

SSEP Update

(Sweet Success Extension Program)

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SSEP



Perinatal Diabetes: Prevention and Care Takes a Team SSEP Associate Training Conference April 19-20, 2018



SSEP Update GOAL is to publish useful information and/or tools to help team members provide quality diabetes and pregnancy care.

SSEP Mission: Our mission is to improve pregnancy outcomes and long-term quality of life for women with diabetes and their offspring, which extends beyond birth for both mother and child. We work with provider groups to increase their knowledge and delivery of care by:

- Developing and/or endorsing events and activities that increase their knowledge.
- Supporting multidisciplinary health care teams as they take a proactive approach, focused on healthy lifestyles.
- Encouraging providers to involve the entire health care system, community and patient at all levels in supporting lifestyle changes that foster improved long-term health and quality of life.

SSEP Contact Information

www.SweetSuccessExpress.org
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Upcoming Conferences

Sweet Success Express & SSEP Associate Training & Specialty Seminar in New York City in Oct. 2018

Sweet Success Express 2018: Prevention: Return on Investment, Embassy Suites Anaheim South, CA, November 8-10, 2018

SSEP Board of Directors 2016 - 2018

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SSEP & Sweet Success Express is collaborating with Professional Education Center (PEC) and University of Colorado, Denver to present Perinatal Diabetes: Prevention and Care Takes a Team, a SSEP Associate Training Conference on April 19-20, 2018.

Designed to provide a comprehensive update and review of current practice standards and contemporary topics related to diabetes and reproductive health, expert speakers will utilize a creative and practical application of evidence-based management strategies with the recognition of alternative approaches. The focus will be to assist clinicians to provide quality patient care to meet today's needs for change. Both clinical guidelines as well as specialty topics based on current research will be presented to assist in demystifying the controversies surrounding management strategies. National and international speakers will provide practical and relevant therapies and management strategies as well as evidence-based preventive interventions across the life stages. Concepts of prevention, intervention, self-management education, team management and treatment modalities for current clinical applications will be integrated into the program. The goal is to provide the highest quality diabetes and reproductive health management.

Conference Information

Who will Attend?: Perinatal Diabetes: Prevention and Care Takes a Team Training and Conference will benefit those who provide team care based on proven research. The demographic of the attendees will be broad and extend to all specialty areas of the diabetes and reproductive health.

Continuing Education: 13.5 CE approved -13.5 Hrs. CPE applied for (Activity #139286).

Faculty Includes: Paul Cook PhD; Sara Farabi PhD RN; Jed Freidman PhD; Bonnie Gance-Cleveland PhD RNC PNP; Neda Ghaffari MD, Teri Hernandez PhD RN; Maribeth Inturrisi RN MSN CNS CDE; Cindy Parke RNC C-EFM CNM MSN; Geetha Rao MS RD CDE CDTC CPT CLE; Jeffrey Sperling MD.

To Download Brochure, Register and Make Hotel Reservations, Visit:

www.sweetsuccessexpress.com/conferences.html

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Lactation and Progression to Type 2 Diabetes Mellitus After Gestational Diabetes Mellitus: A Prospective Cohort Study

NIH-Funded Study

[Gunderson EP, Hurston SR, Ning X, Lo JC, Crites Y, Walton D, Dewey KG, Azevedo RA, Young S, Fox G, Elmasian CC, Salvador N, Lum M, Sternfeld B, Quesenberry CP Jr; Study of Women, Infant Feeding and Type 2 Diabetes After GDM Pregnancy Investigators. Collaborators \(18\)](#)

[Epub 2015 Nov 24.](#)

Abstract

BACKGROUND:

Lactation improves glucose metabolism, but its role in preventing type 2 diabetes mellitus (DM) after gestational diabetes mellitus (GDM) remains uncertain.

OBJECTIVE:

To evaluate lactation and the 2-year incidence of DM after GDM pregnancy.

DESIGN:

Prospective, observational cohort of women with recent GDM. (ClinicalTrials.gov: [NCT01967030](#)).

SETTING:

Integrated health care system.

PARTICIPANTS:

1035 women diagnosed with GDM who delivered singletons at 35 weeks' gestation or later and enrolled in the Study of Women, Infant Feeding and Type 2 Diabetes After GDM Pregnancy from 2008 to 2011.

MEASUREMENTS:

Three in-person research examinations from 6 to 9 weeks after delivery (baseline) and annual follow-up for 2 years that included 2-hour, 75-g oral glucose tolerance testing; anthropometry; and interviews. Multivariable Weibull regression models evaluated independent associations of lactation measures with incident DM adjusted for potential confounders.

RESULTS:

Of 1010 women without diabetes at baseline, 959 (95%) were evaluated up to 2 years later; 113 (11.8%) developed incident DM. There were graded inverse associations for lactation intensity at baseline with incident DM and adjusted hazard ratios of 0.64, 0.54, and 0.46 for mostly formula or mixed/inconsistent, mostly lactation, and exclusive lactation versus

exclusive formula feeding, respectively (P trend = 0.016). Time-dependent lactation duration showed graded inverse associations with incident DM and adjusted hazard ratios of 0.55, 0.50, and 0.43 for greater than 2 to 5 months, greater than 5 to 10 months, and greater than 10 months, respectively, versus 0 to 2 months (P trend = 0.007). Weight change slightly attenuated hazard ratios.

LIMITATION:

Randomized design is not feasible or desirable for clinical studies of lactation.

CONCLUSION:

Higher lactation intensity and longer duration were independently associated with lower 2-year incidences of DM after GDM pregnancy. Lactation may prevent DM after GDM delivery.

PRIMARY FUNDING SOURCE:

National Institute of Child Health and Human Development.

[Ann Intern Med. 2015 Dec 15;163\(12\):889-98. doi: 10.7326/M15-0807. Epub 2015 Nov 24.](#)

Article Link:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5193135/>

Comment in

[Breast feeding may cut risk of diabetes in high risk women](#)
· [BMJ. 2015]

[Lactation and Progression to Type 2 Diabetes Mellitus After Gestational Diabetes Mellitus.](#)

· [Ann Intern Med. 2016]

Commentary Link:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5613933/>

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GUIDELINES-AT-A GLANCE (Quick references)
1001 - \$25 - For GDM 2018: CD - 66 pages summarizing key points for GDM management.

1002 - \$25 - For Pregnancy Complicated by Preexisting Diabetes 2014: CD - 68 pages Key points for managing preexisting diabetes during pregnancy.

#1003 - \$25 - For Medication Management 2017: CD 29 pg step-by-step instructions for calculating and adjusting insulin injections, pumps & oral meds. (insulin calculation practice sections included).

#1023 - \$60 - Complete Set of 3-SAVE \$15/set

#1101- \$55/yr - Individual Membership

#1102 - \$125/yr - Organizational Membership (3 members in 1 facility)

BENEFITS: Newsletter; Conference/Ed material discounts; Online standards consults; email updates and Personalized Membership Card. Annual Drawing; Earn 6 extra chances to win with every \$100 donation to SSEP.

FREE: Guidelines-at-a-Glance - Join & apply discount to this order! No tax or S/H for this item

SSEP CD Teaching PowerPoint Presentations

#1501 - \$25 - NEW - 2016 - ADA Recommendations Tests for Screening and Diagnosing Diabetes during Pregnancy and Postpartum

36 slides- ADA & Sweet Success recommendations for testing. Ideal for in-services and new personnel.

#1502 - \$35 - Insulin Therapy During Pregnancy, Part 1: Insulin Injection Therapy & Part 2: Insulin Pump Therapy. Includes insulin analogues, calculating & adjusting insulin for both injections and pump use during pregnancy. (updated in 2017)

#1601 Eng / #1602 Sp - GDM Patient Handbook 28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup. UPDATED- 2016

#1603 Eng - 2015/ #1604 Sp - 2012 Type 2 DM in Preg. Pt. Handbook 44 pgs - before/during/after pregnancy information.

#1601-04: Average (5th - 6th grade) reading level.

Mix & Match - GDM/Type 2/Eng/Sp Price: < 10 - \$3.50/ea; 10 - 24 = \$3.25/ea; 25 - 49 = \$3/ea; 50 - 199 = 2.75/ea; > 200 = 2.50/ea.

Enroll for Free Quarterly SSEP Newsletter Send email address to ssep1@verizon.net

For more information email ssep1@verizon.net www.sweetsuccessexpress.org



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#1301 - SSEP SELF-STUDY SERIES CE COURSES Available Online

UPDATED- 2016 Includes Guidelines at a Glance for GDM 2018: Current ADA Recommendations & Link to CDAPP Guidelines for Care-2015

5 Hours #1301 Complete Set of 12 (40 Hours) \$189! (Less than \$5/CE Hr)

01-Preconception/Contraception 02-Medical Nutrition Therapy

03-Screening & Dx GDM 04-Self-monitoring Blood Glucose 05-Medication Management

06-Hypoglycemia 07-Maternal/Fetal Assessment and Guidelines for

08-Intrapartum and Delivery for Care 2015 download 09-PostPartum/Breastfeeding

10-Neonatal Care 11-Exercise 12-Psychosocial/Cultural Issues

Sweet Success Guidelines for Care 2015 download 14-Complete set of 12 modules [40 hrs] - \$189

Contact us for group discounts - for 6 or more - same facility

#1401 - FREE - SSEP - SWEET SUCCESS ASSOCIATE PROGRAM Packet: how to become a Sweet Success Affiliate Program. (May be added to Order Form - No cost for packet)

1051 - \$35 - Diabetes & Reproductive Health Resource CD 2016

Over 150 health education, nutrition and psychosocial tools for patient and professionals. Useful for patient teaching and staff training. May be personalized to your program, printed and copied for owner's teaching uses - may not shared with other programs.

1701 Eng/Sp - 2016 - EXERCISE VIDEO DVD Health Moms - Healthy Families* - 23 minute, light aerobic exercise video on DVD - for group or home use without equipment - appropriate for most women with diabetes prior to, during and after pregnancy.

Office Group Session use - heavy storage case - \$10 Patient Copy - for home use - in Jewel Case: 1 to 9 DVDs - \$6/ea 10 - 49 DVDs - \$5/ea >50 DVDs - \$4.50/ea

Watch for Conference Information Updates at www.sweetsuccessexpress.org - On "Conference" page

CE CREDITS AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for AMA PRA Category 1 Credit™. Participants should only claim credit commensurate with their level of participation. SSEP is a non-profit organization and has no commercial conflict of interest.

Nurses: SSEP is a provider approved by the California Board of Registered Nursing Provider #3813 for up to 40 Contact Hours. Certificates available at end of conference for pre-registered attendees.

Physicians: BRN accredited programs may be submitted as AMA PRA Category 2 Credit™ Registered Dietitians/Dietetic Technicians, Registered: The 12 SSEP Self Study Modules have been approved by the Commission on Dietetic Registration for 40 CPEUs for RDs and DTRs. Qualifies for CDE Renewal.



SSEP ORDER FORM

Name _____ Circle - MD RN/C RD/DRT NP MSW OTHER
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Table with 5 columns: Item #, Qty, Description, Price Each, Times Qty, Final Cost

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Less Discount
Sub-Total
7.75% Tax - CA only
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(\$25 orders \$200-\$500)
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Thank you!

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ZIKA INFECTION DURING PREGNANCY MAY DISRUPT FETAL OXYGEN SUPPLY NIH-funded study observes virus-induced placental damage in monkeys



WHAT

Zika virus infection appears to affect oxygen delivery to the fetuses of pregnant monkeys, according to a small study funded by the National Institutes of Health. Researchers also observed a high degree of inflammation in the placenta and lining of the uterus, which can harm the fetal immune system and increase a newborn's susceptibility to additional infections. Their study is published online in Nature Communications.

Zika virus infection among pregnant women can lead to developmental problems in fetuses and newborns. In the current study, researchers led by Daniel Streblow, Ph.D., of the Vaccine & Gene Therapy Institute at Oregon National Primate Research Center, used non-invasive imaging to evaluate how persistent Zika infection affects pregnancy in five rhesus macaques. The team found that the virus induces high levels of inflammation in the blood vessels of the uterus and damages placental villi, the branch-like growths that help transfer oxygen and nutrients from maternal blood to the fetus. The researchers suggest that this damage may disrupt oxygen transport to the fetus, which can restrict its growth and lead to stillbirth, among other conditions.

The team observed evidence of fetal brain abnormalities in two of the five animals, but the researchers did not see any obvious signs of microcephaly. This finding, they reason, is consistent with previous studies that establish microcephaly as only one of a spectrum of Zika-induced complications. The authors call for additional studies to improve knowledge of how Zika virus causes infection during pregnancy.

WHO

Catherine Y. Spong, M.D., deputy director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, is available for interviews.

About the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): NICHD conducts and supports research in the United States and throughout the world on fetal, infant and child development; maternal, child and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit NICHD's website <<https://www.nichd.nih.gov/>>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <www.nih.gov>.

NIH...Turning Discovery into Health -- Registered, U.S. Patent and Trademark Office

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Reference: Hirsch A, et al. Zika Virus Infection in Pregnant Rhesus Macaques Causes Placental Dysfunction and Immunopathology. Nature Communications. doi:10.1038/s41467-017-02499-9.

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This NIH News Release is available online at: <<https://www.nih.gov/news-events/news-releases/zika-infection-during-pregnancy-may-disrupt-fetal-oxygen-supply>>.

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Reflections by the SSEP CEO

Cindy Parke, RNC, CNM, MSN

I hope that 2018 is starting off very positively for you. These are difficult times with multiple societal concerns and political pressures. I find that focusing on my work in health through preventative care and education provides a strong positive direction in my life. As a devoted professional I hope that your intensity also provides you some solace.

I recently had the opportunity to return to Ohio and to provide two lectures to the Ohio Nurse Midwives group at their annual "Forward". (We changed from a "retreat" many years ago!). One of those lectures was entitled: Update on Care of Woman with Diabetes in Pregnancy: Keys to Care. There had been discussion among the group of midwives that the lack of continuity on approaches to both the diagnosis of, and treatment of diabetes in pregnancy, was both confusing and frustrating to them. I could discuss (in part because of my work with SSEP) the history of proposed changes and the rationale and evidence that exists regarding these alternative approaches. I also concluded with them that one can take control and dialogue about the need for consensus at least within their practice setting/community. This opens the door to further discussion, improved collaboration, and optimization of patient care and outcomes. I was also proud to be able to provide educational products available from SSEP (Guidelines at a Glance) to assist in this needed endeavor.

Another striking piece for me, was my knowledge that when I practiced in Ohio we did not provide a psychological component to our care of women who had to manage the complication of diabetes in their life. On questioning, I found this remained true. I was able to open up the idea held by SSEP that "Any pregnant woman diagnosed with gestational diabetes in a form of crisis and is experiencing some loss influenced by her past experiences, trauma, culture, etc." SSEP, 2017. I presented the idea and also constructive opportunities for providers to utilize in both the Chronic Care Model of Care and Motivational Interviewing. An opportunity!

Sending the best from the full team with SSEP,
Cindy

Counting Carbohydrates (Carbs)

The following foods each contain about 15 grams of carbohydrate in the serving size listed. Each serving counts as one carb portion.

Milk Group

- 8 ounces of milk
- 8 ounces of plain yogurt
- 8 ounces of aspartame-sweetened yogurt
- 1-2 packets of sugar-free hot cocoa mix
(Made with water)

Starch Group

- 1 slice of bread (weighing 1 ounce)
- 1/2 hamburger or hot-dog bun
- 1/2 English muffin
- 1/3-cup cooked rice
- 1/2-cup beans (pinto, kidney, garbanzo, lentils)
- 1/2-cup cooked noodles/pasta
- 1/2-cup starchy vegetable (potato, corn, peas, sweet potato)
- 1/2 cup cooked cereal
- 1 small tortilla (flour or corn, 6 inches)
- 6 saltine crackers
- 3 graham crackers

Fruit Group

- 1 small apple (2 inch diameter)
 - 1 small orange
 - 1 small peach, pear, or nectarine
(1/2 if large fruit)
 - 1/2 grapefruit
 - 1 small banana (8 to 9 inches)
 - 1/2 cup unsweetened applesauce
 - 3/4-cup fresh pineapple chunks
 - 15 grapes
 - 3 prunes
 - 1 1/4 cups strawberries, or watermelon
 - 1-cup cantaloupe, or honeydew melon
 - 1 large kiwi square
- 3 cups popcorn

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Guidelines at a Glance for GDM

Updated in 2018

\$20 (Save \$5 off the Reg price \$25)

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