	Category 1 - SOAP Endorsement/Support	Category 2 - SOAP Consensus Statements, SOAP Statements & SOAP Practice Advisories	Category 3 - SOAP Practice Guidelines
Scope	 All SOAP endorsements and support should align with the SOAP Vision, Mission, and core values. SOAP Endorsement demonstrates substantive agreement and public support for the activity or work product. SOAP Support: Is offered when SOAP supports the guiding principles behind the activity or work product. SOAP supported documents are considered to have educational value, but SOAP, as an organization, may not agree with all of its major recommendations 	Any members of SOAP may propose a topic for a SOAP Consensus Statement, SOAP Statement or SOAP Practice Advisories. The ISC determines suitability of the topic for a SOAP document. Any of these documents may become a 'Joint Statement' and multidisciplinary and multinational participation (including other subspecialty organizations) is strongly encouraged when feasible.	Practice guidelines provide recommendations for patient care that describe a basic management strategy. Practice guidelines include recommendations that are developed based on a systematic review that assesses the quality, quantity, and consistency of evidence. Evidence-based practice guidelines are not offered or intended as standards or minimum requirements. SOAP Practice Guidelines can originate from the Board or the ISC. Once initiated they must be maintained and regularly updated. All SOAP Practice Guidelines must demonstrate alignment with the SOAP Vision, Mission, and core values.
Process	 All endorsement and support requests are screened by the SOAP President and ISC Chair. When appropriate the ISC, or designated working group, will review and make recommendations to the Board of Directors. All endorsements and support documents will require approval by the SOAP Board. Endorsements: When applicable, SOAP must have had the opportunity to appoint at least one member to the group writing the document. Any document endorsed by SOAP must have substantial opportunity for review by SOAP designated committees and/or representatives. SOAP, as an organization, must agree with most of its major recommendations 	 The ISC or designate working group will review each submission based upon merit, priority, and threats. Submissions should contain a workplan and expected timeline for the project. When applicable submission should include a preliminary (i.e. draft or protocol) systematic or scoping review of the existing literature. Submissions are encouraged to include a patient representative or provide details of how patient engagement will be incorporated. Project leader is responsible for managing the development of the consensus statement within the proposed timeline and providing updates to the SOAP ISC 	 The ISC or designate subcommittee propose the need for a practice guideline. SOAP members will have opportunities to submit proposals for practice guidelines. SOAP ISC must approve the methodology including budget. SOAP Board & ISC identifies project leaders and team members seeking a diverse and inclusive group. Patient engagement should be considered. Prior to publication a draft is to be posted on the members-only area of the website. A 30-day review period is provided. SOAP ISC must have the opportunity to review and approve the final document and recommend to the SOAP Board before release.

	Category 1 - SOAP Endorsement/Support	Category 2 - SOAP Consensus Statements, SOAP Statements & SOAP Practice Advisories	Category 3 - SOAP Practice Guidelines
Project Leader (PL) Deliverables	 When applicable, agreement to include SOAP representative. Must provide SOAP with materials to review in reasonable time interval and PRIOR to journal submission. Immediately notify SOAP of significant changes. 	 The project lead will establish authorship attestations that strives to have all authorship align with ICMJE criteria. SOAP must be acknowledged in all output (abstracts, posters, publications). Must provide SOAP ISC with materials to review in reasonable time interval. Immediately notify SOAP of significant changes. 	 The project lead will establish authorship attestations that strives to have all authorship align with ICMJE criteria. SOAP must be acknowledged in all output (abstracts, posters, publications). Must provide SOAP ISC with materials to review in reasonable time interval. Immediately notify SOAP of significant changes.
SOAP Deliverables	 ISC/Subcommittee Chairperson and SOAP President determine appropriate SOAP representative to co-author / review / collaborate with outside organizations. SOAP ISC Staff Liaison (maintain list of requests and reviews to ensure timely reassessment) SOAP will review each endorsed document every 2-3 years for reaffirmation or endorsement withdrawal if deemed appropriate Any endorsed policies, advisories, or joint statements should be either open access, or available to members of SOAP through a link from the SOAP website. 	 SOAP ISC Staff Liaison Assist with identification the key stakeholders professional (e.g. ACOG) needed to address the key proposal question(s). Assist the project lead-person to invite relevant subspecialty organizations to appoint representatives. Assist with development of a budget that specifies any projected expenses. The ISC will provide support letters to facilitate collaboration with additional organizations. Facilitate SOAP Endorsement. 	 SOAP ISC and Finance committees will review and approve the requested resources. SOAP ISC includes Practice Guidelines budget in annual action plan
Priority Level to guide resource allotment (For future consideration)	 When applicable to resource allotment all SOAP Committee and Sub-Committee members will be given an opportunity to grade the priority level (0 - not applicable to OBAnes —5-Essential to the practice of OBAnes). Threat Assessment - If there is no endorsed statement there would be an imminent threat to the practice of OBAnes. (0 – no threat applicable to OBAnes —5-Significant threat to the practice of OBAnes). 	 When applicable to resource allotment all SOAP Committee and Sub-Committee members will be given an opportunity to grade the priority level (0 - not applicable to OBAnes —5- Essential to the practice of OBAnes). Threat Assessment - If there is no endorsed statement there would be an imminent threat to the practice of OBAnes. (0 – no threat applicable to OBAnes —5- Significant threat to the practice of OBAnes). 	 Prior to allotment of SOAP resources for the development and publication of SOAP Practice Guidelines, all SOAP Committee and Sub-Committee members will be given an opportunity to grade the priority level (0 - not applicable to OBAnes —5-Essential to the practice of OBAnes). Threat Assessment - If there is no endorsed statement there would be an imminent threat to the practice of OBAnes. (0 – no threat applicable to OBAnes).

• SOAP – Society for Obstetric Anesthesia and Perinatology, ASRA – American Society of Regional Anesthesia, ISC – SOAP Intersociety Committee, OBAnes – Obstetric Anesthesia, ICMJE - International Committee of Medical Journal Editors