred Hehre lecture, titled "In Defense of Bupivacaine." She was awarded SOAP's highest award, the Distinguished Service Award, in 2006.

Felicity was the driving force behind setting up the International Journal of Obstetric Anesthesia, insisting it was important that our subspecialty have its own journal to publish topics of importance to us. Felicity was the first Editor and later became Editor Emeritus. Long after retiring from clinical practice, she continued to be involved with the journal (reviewing and editing).

Felicity was predeceased in 2018 by her husband, Dr. Geoffrey Spencer. She will be missed by her family and many friends. Obstetric anesthesia has truly lost a good friend and colleague.

References:

1. https://www.otago.ac.nz/_data/assets/pdf_file/0018/247410/f-reynolds-116035.pdf
2. Reynolds F. Effects on the Baby of Maternal Analgesia and Anaesthesia. WB Saunders Company Ltd. London. 1993.
3. Reynolds F. Scoliosis and Motherhood. SOAP Newsletter 1990;23(2):4-6.

Photos Courtesy of Dr. Alex Pue



Dr. Felicity Reynolds



From left to right: Dr. Gurinder Vasdev, Dr. Felicity Reynolds, Dr. Geoffrey Spencer (Felicity's Husband), and Dr. Bill Camaan



Dr. Felicity Reynolds and Dr. Bill Camaan

MAP YOUR PRACTICE!

A SOAP NEWSLETTER SUBCOMMITTEE INITIATIVE

Recent guidelines have recommended the use of light touch for neuraxial anesthesia level assessment and to achieve a level of T5 or higher to reduce the incidence of intraoperative cesarean pain. How do you test your block for cesarean delivery? A blunt needle, safety pin, monofilament, cotton wisp, cold spray, alcohol swab? Use the link below and share your technique in Tradewing!

[Map Your Practice!](#)

1. Plaat F, Stanford SER, Lucas DN, et al. Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. *Anaesthesia*. 2022;77(5):588-597. doi:10.1111/anae.15717
2. Keita H, Deruelle P, Bouvet L, et al. Raising awareness to prevent, recognise and manage acute pain during caesarean delivery: The French Practice Bulletin. *Anaesth Crit Care Pain Med*. 2021;40(5):100934. doi:10.1016/j.accpm.2021.100934
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COMMITTEE UPDATES

SOAP MEMBERS GO “BACK TO SCHOOL” AT ANNUAL MEETING IN DENVER

Jennifer Estrella Dominguez, MD, MHS
Diversity & Inclusivity Committee



Jennifer Estrella Dominguez, MD, MHS

Members of the Society for Obstetric Anesthesia and Perinatology (SOAP) revisited their high school days during the SOAP Annual Meeting in Denver, Colorado last May for an initiative spearheaded by the Diversity and Inclusivity Committee chaired by Dr. Allison Lee. This outreach is inspired by the "[Doctors Back to School](#)" program, which aims to acquaint diverse high school students with career possibilities in medicine and was started by the American Medical Association. SOAP's engagement in this program marked its second year of involvement, following a successful inaugural session in New Orleans, LA.

At Northfield High School, students were treated to an interactive experience with obstetric anesthesiologists. They learned about the daily routine of an anesthesiologist and endeavored hands-on activities with airway and neuraxial simulators, along with using portable ultrasound devices to visualize vasculature and epidural spaces. The educators from SOAP facilitated small groups in the school's media center, fielding numerous questions from the inquisitive students. Students were surprised to learn that those born by cesarean delivery likely met an anesthesiologist at the same time they met their parents.

The idea to incorporate "Doctors Back to School" into SOAP's Annual Meeting was proposed by Dr. Vernon Ross, who had been involved with the program through the American Society of Anesthesiologists (ASA) for many years. The event was coordinated by Drs. Jennifer Dominguez and Kay Knibbs, co-chairs of the Pathways and Mentorship Sub-committee under the Diversity and Inclusivity Committee.

(cont'd. - SOAP Members go “Back to School” At Annual Meeting in Denver)

COMMITTEE UPDATES

SOAP MEMBERS GO “BACK TO SCHOOL” AT ANNUAL MEETING IN DENVER - CONTINUED

Preparations for next year's "Doctors Back to School" event at the SOAP Annual Meeting are already in progress. Volunteers, including medical students, trainees, nurse anesthetists and anesthesiologist assistants, are invited to participate in what we hope will be another rewarding event. Engaging sessions and panel discussions are planned to encourage young people to explore the field of obstetric anesthesiology as a potential career path. Those interested in contributing are invited to reach out to Dr. Jennifer Dominguez at jennifer.dominguez@duke.edu or Dr. Kay Knibbs at nakiyah.knibbs@mountsinai.org.



SOAP members celebrate a successful “Doctors Back to School” event at Northfield High School in Denver, Colorado at the SOAP Annual Meeting in May 2024. (Back row, left to right): Kay Knibbs, Vernon Ross, Sangeeta Kumaraswami, Kristin Wakin, Paloma Toledo, Carlos Delgado, Kokila Thenuwara, Ebubechukwu Obiora, Michelle Simon; (Front row, left to right): Jasveen Chadha, PJ McGuire, Jennifer Dominguez, Allison Lee.



Dr. PJ McGuire wows students with ultrasound images of each other's neuraxial spaces.



Dr. Vernon Ross and Dr. Kay Knibbs demonstrate intubation on an airway simulator for a group of high school students.



Dr. Carlos Delgado explains neuraxial anatomy and demonstrates epidural catheter placement to a group of high school students.

COMMITTEE UPDATES

ASA COMMITTEE ON OBSTETRIC ANESTHESIA UPDATE

Mark Zakowski, MD, FASA

Chair



Mark Zakowski, MD

Looking forward to seeing you at the ASA annual meeting 2024 in Philadelphia! The Obstetric Anesthesia Educational Track at the Annual Meeting will feature 25 hours of obstetric anesthesia-specific content. Refresher course lectures, panel discussions, snapshot talks, and a point-counterpoint discussion are designed to improve the practice of OB anesthesia for delivery of high-quality patient care. Intriguing panels include *The Top Papers in Obstetric Anesthesia That WILL Change Your Practice*, *Tell Me Where You're From and We'll Help Decrease Your Risks: Social Determinants of Health and the Anesthesiologist*, *When Things Don't Go Well on the Obstetric Floor - Navigating Difficult Clinical Scenarios and Complications*, and the needle slinging *Standard Epidural vs. CSE vs. DPE: A Three-Way Debate to Determine the Optimal Labor Epidural Technique* showdown, among others! The ASA Committee on Obstetric Anesthesia (CObA) will be meeting Monday October 21st, welcome to new members!

In June, ASA CObA submitted to the ASA Board of Directors and House of Delegates five statements for consideration: *Statement on Resuming Breastfeeding after Anesthesia* as a routine Five-Year Review, led by Rachel Kacmar, *Statement on Providing Psychological Support in Obstetric Anesthesia* led by David Stahl, *Statement on the Use of Adjuvant Medications and Management of Intraoperative Pain During Cesarean Delivery* – led by Michael Hofkamp, *Statement on Anesthesia Support of Postpartum Tubal Ligation* – led by Regina Fragneto, and *Statement on Anesthesia Support of In Vitro Fertilization* led by Regina Fragneto.

The 2023 ASA Statement on Pain During Cesarean had its impact for members, non-members and the public amplified by a [Letter to the Editor of Anesthesiology](#) which then led to a segment carried on 120 [CBS affiliates on Pain During Cesarean](#). Thank you to the ASA PR team Theresa Hill, LeSandra Cooper, Davis Renzelmann, Leigh Madden and Maureen Geoghegan! A recent study showed epidural analgesia was associated with significantly better severe maternal morbidity in Scotland, generating media interest and a quote of ASA in [National Geographic](#).

These activities meet CObA's mission and ASA's 2024 strategic plan: Advocate for the highest standard in patient safety and quality of care, expand member awareness of the work being done on their behalf, provide the best opportunities for anesthesiologists to acquire and maintain knowledge and skills associated with the practice of anesthesiology, strengthen the visibility and voice of the specialty as leader in the health care ecosystem, advance ASA's position as medicine's leading resource for anesthesia patient safety and quality and advance collaboration with subspecialty and other anesthesiology-related societies.

I wish to thank the many ASA CObA members for their diligent work, developing statements and delving into the scientific evidence for future potential statements. Many ASA CObA members are participants and leaders at SOAP as well – the two organizations cooperate closely at both the individual and organizational level.

Each year, I invite not only CObA members, but also individuals from SOAP, OAA, ACOG, SMFM and others for their suggestions on what new topics to develop. We then rank the ideas and choose the most important and current needs. For the ASA 2025 year, I invite you to submit topic ideas for consideration for an upcoming CObA statement. You may submit ideas [here](#).

(cont'd. - ASA Committee on Obstetric Anesthesia Update)

COMMITTEE UPDATES

ASA COMMITTEE ON OBSTETRIC ANESTHESIA UPDATE

Please note the past four years of statements:

ASA Committee on Obstetric Anesthesia:

2024: submitted for approval at House of Delegates October 23, 2024:

Statement on Resuming Breastfeeding after Anesthesia 5-year review
Statement on Use of Systemic and Neuraxial Adjuvants for Pain during Cesarean
Statement on Psychological Support in Obstetric Anesthesia
Statement on Anesthesia Support of Postpartum tubal ligation
Statement on Anesthesia Support of In Vitro Fertilization

2023:

Statement on Neuraxial Medication Shortage and Alternatives
Statement on Neurologic Complications of Neuraxial Analgesia/Anesthesia in Obstetrics
Statement on Pain During Cesarean Delivery

2022:

Statement on Anesthesiologists' Role in Reducing Maternal Mortality and Severe Maternal Morbidity
Statement on Oral Intake During Labor
Statement on Quality Metrics

Post dural puncture headache 'toolkit':

Epidural blood patch placement
Differential Diagnosis of Postpartum Headache
Template for Obstetric Patients with PDPH
Information about your headache (patient education)

2021:

Statement on Post-Dural Puncture Headache Management
Statement on Reducing Maternal Peripartum Racial and Ethnic Disparities in Anesthesia Care
Statement on Neuraxial Analgesia or Anesthesia in Obstetrics
Statement on Optimal Goals for Anesthesia Care in Obstetrics

I also serve as Alternate Director from California to the ASA Board of Directors and Vice-Chair Quality Management and Departmental Administration and Educational Track Subcommittee on Obstetric Anesthesia. If you have questions or suggestions, you may contact me via SOAP.

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

Mahalo!
Mark

SOAP ANNUAL MEETING AWARD AND GRANT RECIPIENTS

Congratulations to our 2024 Annual Meeting honorees, including research competition winners, award recipients, grant recipients, and Centers of Excellence designees! Below is a summary in case you missed the awards ceremony.

Gertie Marx Research Competition

- First Place: Heather Acuff, MD, PhD, Washington University in Saint Louis, Saint Louis, MO, United States
- Second Place: Michael Furdyna, MD, Brigham and Women's Hospital, Boston, MA, United States
- Third Place: Erin Dengler, MD, University of North Carolina, Raleigh, NC, United States

Best Research Paper Competition

- Jessica Ansari, MD, Stanford University, Palo Alto, CA, United States
- Marcelle Crowther, MBChB (UP), DA (SA), DipObs (SA), FCA, MMed (UCT), Groote Schuur Hospital, University of Cape Town, Cape Town, Western Cape, South Africa

Best Case Reports Competition (Top 10)

- Saheb Dhillon, MD - MetroHealth/Case Western Reserve University, Cleveland, OH, United States
- Sara Dryden, MD - University of North Carolina, Chapel Hill, NC, United States
- Sara Feldman, MD - Duke University, Durham, NC, United States
- Shonna Gaskin, MD - University of Texas Health Science Center at Houston, Houston, TX, United States
- Allison Mootz, MD - Brigham & Women's Hospital, Boston, MA, United States
- Jacob Nieb, MD - McGaw Medical Center of Northwestern University, Chicago, IL, United States
- Ann Norris, MD - Massachusetts General Hospital, Boston, MA, United States
- Paige Oates, MD -SAUSHEC Anesthesiology, Houston, TX, United States
- Brian Waldman, MD - Columbia University, New York, NY, United States
- Michael Wen, MD - Brigham & Women's Hospital, Harvard Medical School, Boston, MA, United States

Award Recipients

Distinguished Service Award: Brendan Carvalho, MD - Stanford University, Stanford, CA, USA

Teacher of the Year Award (More than 10 Years): Clemens Ortner, MD - Stanford University, Stanford, CA, USA

Teacher of the Year Award (Less than 10 Years): Emily Sharpe, MD - Mayo Clinic, Rochester, MN, USA

Diversity & Inclusivity Award: Cesar Padilla, MD - Stanford University, Stanford, CA, USA

Research in Education: Pervez Sultan, MD, FRCA, MBChB, Stanford University, Palo Alto CA, United States

Frederick P. Zuspan Award: Ehab Natsheh, MD, Hadassah Medical Center, Jerusalem, Israel

SOAP & Anesthesia Patient Safety Foundation (APSF) Patient Safety Award: Michael J. Furdyna, MD - Brigham and Women's Hospital, Boston, MA, USA

(cont'd. - SOAP Annual Meeting Award and Grant Recipients)

SOAP ANNUAL MEETING AWARD AND GRANT RECIPIENTS - CONTINUED

SOAP/Kybele International Outreach Grant

- Stephanie Woodward, MD - Vanderbilt Medical Center, Nashville, TN, USA
- Jordan Francke, MD, MPH - Harvard University/ Brigham and Women's Hospital, Boston, MA, USA

Diversity & Inclusivity Mentored Grant

- Anusha Reddy, MD & Chantal Pyram-Vincent, MD, MPH - Icahn School of Medicine at Mount Sinai, New York, NY, USA
- Claudia Sotillo, MD & Pervez Sultan, MBChB, FRCA, MD - Stanford University, Stanford, CA, USA

Center of Excellence Designees

The Society for Obstetric Anesthesia and Perinatology (SOAP) is pleased to announce the following institutions and obstetric anesthesia programs have attained the prestigious SOAP Center of Excellence (COE) designation:

- Atrium Health Carolinas Medical Center - Charlotte, NC
- Hospital e Maternidade Santa Maria São Paulo - São Paulo, Brazil
- MetroHealth Medical Center - Cleveland, OH
- Oregon Health & Science University - Portland, OR
- Prisma Health Upstate-Greenville Memorial Hospital - Greenville, SC
- St. Luke's University Health Network – Anderson Campus - Bethlehem, PA

The following institutions and obstetric anesthesia programs have renewed the prestigious SOAP Center of Excellence (COE) designation initially granted in 2019:

- British Columbia Women's Hospital - Vancouver, BC
- Hospital of the University of Pennsylvania - Philadelphia, PA
- Kaiser Permanente, Women & Children's Hospital - Roseville - Roseville, CA
- Mayo Clinic - Rochester, MN
- Medical College of Wisconsin - Froedtert Birth Center - Milwaukee, WI
- Missouri Baptist Medical Center - St. Louis, MO
- University of Arkansas for Medical Sciences (UAMS) - Little Rock, AR
- University of Maryland Medical Center - Baltimore, MD
- University of Utah - Salt Lake City, Utah
- Vanderbilt University Medical Center - Nashville, TN

The COE designation was awarded March 31, 2024, to the institutions and obstetric anesthesia programs listed above and will remain valid for four years. Designees will reapply during the 2027 cycle for renewal in 2028.

The following institutions and obstetric anesthesia programs have renewed the prestigious SOAP Center of Excellence (COE) designation initially granted in 2018:

- Albany Medical Center - Albany, NY
- University of Washington - Seattle, WA

The COE designation was awarded March 31, 2024, to the institutions and obstetric anesthesia programs listed above and will remain valid for four years. Designees will reapply during the 2026 cycle for renewal in 2027.



Mark your Calendars!

Call for SOAP Special Interest Groups (SIGs)

Deadline: October 5, 2024

[Submit your proposal](#)

SOAP Center of Excellence

Application Deadline: October 15, 2024

[Submit your application](#)

SOAP Research Network Symposium

October 20, 2024

W Hotel Philadelphia

[Registration Required!](#)

SOAP Virtual Fall Forum

November 13 & 14, 2024

[Register Today!](#)

2024 Annual Meeting and Virtual Highlights Attendees

Earn CME Credit through December 31, 2024

SOAP Annual Meeting 2025

Leveraging Technology for Better Outcomes: Improving the Lives of Patients & Clinicians

April 30 - May 4, 2025

Portland, Oregon

[Shop SOAP Swag!](#)

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Endowment Fund!](#)

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

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

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