Greetings, everybody! The beginning of the year and the first quarter has been a busy time for the SOAP organization, with various ongoing activities.

**Obstetric Anesthesia Fellowship ACGME Approval:** Following the ACGME approval of the Obstetric Anesthesia Fellowship, the deadline for submission of the Program Information Form and application package to seek approval of the individual programs was February 29, 2012. The next deadline is August 2, 2012. The Association of Anesthesiology Subspecialty Program Directors (AASPD), a subset of the Society of Academic Anesthesiology Associations (SAAA), which represents the currently ACGME-recognized subspecialty program directors, is inviting and encouraging obstetric anesthesia program directors to participate in the 2012 Annual SAAA Meeting and the AASPD Forum Discussions. The AASPD forum is a venue to get updates and to exchange ideas regarding the various subspecialties. The obstetric anesthesiology fellowship program directors can go to the ACGME website to determine the process of seeking ACGME approval of their fellowship program. I would also encourage the obstetric anesthesia program directors to become members of SAAA/AASPD.

**SOAP 2012 Sol Shnider, M.D. Obstetric Anesthesia Meeting:** Congratulations to Dr. Robert D’Angelo, who was the Program Director of this very successful meeting! Dr. D’Angelo, Karen Hurley (our SOAP Executive Director) and the SOAP staff worked tirelessly in organizing the meeting, and we owe them a debt of gratitude. The Sol Shnider meeting in conjunction with the University of California, San Francisco, was first established in 1976, and directed by Sol Shnider, M.D., Samuel Hughes, M.D. and Mark Rosen, M.D. for more than 25 years. SOAP offered the successful return of the excellent 2012 CME event. The meeting was preceded by the Difficult Airway Workshop. Both CME events, the workshop and the Sol Shnider Meeting were well attended and a huge success as witnessed by the verbal and written comments. The Sam Hughes Lecture on “What’s New in Clinical Obstetric Anesthesia” meeting in conjunction with the University of California, San Francisco, was first established in 1976, and directed by Sol Shnider, M.D., Samuel Hughes, M.D. and Mark Rosen, M.D. for more than 25 years. SOAP offered the successful return of the excellent 2012 CME event. The meeting was preceded by the Difficult Airway Workshop. Both CME events, the workshop and the Sol Shnider Meeting were well attended and a huge success as witnessed by the verbal and written comments. The Sam Hughes Lecture on “What’s New in Clinical Obstetric Anesthesia”

“Since this will be my last newsletter to the SOAP members (a year goes by very fast!), I would like to thank our SOAP Board members who have SOAP’s and the SOAP members’ best interests at heart; further, they truly value the mission of SOAP.”

Continued on page 2
President’s Update

Continued from page 1

was delivered by Paloma Toledo, M.D., M.P.H., who as always did a superb job. The pro-con debate on “Urgent Cesarean Section and Failed Epidural: Just Do a Quick Spinal,” debated by Barbara Leighton, M.D. and Brendan Carvalho, M.B.B.Ch., F.R.C.A., M.D.Ch., was again extremely informative. The invited speakers all did an excellent job! Dr. Leighton deserves special mention as she managed to give all her lectures despite becoming acutely ill and required to be hospitalized. SOAP is very grateful to her for her participation in the meeting and wishes her a speedy recovery!

Recognition of Shela Cohen, M.B., Ch.B., F.R.C.A.: Dr. Cohen retired from Stanford University Medical Center in March 2012. She was recognized for her sustained contributions to the Sol Shnider Meeting. She received special commendation and was awarded a plaque from SOAP for her many years of dedicated service to the Sol Shnider Meeting.

Partnership With Larry F. Chu, M.D.: One of SOAP’s strategic goals is to advance obstetric anesthesia education. With that in mind Dr. D’Angelo has facilitated SOAP’s partnership with Larry F. Chu, M.D., Assistant Professor at Stanford University Medical Center and the AIM Lab, to videotape the educational lectures presented at the Sol Shnider Meeting, with access to the lectures. You can click on www.anesthesiaillustrated.org to see the quality of Larry’s AIM lab.

Future Partnership With ASA for Educational Modules: ASA will be rolling out educational modules. The Anesthesia Patient Safety Foundation Education Board editor-in-chief has approached Lawrence Tsen, M.D. for assistance with developing an obstetric anesthesia education module, perhaps involving patient safety in obstetrics. Partnering with ASA in the near future for developing MOCA® obstetric anesthesia educational modules will be explored by the SOAP Board of Directors.

Development of Consensus Statement on Cardiopulmonary Resuscitation in Pregnant Patients: In lieu of the recent ACLS guidelines published by the American Heart Association, I have appointed Brendan Carvalho, M.D. to chair the task force that will be composed of a few SOAP members to develop a SOAP consensus statement document on cardiopulmonary resuscitation in pregnant patients.

Upcoming SOAP 44th Annual Meeting: The SOAP 44th Annual Meeting promises to be another spectacular event. Cally Hoyt, M.D., the Program Chair, and Dennis Shay, M.D. have planned an exciting meeting in breathtaking Monterey, California. The meeting will be held at the Hyatt Regency Resort and Spa Hotel, where the Pebble Beach Company’s championship Del Monte Golf Course is located. The theme of the meeting is “Obstetric Anesthesia in an Evidence-Based Environment.” Dr. Hoyt has a great lineup of lectures and speakers for the annual meeting. There will also be two workshops: the ultrasound-guided regional anesthesia and vascular access workshop, led by Jose Carvalho, M.D., from University of Toronto, and another workshop on simulation will be led by Steve Lipman, M.D., along with his colleagues from Stanford University. Phil Hess, M.D. will introduce the new clinical concept seminar session titled “Nuts and Bolts to Cutting Edge: A Seminar on Coagulopathy.” Please register early so as to take advantage of the special SOAP room rates and the special events.

Since this will be my last newsletter to the SOAP members (a year goes by very fast!), I would like to thank our SOAP Board members who have SOAP’s and the SOAP members’ best interests at heart; further, they truly value the mission of SOAP. I wish all our national and international SOAP members and their families, and the members of the Board, the very best in the future. I would like to thank Karen Hurley and the SOAP staffers for their hard work, and I wish you all the very best.

See you in Monterey, California in May!
This newsletter will give the readers key information about our 44th Annual Meeting in Monterey, California. This material is merely an electronic reminder since we already sent you the complete meeting information in the mail. In addition, this edition gives you the proposed SOAP bylaws changes from Dr. Wlody, the treasurer’s report from Dr. Sullivan and the education committee report from Dr. Vallejo. Our colleague, Dr. Adsumelli will describe an early warning scoring system to improve maternal safety, a topic that is particularly relevant since pregnant patients are at high risk for unanticipated events during their stay on the labor and delivery floor. We also feature several fine contributions from the legacy committee, one article on rectal ether in obstetrics by Dr. Bacon and Dr. Vasdev, Dr. Brad Smith’s memories on Buddy Gieske, a SOAP charter member and a congratulatory note from Dr. Douglas on Richard Clark’s induction into the University of Arkansas, College of Medicine Hall of Fame.

If you wish to find out more about any upcoming or past meetings, previous newsletter articles or other topic of interest, please visit out website at: [http://www.soap.org/](http://www.soap.org/). I also invite you to visit our Facebook page at [http://www.facebook.com/people/Soap-Obstetric-Anesthesia/10000989773407](http://www.facebook.com/people/Soap-Obstetric-Anesthesia/10000989773407). You may want to contribute to a new blog on drug shortages in obstetric anesthesia that can be found at [http://obanesdrugs.blogspot.com/](http://obanesdrugs.blogspot.com/). If you have any comments and want to contribute to the newsletter, please send me an e-mail to soapeditor@gmail.com.
On behalf of the SOAP Program Committee, we are pleased to extend to you an invitation to attend SOAP’s 44th Annual Meeting in Monterey, California, May 2-5, 2012. This year’s meeting will be a mixture of old favorites and new offerings, and all will combine to make this an informative and exciting conference giving maximal value for your time. We are truly thrilled about this program and believe you will agree with us when you come that this is the best meeting presented to date.

Continuing the tradition of pre-meeting workshop offerings, two workshops are planned for Wednesday, May 2. The two workshops will be the Ultrasound Workshop so ably coordinated by Jose Carvalho in past years and a High-Risk Obstetric Crisis Simulation Workshop offered by Steve Lipman with his team from Stanford. Each workshop will be offered twice on Wednesday; once in the morning and once in the afternoon to allow for attendance at both. A new session called Clinical Concepts will also be introduced. This symposium is designed to present a concentrated, evidence-based discussion of a key clinical topic. The inaugural topic will be “Coagulopathy: Nuts and Bolts to Cutting Edge” and will be moderated by Phil Hess. This will be offered on Wednesday afternoon. All sessions will involve innovative technology as part of the instruction so please consider arriving on Tuesday to take advantage of these offerings.

The theme for this year’s Annual Meeting is “Obstetric Anesthesia in an Evidence-Based Environment.” Several sessions will incorporate the EBM theme starting with the special GM/FAER lecture given by Dr. Gordon Guyatt on Thursday morning. Dr. Guyatt is one of the innovative founders of the concept of “Evidence-Based Medicine” and will discuss why it is relevant to the practice of obstetric anesthesia. Other theme-based sessions will be a pro-con debate titled “Patient Outcomes are Better with Protocol-Driven Care” featuring Robin Russell and Scott Segal, and a breakfast session demonstrating the use of evidence-based medicine principles to clinical scenarios with Pam Angle, an experienced instructor in the practical application of evidence-based concepts. Additionally, a clinical forum will focus on evidence-based management concepts and specialty-specific concerns surrounding postpartum hemorrhage from three experts. Maurice Druzin will present the obstetrician’s viewpoint, Tim Goodnough, the hematologist and blood bank director’s position, and Andrea Fuller, the anesthesiologist’s perspective. Favorite SOAP sessions will include the Gertie Marx competition, poster and oral research presentations, a session covering the best cases of the year, and the OB research seminar. The “What’s New” lectures and Fred Hehre presentation will be given by the following distinguished speakers; Ray Powrie (What’s New in Obstetric Medicine; Update 2012), Julian “Bill” Parer (What’s New in Obstetrics; Evolving Consensus on Standardization of FHR Pattern Management), Gordon Lyons (Fred Hehre Lecture: A Critical Examination of Regional Technique), and Alexander Butwick (Gerard W. Ostheimer Lecture). We will introduce an optional poster walk-around session during our Thursday afternoon break with Richard Smiley, and are very honored to present the Distinguished Service Award to Dr. Gerald Bassell. The meeting also includes an exciting social program featuring a welcome reception, a sunrise yoga session, the annual celebratory banquet at the renowned Monterey Bay Aquarium, a sensational series of tours (whale watching, wine tasting, and Big Sur Coastline tour) for those coming with you, and the ever-popular free afternoon for sightseeing, shopping, exercising, relaxing or a round of golf on one of those famed Pebble Beach courses. Two more changes to the format will include having the annual business meeting during the lunch session on Thursday and the award presentations on Saturday during the general session. The meeting will conclude with an onsite wine tasting for those not needing to rush off on Saturday evening.

Mark your calendars now as this is a SOAP meeting you do not want to miss! More detailed information is available on the website, in the newsletter and in e-blasts that will be going out over the next few months.

We can’t wait to see you in gorgeous Monterey, California this spring!
Wednesday, May 2, 2012

7:00 a.m. - 6:30 p.m.  Registration Hours
7:00 a.m. - 12:00 p.m.  SOAP Board of Director’s Meeting
8:00 a.m. - 12:00 p.m.  Use of Ultrasound in Obstetric Anesthesia: Spinals and Epidurals, Vascular Access, and TAP Blocks Workshop
  Course Director: Jose C.A. Carvalho, M.D., Ph.D., FANZCA, FRCPC
  High Risk Obstetric Crisis Simulation Workshop
  Course Director: Steven S. Lipman, M.D.
12:00 p.m. - 1:00 p.m.  Lunch on own
1:00 p.m. - 5:00 p.m.  Use of Ultrasound in Obstetric Anesthesia: Spinals and Epidurals, Vascular Access, and TAP Blocks Workshop
  Course Director: Jose C.A. Carvalho, M.D., Ph.D., FANZCA, FRCPC
  High Risk Obstetric Crisis Simulation Workshop
  Course Director: Steven S. Lipman, M.D.
1:00 p.m. - 4:30 p.m.  Clinical Concepts: “Nuts and Bolts to Cutting Edge: A Seminar on Coagulopathy”
  Course Director: Philip E. Hess, M.D.
6:00 p.m. - 8:00 p.m.  Welcome Reception with Wine Tasting and Light Food Pairings

Thursday, May 3, 2012

6:00 a.m. - 6:00 p.m.  Registration Hours
6:30 a.m. - 7:30 a.m.  Continental Breakfast, Exhibits, and Poster Viewing
7:30 a.m. - 7:45 a.m.  Welcome to the 44th Annual Meeting
7:45 a.m. - 9:15 a.m.  Gertie Marx Research Competition
  Moderator: Alan C. Santos, M.D., M.P.H.
9:15 a.m. - 10:15 a.m.  Coffee Break, Exhibits, and Poster Viewing
10:15 a.m. - 11:15 a.m.  Gertie Marx/FAER Education Lecture “Why Bother with Evidence-Based Obstetrical Anesthesia”
  Speaker: Gordon Guyatt, M.D., B.Sc., M.Sc., FRCPC
  Introduced by: McCallum R. Hoyt, M.D., M.B.A.
11:15 a.m. - 12:15 p.m.  Poster Session 1
  Moderators: Brenda A. Bucklin, M.D. and Katherine W. Arendt, M.D.
12:15 p.m. - 2:00 p.m.  SOAP Business Meeting & Election; Box Lunch
2:00 p.m. - 3:30 p.m.  Oral Presentations 1
  Moderator: Vilma E. Ortiz, M.D.
3:30 p.m. - 4:15 p.m.  Coffee Break
  Special Poster Session Walk-Around (Optional)
  Moderator: Richard M. Smiley, M.D., Ph.D.
4:15 p.m. - 5:30 p.m.  Obstetric Anesthesiology Research: “What’s the Future?”
  Moderator: Cynthia A. Wong, M.D.
6:00 p.m. - 7:00 p.m.  Fellows Reception (By Invitation)
6:00 p.m. - 9:00 p.m.  Resident Dinner and Breakout Sessions (By Invitation)
  Program Director: Paloma Toledo, M.D., M.P.H.
  Program Speaker: Arvind Palanisamy, M.D., FRCA
Friday, May 4, 2012

6:00 a.m. – 1:00 p.m.  Registration Hours
6:00 a.m. – 7:30 a.m.  Evidence-Based Practice Breakfast
Course Director: Pamela J. Angle, M.D., FRCPC, M.Sc.
6:30 a.m. – 7:30 a.m.  Breakfast, Exhibits, and Poster Viewing
7:30 a.m. – 8:30 a.m.  Pro-Con Debate “Patient Outcomes Are Better with Protocol-Driven Care”
Moderator: Barbara M. Scavone, M.D.
Pro: Scott Segal, M.D., MHCM - Protocol Driven
Con: Robin Russell, M.D., FRCA - Autonomy
8:30 a.m. – 9:30 a.m.  What’s New in Obstetric Medicine: “Update in Obstetric Medicine 2012”
Speaker: Raymond Oliver Powrie, M.D.
Introduced by: William R. Camann, M.D.
9:30 a.m. – 10:15 a.m.  Coffee Break, Exhibits, and Poster Viewing
10:15 a.m. – 11:45 a.m.  Best Paper
Moderator: Kenneth E. Nelson, M.D.
11:45 a.m. – 12:45 p.m.  Fred Hehre Lecture “A Critical Examination of Regional Technique”
Speaker: Gordon Lyons, M.D.
Introduced by: Maya S. Suressh, M.D.
12:00 p.m.  Exhibit Hall Teardown
12:45 p.m.  Open Afternoon
6:00 p.m.-10:30 p.m.  SOAP Banquet at the Monterey Bay Aquarium

Saturday, May 5, 2012

6:00 a.m. – 7:00 a.m.  Hatha Yoga Session
6:30 a.m. – 7:30 a.m.  Continental Breakfast
7:30 a.m. – 9:00 a.m.  Clinical Forum: “Post-Partum Hemorrhage Management – Perspectives from Three Disciplines”
Moderator: Brendan Carvalho, MBBCh, FRCA, MDCH
Lawrence T. Goodnough, M.D. - Hematologist
Maurice Druzin, M.D. - Obstetrician
Andrea J. Fuller, M.D. - Anesthesiologist
9:00 a.m. – 10:00 a.m.  Poster Session #2
Moderators: Ashley M. Tonidandel, M.D., M.S. and Pamela Flood, M.D.
10:00 a.m. – 10:15 a.m.  Awards Presentation
10:15 a.m. – 10:45 a.m.  Gerard W. Ostheimer Lecture
Speaker: Alexander Butwick, MBBS, FRCA, MS
Introduced by: Paloma Toledo, M.D., M.P.H.
11:45 a.m. – 12:45 p.m.  What’s New in Obstetrics: “Evolving Consensus on Standardization of FHR Pattern Management”
Speaker: Julian Parer, M.D., Ph.D.
Introduced by: Jennifer M. Lucero, M.D., M.A.
12:45 p.m. – 2:30 p.m.  Catered Lunch
2:30 p.m. – 3:30 p.m.  Oral Presentations 2
Moderator: Dennis C. Shay, M.D.
3:30 p.m. – 4:45 p.m.  Best Case Reports: What Can We Learn From This?
Moderators: Bhavani Shankar Kodali, M.D. and Moeen Panni, M.D., Ph.D.
4:45 p.m.  Closing Remarks and Adjournment
5:00 p.m. – 7:00 p.m.  Farewell Wine Tasting and Cheese Reception
Optional Social Event with Cash Bar
In common with other medical societies, the operations of SOAP are ultimately governed by its Bylaws. As the mission and goals of the Society change over time, so must its Bylaws. The Bylaws Committee’s charge is to evaluate amendments proposed by any member of the Society, to make a recommendation to the Board of Directors as to the suitability of these changes and, if approved by the Board, to present the proposal to the membership at the Annual Business meeting.

The previous description of the process for amending our Bylaws reflects an issue that has only recently been noted, that is, the requirement that any proposed amendment be approved by the Board before it can be submitted to the membership. As an elected body, the Board indirectly represents the will of our members. Nevertheless, this process is not infallible, and a decision of the Board to reject an amendment may not always accurately represent the wishes of our membership. Therefore, the following amendment to our Bylaws (which of course was approved by the Board) is submitted to the membership for consideration at our business meeting in Monterey. The amended portion of the Bylaws appears in bold italic.

12. AMENDMENTS

12.1 Amendments to these Bylaws of the SOCIETY FOR OBSTETRIC ANESTHESIA AND PERINATOLOGY may be proposed by any active member.

12.2 Amendments will be referred to the Bylaws Committee for evaluation. The Committee will then make recommendations to the Board of Directors.

12.3 If a proposed amendment is passed by a majority of the Board of Directors, it will be presented to the membership in advance and voted upon at the next Annual Business Meeting.

12.4 If a proposed amendment is not passed by a majority of the Board of Directors, it can be presented by any SOAP member at the next Business Meeting of this Society for consideration. If two thirds of the eligible voting members approve, it will be submitted for discussion and voted on by the eligible voting members.

12.5 If passed by a majority of voting members present and voting at the Annual Business Meeting, the amendment will become effective at the close of that meeting.

View the SOAP 2012 Annual Meeting schedule and travel information from your Iphone or Ipad

Download a QR Reader on any smartphone with QR Reading capabilities, such as the iPhone or Droid. Then simply use the phone’s camera to scan the QR code (at left) and connect quickly to the SOAP website.
The SOAP Education Committee currently has 30 members with three subcommittees: the Awards subcommittee, the Information subcommittee and the Programs subcommittee. The Awards subcommittee chaired by Mark Zakowski, MD is responsible for selection of the SOAP Media Award, won last year by Roni Caryn Rabin for her New York Times article titled *In Labor, a Snack or a Sip*. The Teacher of the Year Award was won last year by Lawrence Tsen, MD (greater than 10 years experience) from the Brigham and Women’s Hospital and by Moeen Panni, MD, PhD (less than 10 years experience) from the University of Florida College of Medicine. This year, SOAP will again select the SOAP Media Award and the SOAP Teacher of the Year Award and the awardees will be announced and presented at the 44th annual meeting in Monterey, California in May.

The Information subcommittee, chaired by Cathleen Peterson-Layne, MD is responsible for contributing articles to the SOAP Newsletter. The summer 2011 SOAP Newsletter featured an article on Obesity and Safety in L&D by Elizabeth Ellinas, MD. The winter 2011-2012 SOAP Newsletter featured two articles titled Simulation in Obstetric Anesthesiology by Thomas M. Chalifoux, MD and Update in Crisis Resource Management for Obstetrics by Jill Mhyre, MD.

The Programs subcommittee chaired by Grace Shih, MD will work with the Residents Affairs Committee on a joint project to develop a Residents Guide to Learning in Obstetric Anesthesia.

The Education Committee is responsible for grading of the SOAP Case Report Abstracts for the annual meeting and continued development of the SOAP Expert Committee Opinions located in the member’s only section on the SOAP website: [http://soap.org/welcome-members.php](http://soap.org/welcome-members.php). New to the site are Expert Committee Opinions on Guidelines for Fetal Heart Rate Monitoring during Non-Obstetric Surgery, Post-Dural Puncture Headache Management, and Lowest Platelet Count for labor Epidural Placement. Look for additional SOAP Expert Committee Opinions on the website as a continued SOAP member’s benefit.

The SOAP Education Committee looks forward to contributing in the continued success of SOAP.

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Dear SOAP Members,

The Sol Shneider Obstetric Anesthesia Meeting was held in March and it was a big success. The lectures were videotaped by the Stanford AIM lab and have been posted on the internet. The videos can be viewed through the following link: [http://www.anesthesiaillustrated.com/](http://www.anesthesiaillustrated.com/) as well as on the SOAP website.

1. The very first picture at the top of the homepage should be the SOAP/Sol Shneider logo. Click on the picture (if it has rotated to another picture click on the 1st black dot or use the left/right arrows to get to the SOAP/Sol Shneider picture).

2. Doing so will move you to the SOAP Portfolio.

3. Scroll down and click on the SOAP logo to watch the video which highlights SOAP (super cool and please watch first)

4. After watching the SOAP video scroll down to watch any of the Sol Shneider lectures.

5. Two lectures are password protected and are restricted to SOAP members: Brendan Carvalho’s Lumbar Spine Ultrasound and TAP Block: Clinical Pearls and a repeat of the SOAP debate between Brendan and Barbara Leighton about repeat spinal.

6. The password to watch these two videos is: soap.

Let us know what you think by writing your comments on SOAP’s Facebook! [http://www.facebook.com/SOAPHQ](http://www.facebook.com/SOAPHQ)

Sincerely,

Robert D’Angelo, M.D.
Program Chair
In the first three decades of the twentieth century, the search for a safe, reliable method of pain relief in childbirth took many forms. Perhaps the most famous, twilight sleep, a combination of scopolamine and morphine, was imported to the United States from Germany. Choosing the right amount of each agent was difficult and had the potential to lead to drastic consequences for mother and child. James Gwathmey, an early physician specialist in anesthesiology and a leader in both the national Associated Anesthetists of America and the New York Society of Anesthetists, the fore runner of the American Society of Anesthesiologists, developed an alternative method of labor analgesia by instilling ether in the rectum of the parturient.

Gwathmey’s goal was clear-cut, to create an analgesic regimen that was effective without endangering the life or health of the mother or baby and was simple to administer using standardized, inexpensive drugs. The method should be equally useful at home or in the hospital. A 1:3 ratio of oil to ether administered rectally, (a saline-ether mixture resulted in explosive losses rectally), resulted in analgesia that usually occurred within 45 minutes and lasted from two to six hours. Most patients required one or two instillations.

In 1930, seven years after Gwathmey began using rectal ether, he was able to report on over twenty thousand cases from four New York City hospitals. Using historic controls, Gwathmey was able to demonstrate no change in morbidity or mortality for either the mother or the child. Furthermore, he demonstrated that labor was not delayed, and that there was a lower incidence of hemorrhage than when ether by inhalation was used. Babies were rarely affected. In those cases in which a cesarean section was necessary, women who had had rectal ether analgesia tolerated the operation better than those who did not have any labor analgesia.

As World War II deepened across the globe, Gwathmey was able to report on more than a 100,000 cases of oil-ether obstetrical anesthetics. Across the country, physicians were convinced of the safety of the method with it being used successfully in cases of nephritis, eclampsia, and cardiac diseases. The only absolute contraindication was the presence of colonic disease. Yet, at the same time, Robert Hingson was developing a new technique utilizing continuous caudal regional anesthesia that would slowly grow in popularity and supplant rectal ether in obstetrical anesthesia.

The use of rectal ether for analgesia during labor and delivery demonstrates Gwathmey’s dedication to finding the best possible anesthetic to care for parturient. He understood the need to improve current analgesic regimens of his day and set about to change them. As a physician, Gwathmey was concerned with the effects of anesthesia on both the mother and the fetus, and reported on both while evaluating his technique. Over time, as more reliable techniques for labor analgesia appeared, rectal ether fell into disuse. Yet, the criteria Gwathmey used to evaluate his technique in laboring patients remains as valid today as it was in the early twentieth century.

References:
I am pleased to report that in 2011 SOAP remained financially healthy despite weakness in the general economy and financial markets, and rising costs of management. Despite these challenges our assets have grown and we have actually committed to increased program support. Our meetings are our most important endeavors and, although it is difficult to link their operational performance to the economy, we did observe declines in attendance at both the Sol Shnider and annual meetings last year. Fortunately during this same period membership grew by 18 percent and charitable donations to the SOAP Endowment Fund (formerly known as OAPEF) grew by 7 percent as compared with 2010. Our financial portfolios, which were down by the end of 2011, have rebounded earning a very strong 7 percent in the first quarter of 2012.

As a non-profit organization, our purpose is not to accumulate assets but to build educational, research and service programs. Acknowledging that our primary mission is education, we have increased our investment in the quality of our meetings. Our partnership with the Foundation for Anesthesia Education and Research (FAER) has been successful and has supported several educational venues; perhaps the most visible was the inaugural Gertie Marx lectureship given at the ASA annual meeting by David Chestnut. In 2011, we doubled our financial commitment to research by awarding a second Gertie Marx research grant. Going forward we will now be disbursing $50,000 annually to support worthy projects. In 2011, we decided to fund both a multi-centered obstetric anesthesia research network coordinated by Rich Smiley at Columbia University and commission a new work force survey to be conducted by Brenda Bucklin at the University of Colorado. We continue to financially support several other partnerships organizations including Kybele, FAER and the Anesthesia Patient Safety Foundation. All of these efforts hopefully contribute to improvements maternal healthcare.

SOAP’s total assets have grown to $2,274,370 by the end of 2011, despite losses in investment performance corresponding with general declines in the equity markets. These bar graphs reflect this slight increase in overall assets from 2010 to 2011 and demonstrate that operational performance (purple bar) compensated for relative declines in investments (red, blue and green bars).

I feel confident that 2012 will be a successful year for SOAP with modest recovery in the economy and the financial markets, two thoughtfully planned meetings and a sound strategic plan for the future or our organization. It’s been a pleasure to serve our society as I begin my last year as SOAP treasurer.
Abnormal vital signs typically present hours before a serious adverse event.1 Early warning scoring systems (EWS), Modified Early Warning Systems (MEWS) and rapid response teams have been created to provide timely evaluation and escalation of care in response to early vital sign changes to improve medical and surgical patient outcomes.2

Obstetric patients are also at risk of serious adverse events during the peripartum period. Obstetric hemorrhage, hypertensive disorders, embolism and infection need escalation of care. The recent triennial Confidential Enquiry into Maternal and Child Health (CEMACH) from the U.K. concluded that in many cases, early warning signs of clinical deterioration were missed leading to poor patient outcomes. CEMACH made a strong recommendation that all maternity units adopt EWS for early detection and intervention of adverse events.

The essential components of EWS are: 1) the tool incorporating Early Warning signs; 2) reliable and effective implementation of the tool; and 3) development of clear, multidisciplinary algorithms and action plans.

**OB EWS Tool**

The MEWS tool successfully used in medical and surgical patients does not reflect the physiological changes of pregnancy. In our institution, we modified the adult MEWS to include the vital sign ranges for respiratory rate, systolic and diastolic blood pressure, level of consciousness, temperature, and urine output that reflect the physiological changes of pregnancy and parturition. Additionally, we added four obstetric parameters: fetal heart tracing, uterine activity, bleeding/lochia status and deep tendon reflexes.3 Though some hospitals have developed a EWS tool and are using it in their present clinical setting, only very recently have validated EWS specific to the obstetric population been published.4

### Implementation of the Tool

Implementation must take heed of issues, such the frequency of score calculation and charting, to avoid undue burden on the nursing staff. In our hospital, we incorporated the tool into established nursing workflow by utilizing the automatic tasking function in the electronic medical record. The nurses respond to the visual prompts to complete OB EWS at appropriate intervals. We also added OB-EWS score into the SBAR report sheet.

### Algorithms and Action Plans

Each institution should develop clinical algorithms depending upon their patient population, providers and facilities. Issues that need to be carefully considered are the score-specific action plans and selection of members of “OB Rapid Response Team”. Algorithms provide tangible parameters for nurses to seek help based on clear and concrete data. However, nurses should also be empowered to call for help when they feel concerned about maternal and/or fetal well being irrespective of the EWS score.

### Conclusion

There is strong evidence that adverse events are typically preceded by clinically observable warning signs. Appropriate intervention based on early warning signs can lead to better outcomes by avoiding adverse events. The experience with MEWS suggests that there is a great need for validated OB specific EWS. Implementation of a clear tool with algorithms should lead to timely intervention and enhanced maternal and fetal well being.

### References:

Buddy Giesecke

At about 10 a.m. on September 21, 1969, after a confrontation among the “Charter Members” over a name for our new society, a smiling, laconic, Adolph H. ("Buddy") Giesecke, Jr., M.D., rose and suggested the title “Society for Obstetric Anesthesia and Perinatology,” or “SOAP.” He observed that it would be the “cleanest professional society in America.” The idea and the laughter swept the room and S.O.A.P. had its name!

Buddy, a S.O.A.P. Charter Member, left us on Christmas Eve, 2011. His accomplishments spanned so many roles that a full recounting of them would take pages instead of the brief space available here. Therefore, I will only skim the highlights of his non-obstetric related triumphs.

Buddy trained with M.T. “Pepper” Jenkins at Parkland. Later, he was the first “Chair” who planned and opened the residency at U.T. Houston and was the Chairman of Anesthesiology at UT Southwestern, Dallas for 12 years. For 25 years he carried the honor of the title “M.T. Jenkins Professor of Anesthesiology”.

He is perhaps best known for his involvements in shock and trauma care. He was elected President of the International Trauma Anesthesia and Critical Care Society and won its Lifetime Achievement Award. He was President of the Texas Society of Anesthesiologists and was awarded its Distinguished Service Award. He was also a perennial Delegate of the American Society of Anesthesiologists House of Delegates and a member or chair of many ASA committees.

He was editor of *Traumacare* for several years and associate editor of several other journals. He was a long time Trustee of the Wood Library-Museum of Anesthesiology and Executive Director of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.

But (to return to our theme) in 1966, Dr. Jenkins “volunteered” Buddy to try to improve the safety of obstetric anesthesia at Parkland. In a brief three years he succeeded in influencing OB anesthesia practice in Dallas, in Texas, and in the nation, despite the intense reluctance he encountered to the acceptance of regional blocks.

Forced to use general anesthesia, he published several innovations to make it safer. These included the then new concepts of rapid sequence induction, preinduction antacids, and along with Morris, provided the earliest demonstrations of the dangerous synergism between magnesium sulfate and the non-depolarizing muscle relaxants.

In 1969, Buddy organized and produced the first major film on OB Anesthesia ever shown at an ASA Annual Meeting. The plenary audience was estimated at 800! (This was before SOAP existed!) It was very influential in, for the first time, focusing the thought of the ASA membership on obstetric anesthesia.

Buddy Giesecke excelled at any endeavor, but to those who knew him, his golden character, his charming wit, his discerning intelligence, and his ability to pull people together to accomplish a common goal were perhaps even more important than his long list of offices and publications.

I wish I had grown up to be just like him! I’ll keep trying!
Recently, we cared for a patient who suffered an amniotic fluid embolism and massive hemorrhage. She was obese, hypovolemic and had a positional 18-gauge I.V. The case occurred at night when a single anesthesiologist was “in house.”

A laboring patient experienced a sudden onset of chest pain, shortness of breath and a prolonged fetal heart rate deceleration. An emergency cesarean section was called, and 6 minutes later the baby was born using the existing epidural for anesthesia. At the end of the case a huge pool of blood was found between the patient’s legs. At that point, her blood pressure was in the low 60s over 30s even after 10 and 20 microgram doses of epinephrine. She had no palpable peripheral venous access. Ultrasound of her neck showed the collapsed internal jugular vein directly overlying the carotid artery and her obesity prevented turning her head to the side. The femoral veins were also inaccessible since she was in the lithotomy position for insertion of a Bakri balloon.

An intraosseous (I/O) device* was easily placed in each tibia. The process took only 2-3 minutes total and provided excellent I.V. flow of blood products. After she was volume resuscitated, the backup anesthesiologist was able to insert two large bore peripheral I.V.s and an arterial line. In total, we administered 43 units of blood and blood products as well as fluids and drugs. When we transferred the patient to intensive care a few hours later, she was stable with normal blood gases, hematocrit, clotting times and electrolytes.

A few clinical notes:
1. Under pressure, the I/O devices ran better than the 18-gauge in her hand but not as well as the 16-gauge I.V. established later in her antecubital vein.
2. Use of the tibia: A) There are no good landmarks for I/O insertion into the humerus when the patient’s arms are extended out on an arm board, so the tibia provided the easiest access route. B) When we induced general anesthesia through the I/O device, the onset of paralysis was slow even though the fluids were running rapidly. It may be best to increase the drug dose to achieve an effective central concentration more quickly.
3. We did not use the right angle connecting tubing that comes with the EZ/IO kit because it had a fixed, needleless connector, which reduces flow.

During the initial phase of the resuscitation, the lone anesthesiologist could not spend more time searching for venous access. Using the I/O device probably prevented a hypovolemic arrest. We believe it should be on every “line cart” for the rapid establishment of I.V. access in a hemorrhagic emergency.

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* Vidicare EZ/IO website http://www.vidacare.com/EZ-IO/Index.aspx

Announcements

Congratulations to Dr. Richard Clark, one of the Founding Fathers of SOAP. Richard is being inducted into the University of Arkansas, College of Medicine Hall of Fame. The Hall of Fame recognizes outstanding achievements by both graduates and faculty at the University of Arkansas. They cite his “stellar accomplishments in the field of obstetric anesthesia and “his “many contributions during” his “long tenure on our Anesthesiology faculty.” Richard is a member of our SOAP Legacy Committee and was previously honored by SOAP, along with the other Founding Fathers, with the Distinguished Service Award. Again, congratulations Richard. We are very proud of you.
The Society of Obstetric Anesthesia and Perinatology (SOAP) announces its 1st Latin American Symposium on Obstetric Anesthesia to be held on Wednesday April 24th, 2013 at the Caribe Hilton Hotel in San Juan, Puerto Rico. The annual SOAP meeting will follow from Thursday the 25th to Sunday the 28th of April, 2013.

Please join us in San Juan!

Vilma E. Ortiz, M.D.
Barbara Scavone, M.D.

*All presentations of the Latin American Symposium will be conducted in Spanish. Program details to follow.

La Sociedad de Anestesiología Obstétrica y Perinatología, “SOAP” por sus siglas en inglés, anuncia su Primer Simposio Latinoamericano de Anestesiología Obstétrica a llevarse a cabo el miércoles 24 de abril del 2013 en el Hotel Caribe Hilton en San Juan, Puerto Rico. Luego del simposio, tomará lugar el congreso anual de SOAP desde el jueves 25 al domingo 28 de abril, 2013.

¡Esperamos verles en San Juan!

Vilma E. Ortiz, M.D.
Barbara Scavone, M.D.

* Todas las presentaciones del Simposio Latinoamericano se ofrecerán en español. Detalles adicionales del programa se ofrecerán oportunamente.
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