

SSEP Update

(Sweet Success Extension Program)

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SSEP

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JOIN US FOR

Sweet Success Express 2016: Prevention: It Takes a Team November 3-5, 2016



Door Prizes

Networking

Presented by SSEP & Sweet Success Express

Co-Sponsored by: Professional Education Center

Held at: Embassy Suites Anaheim South
Garden Grove, CA 92840

Conference details and registration available at
www.sweetsuccessexpress.com/CONFERENCES.php

Pre-Conference Workshops

On Thursday, Nov. 3, 2016, two workshops will be held.

Workshop 1: Motivating to Exercise - Exercising is critical for safeguarding health. The benefits of exercise may get one started but they may not keep one moving from day to day. To keep motivation over time, one must find internal motivators, such as enjoying the exercise. This workshop is designed to introduce how to use Motivational Interviewing as a way to interest patients in exercising. Additionally the workshop reinforces the benefits of exercise to mother and fetus, why one should exercise and how to exercise. Attendees will have the opportunity to engaging in a live light aerobic exercise session that is appropriate for women prior to, during and after pregnancy.

Workshop 2: Insulin Therapy Workshop: Multiple Daily Injections & Insulin Pump - Provides a comprehensive overview of Insulin Therapy during pregnancies complicated by diabetes. Multiple daily injections (MDI), appropriate types of insulins, injection regimens and Continuous Subcutaneous Insulin Infusion (CSII), also known as "the pump" will be addressed.

Course Description

The 2016 Sweet Success Express Conference brings together expert leaders and speakers in the delivery of diabetes and pregnancy health care to provide clinicians insight and guidance related to current practice recommendations and research.

This conference will focus on key considerations related to the two concepts that are successful for improving future outcomes: preventative strategies and multidisciplinary team management.

The goal is to provide a comprehensive update and review of current issues and contemporary topics that focus on prevention and the team approach to care.

National and International speakers will address current management topics in keeping with the program themes. The program will integrate concepts of prevention, intervention, multidisciplinary team approach to care, self-management education, treatment modalities and new technologies. With the field of diabetes and reproductive health expanding, the focus is on preventing or delaying the onset of future diabetes for women with gestational diabetes, preventing future complications for women with preexisting diabetes and preventing type 2 diabetes and/or obesity for the infants of mothers with diabetes.

Bring your diabetes and pregnancy team and join us for three days of learning and fun.

Registration available on-line at:

www.sweetsuccessexpress.com/CONFERENCES.php

For more info, contact ssep1@verizon.net

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
ssep1@verizon.net or ssep9@aol.com

Upcoming Conference
Sweet Success Express 2016: Embassy Suites
Anaheim South, CA, 11/3-5/2016

Diabetes and Reproductive Health Practice Recommendations, Navajo/SSEP Conf.,
Albuquerque, NM 4/27-28/2017

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SPECIAL TESTS DURING PREGNANCY FOR WOMEN WITH OVERT DIABETES

Test	First Trimester	Second Trimester	Third Trimester
A1C	X	X	X
Retinal exam	X		
Micro albumin plus 24 hr urine for total protein ,Creatinine clearance	X		X
Serum Creatinine	X		
TSH	X		
Ultrasound – dates	X		
Ultrasound –anatomy scan		X	
Ultrasound – size			28,32,36
Fetal echo		X	
Kick counts			X
*BPP, NST			2xweekly @32wks
EKG (if >30 or if DM for >10yrs)	X		
*With vasculopathy begin weekly @ 28wks. Begin twice weekly by 32 weeks			

Special Tests during pregnancy for GDM

KICK COUNTS	starting 28 - 30 weeks
GDMA2: if on insulin/ metformin NST weekly @ 32 weeks, 2x weekly@36weeks: U S @ 32 wks	
GDMA1 : no NST, no US if S=D	

Summarized from CDAPP Guidelines for Care 2015 by Maribeth Inturrisi, RN, MS, CNS, CDE

Diabetes & Breastfeeding

QUESTION:

Should mothers with diabetes breastfeed when their blood glucose levels are higher than recommended levels?

CURRENT RECOMMENDATIONS:

According to Ruth Lawrence's book, Breastfeeding, there is only a small amount of glucose in breast milk and it does not reflect the mother's blood glucose level. The predominate carbohydrate in breast milk is lactose, which does not interfere with the mother's glucose. Because of this, women with diabetes should be encouraged to breastfeed.

Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 8th ed. Maryland Heights, MO: Mosby/Elsevier; 2015.

CDAPP Sweet Success Guidelines for Care 2015 (Section 8, page 9) recommend that women with diabetes maintain tight control of blood glucose during lactation for optimal results. A study published in 2002 suggests that the breast milk of women with DM who have uncontrolled blood glucose levels may actually contribute to adverse outcomes for the offspring such as increased body weight.

Plagemann A, Harder T, Franke K, Kohlhoff R. Long-term impact of neonatal breast-feeding on body weight and glucose tolerance in children of diabetic mothers. Diabetes Care. 2002;25(1):16-22.

IMMEDIATE INTERVENTIONS TO AVOID HYPOGLYCEMIA IN THE NEWBORN

✍ Reduce glucose utilization - thoroughly dry and place newborn skin to skin with mother covering both with dry, warm blankets. Cover newborn's head with dry warm cap.

✍ Breastfeed early and often - immediately to within the first 30 to 60 minutes after birth.

✍ Check first newborn blood glucose before and after first feeding then check before subsequent feedings until stable within accepted levels.

✍ Avoid scheduling breastfeeding - encourage frequent feeding until the blood glucose is stable.

✍ Observe newborn for symptoms of hypoglycemia (jitteriness or tachypnea) and check blood glucose if noted.

✍ Abnormal glucose values need to be followed by rechecking blood glucose levels after interventions - refer to Chapter 5: Impact of Maternal Diabetes on Fetal Development and Neonatal Care for interventions.

CDAPP Sweet Success Guidelines for Care 2015, Section 8, Page 7, Table 5 references:

Wight N, Marinelli KA; The Academy of Breastfeeding Medicine. ABM clinical protocol #1: guidelines for blood glucose monitoring and treatment of hypoglycemia in term and late-preterm neonates, revised 2014. Breastfeed Med. 2014;9(4):173-179.

ISLET TRANSPLANTATION RESTORES BLOOD SUGAR AWARENESS AND CONTROL IN TYPE 1 DM

New clinical trial results show that transplantation of pancreatic islets -- cell clusters that contain insulin-producing cells -- prevents severe, potentially life-threatening drops in blood sugar in people with type 1 diabetes. Researchers found that the treatment was effective for people who experienced episodes of severe hypoglycemia -- low blood sugar levels that can lead to seizures, loss of consciousness and death -- despite receiving expert care.

"The findings suggest that for people who continue to have life-altering severe hypoglycemia despite optimal medical management, islet transplantation offers a potentially lifesaving treatment that in the majority of cases eliminates severe hypoglycemic events while conferring excellent control of blood sugar," said NIAID Director Anthony S. Fauci, M.D.

As expected, the treatment carried risks, including infections and lowered kidney function as a result of people taking the immune-suppressing drugs needed to prevent rejection of the donor islets. Although some of the side effects were serious, none led to death or disability. In the United States, islet transplantation is currently available only in clinical trials.

"While still experimental, and with risks that must be weighed carefully, the promise of islet transplantation is undeniable and encouraging," said NIDDK Director Griffin P. Rodgers, M.D. "Even with the best care, about 30 percent of people with type 1 diabetes aren't aware of dangerous drops in blood glucose levels."

"This is the first license-enabling trial of a cellular product for treatment of type 1 diabetes," said NIAID Transplantation Branch Chief Nancy D. Bridges, M.D., a co-author of the paper. "Licensure is critical because it will ensure the quality, consistency and safety of the islet product; provide greater patient access to islet transplantation; and accelerate continued research that we hope would make this procedure suitable for a broader population of people with type 1 diabetes."

The researchers are continuing to follow <<https://clinicaltrials.gov/ct2/show/NCT01369082>> participants to determine whether the benefits of restoring near-normal blood glucose control and protection from severe hypoglycemic events will outweigh the risks associated with chronic immunosuppression.

"For people unable to safely control type 1 diabetes, islet transplantation offers real hope for preventing severe, life-threatening hypoglycemia," said study co-author Tom Eggerman, M.D., Ph.D., NIDDK scientific officer for the CIT Consortium. "However, as immunosuppression drugs required for transplantation can have significant adverse side effects, the treatment only makes sense for people who have frequent severe hypoglycemia despite optimal diabetes management, or for those already on immunosuppressant drugs for a kidney transplant, a group being studied in another Phase 3 trial <<https://clinicaltrials.gov/show/NCT00468117>>."

The ClinicalTrials.gov identifier for the study Islet Transplantation in Type 1 Diabetes is NCT00434811 <<http://clinicaltrials.gov/ct2/show/NCT00434811>>. This study was funded by NIAID and NIDDK, both components of NIH, under grant numbers U01AI089317, U01AI089316, U01AI065191, U01DK085531, U01DK070431, U01DK070431, U01DK070460, U01AI065193, U01DK070430 and U01AI065192. The work was partially supported by the National Center for Advancing Translational Sciences, NIH, under grant numbers UL1TR000454, UL1RR025741, UL1TR000150, UL1TR000004, UL1TR000050, UL1TR000460, M01RR000400, UL1TR000114 and UL1TR000003.

HEALTHY MOMS - HEALTHY FAMILIES EXERCISE VIDEO

Regular physical activity should be an important part of every woman's Lifestyle, including pregnant woman with diabetes. Most women can continue to exercise during pregnancy.

The video "Healthy Moms - Healthy Families" is a professionally produced 23 minute exercise video with real patients performing light aerobic exercises. The exercises demonstrated in this DVD are appropriate to perform at home without the aid of equipment and are appropriate for most women with diabetes prior to, during and after pregnancy. The movements are basic and designed to encourage the participant in moderate exercise as a first step toward greater physical activity before and after delivery.

For information about purchasing this Exercise Video on DVD at an introductory price, see order form on page 3 or visit <http://www.sweetsuccessesexpress.com/PRODUCTS.html>.

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