

SSEP Update

(Sweet Success Extension Program)

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SSEP

Ah, Nuts! Pistachios May Lower Diabetes Risk in Those With Prediabetes

On the American Diabetes Association's (ADA) website there is a useful handout at: <http://www.diabetes.org/research-and-practice/patient-access-to-research/ah-nuts-pistachios-may.html> titled, "Ah, Nuts! Pistachios May Lower Diabetes Risk in Those With Prediabetes". This is based on an article that appeared in Diabetes Care in July 2014 titled, "Beneficial Effect of Pistachio Consumption on Glucose Metabolism, Insulin Resistance, Inflammation, and Related Metabolic Risk Markers: A Randomized Clinical Trial" by Hernandez-Alonso, Pablo, et al.

The objective of the study was to examine whether a pistachio-rich diet reduces the prediabetes stage and improves its metabolic risk profile.

The conclusions were that chronic pistachio consumption is emerging as a useful nutritional strategy for the prediabetic state. Data suggest that pistachios have glucose- and insulin-lowering effects, promote a healthier metabolic profile, and reverse certain metabolic deleterious consequences of prediabetes.

The full article may be read at: <http://care.diabetesjournals.org/content/37/11/3098>.

The ADA handout may be accessed at: <http://www.diabetes.org/research-and-practice/patient-access-to-research/ah-nuts-pistachios-may.html#sthash.ZjwMbIED.dpuf>.



WHY BREASTFEED?

To view a worthwhile handout visit the Coastal Bend Breastfeeding Coalition website at http://momsmilk.org/article_diabetes_breastfeeding.html which provides the following powerful information for Why Breastfeed?:

- 1.The American Academy of Pediatrics recommends that all babies receive exclusive breastmilk for the first 6 months of life and extended to at least a year or beyond. This national standard is recommended because of all the wonderful benefits that breastmilk provides to the baby, the mother, the family unit, and to society.
- 2.Breastmilk is the optimal choice of nutrition for all infants. The Healthy People 2010 national goals are to have 75% of all moms initiating breastfeeding after delivery, 50% exclusively breastfeeding at 6 months, and 25% still providing breastmilk for their children at 12 months of age.
- 3.A diabetic mother should be given the same opportunity to breastfeed her baby as a non-diabetic mother. Diabetes is not a contraindication for breastfeeding.
- 4.There are over 300 components in human breastmilk which cannot be duplicated in formula, including hormonal factors that help control metabolism and appetite.
- 5.Breastmilk is easier to digest and has natural sugars.
- 6.Research indicates breastfed children have a lower risk of diabetes, both Type I and Type II.
- 7.Research has also established that breastfeeding helps prevent childhood and adult obesity, which are major risk factors for Type II diabetes.

The Benefits of Breastfeeding and Steps to Take to Ensure Breastfeeding Success are then addressed. It concludes with this summary statement: Increasing the breastfeeding rates in the Coastal Bend through increased breastfeeding awareness, education and support would impact our local diabetes statistics by helping to prevent or delay the onset of the disease. A healthier family and community is the ultimate goal. Breastmilk can help us to attain those goals.

Link to the CBBC website: http://momsmilk.org/article_diabetes_breastfeeding.html

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.com or .org
or call Debby Rice at: Phone 714-968-0735 or email at ssep1@verizon.net or ssep9@aol.com.

Upcoming Conferences & Webinars

2015 Conference and Webinar Schedule available at www.sweetsucsessexpress.org - on Conference Page
Diabetes in Pregnancy New & Challenging: Newport Beach, CA., March 20-21, 2015

Diab. in Preg. New Challenges Albuquerque, NM., April 23-24, 2015.

***Sweet Success Express 2015:** Embassy Suites Anaheim South, CA, Nov. 5-7, 2015.

***SSEP & Navajo Sweet Success Associate Programs Webinars:** To be Announced

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2015 SSEP / SSE CONFERENCE SCHEDULE



Diabetes in Pregnancy New & Challenging - March 20-21, 2015

Mary and Dick Allen Diabetes Center at Hoag Hospital, Newport Beach CA

Diabetes in Pregnancy New Challenges- April 23-24, 2015

DoubleTree by Hilton Albuquerque, Albuquerque NM

Sweet Success Express 2015 - Annual Research Conference - November 5-7, 2015

Embassy Suites Anaheim South, Garden Grove, CA

Watch for updates at

www.sweetsucsessexpress.org on the Conf. page

NIH FUNDED - SAFE TO SLEEP CAMPAIGN

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH NIH News Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) <http://www.nichd.nih.gov/>
For Immediate Release: Monday, December 1, 2014

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NEARLY 55 PERCENT OF U.S. INFANTS SLEEP WITH POTENTIALLY UNSAFE BEDDING NIH, CDC study shows unsafe infant bedding use still common, despite warnings

Nearly 55 percent of U.S. infants are placed to sleep with bedding that increases the risk of sudden infant death syndrome, or SIDS, despite recommendations against the practice, report researchers at the National Institutes of Health, the Centers for Disease Control and Prevention, and other institutions.

Soft objects and loose bedding -- such as thick blankets, quilts, and pillows -- can obstruct an infant's airway and pose a suffocation risk, according to the NIH's Safe to Sleep <http://www.nichd.nih.gov/sts/Pages/default.aspx> campaign. Soft bedding has also been shown to increase the risk of SIDS. Infants should be placed to sleep alone, on their backs, on a firm sleep surface, such as in a mattress in a safety-approved crib <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>, covered by a fitted sheet. Soft objects, toys, crib bumpers, quilts, comforters and loose bedding should be kept out of the baby's sleep area.

Based on responses from nearly 20,000 caregivers, the researchers reported that, although such potentially unsafe bedding use declined from 85.9 percent in 1993-1995, it still remained high, at 54.7 percent, in 2008-2010.

"Parents have good intentions but may not understand that blankets, quilts and pillows increase a baby's risk of SIDS and accidental suffocation," said the study's first author, Carrie K. Shapiro-Mendoza, Ph.D., M.P.H., senior scientist in the CDC's Division of Reproductive Health in Atlanta.

The current study is an analysis of data from the National Infant Sleep Position Study <https://www.nichd.nih.gov/research/supported/Pages/nisp.aspx> (NISP), which collected information on the influence of infant sleep position and other safe sleep recommendations on infant care practices. Funded by the NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the survey collected information by telephone from a random sample of more than 1,000 caregivers in U.S. households from 1992-2010.

"Parents receive a lot of mixed messages," said study author Marian Dillinger, Ph.D., special assistant for SIDS at the NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development. "Relatives may give them quilts or fluffy blankets as presents for the new baby, and they feel obligated to use them. Or they see magazine photos of babies with potentially unsafe bedding items. But babies should be placed for sleep on a firm, safety approved mattress and fitted sheet, without any other bedding."

Drs. Shapiro-Mendoza and Dillinger conducted the analysis with colleagues at CDC, the Yale School of Medicine in New Haven, Connecticut, the Boston University School of Public Health and the Boston University School of Medicine. The study was published online in *Pediatrics*.

SIDS is the unexplained death of a child within the first year of life. In 1992, the AAP issued its recommendation that infants be put to sleep on their backs. Two years later, the NICHD and its partners launched the Back to Sleep campaign, later renamed Safe to Sleep. The rate of SIDS in the United States has fallen 50 percent since 1992. However, since 2000, the SIDS rate has declined slowly, and researchers have reported an increase in other unexpected infant deaths, resulting from such causes as accidental suffocation, entrapment in bedding material or other causes. These accidental suffocation deaths have increased from 7.0 per every 100,000 live births in 2000 to 15.9 in 2010.

As part of the survey, caregivers were asked whether infants were placed to sleep on such items as blankets, bean bag chairs, rugs, sheepskin, cushions,

or pillows. Caregivers were also asked about whether the infant was covered with such bedding materials as a blanket, quilt or comforter, sheepskin, or a pillow. The Safe to Sleep campaign advises against blankets or other coverings, and recommends sleep clothing, such as a one-piece sleeper, and keeping the room at a comfortable temperature.

"Bedding use for infant sleep remains common despite recommendations against this practice," the study authors wrote.

By 2007-2010, most respondents reported following these Safe to Sleep recommendations: placing the infant to sleep in a crib or bassinet, placing the infant on his or her back, and not sharing a sleep surface with the infant. However, use of bedding was consistently 50 percent or higher for each of these years.

From 1993-1995 to 2008-2010, covering with thick blankets declined from 56 percent to 27.4 percent and covering with quilts or comforters declined from 39.2 percent to 7.9 percent. However, the authors did not see significant declines such bedding materials placed under infants, with 25.5 percent-31.9 percent reporting placing blankets under infants and 3.1 percent-4.6 percent placing cushions under infants.

"Interestingly, we also observed a greater decline in bedding use over the infants (quilts/comforters and thick blankets) compared with bedding (blankets) under infants," the study authors wrote. "This finding raises a concern that parents may incorrectly perceive the recommendations as only pertaining to items covering or around the infant, and not include items under the infant."

The researchers speculate that among the reasons mothers used bedding were to provide warmth and comfort or to prevent falls from an adult bed or sofa by using pillows as a barricade. They noted that a study of images from popular magazines targeting women of childbearing age found that more than two thirds of these images showed infants sleeping with potentially hazardous bedding such as blankets and pillows.

"Seeing images such as these may reinforce beliefs and perceptions that having these items in the infant sleep area is not only a favorable practice, but also the norm," the researchers wrote.

The authors also found that caregivers of Hispanic and African-American infants were more likely to use potentially hazardous bedding compared to caregivers of white infants. In addition, younger mothers were more likely to use this bedding than were older mothers, as were non-college educated mothers compared to college-educated mothers.

About the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Institute's website at <http://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>.

This NIH News Release is available online at:
<http://www.nih.gov/news/health/dec2014/nichd-01.htm>.



SAVE THE DATES
Sweet Success Express 2015
Annual Research Conference

November 5-7, 2015

Embassy Suites Anaheim South

Watch for updates at

www.sweetsuccessexpress.com on the Conf. page



GUIDELINES-AT-A GLANCE-2013 (Quick references)
#1001 - \$20 - For GDM - DVD: 60+ pages summarizing key points for GDM management.

#1002 - \$20 - For Pregnancy Complicated by Preexisting Diabetes - DVD: 56 pages, Outlining key points for managing preexisting diabetes during pregnancy.

#1003 - \$20 - For Calculating and Adjusting Insulin DVD 2012: step-by-step instructions for calculating and adjusting insulin doses (includes team management of insulin therapy & insulin calculation practice sections).

#1023 - \$50 - Complete Set of 3-SAVE \$10/set

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#1501 - \$24 - UPDATED 2011 - 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: 2012
 Part 1: Insulin Injection Therapy & Part 2: Insulin Pump Therapy. Includes insulin analogues, calculating & adjusting insulin for both injections and pump use during pregnancy. (2011)

#1601 Eng / #1602 - Sp - GDM Patient Handbook
 28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup. UPDATED- 2012

#1603 Eng / #1604 Sp -Type 2 DM in Preg. Handbook
 English available now - Spanish available now
 44 pgs - before/during/after pregnancy information.

#1601-04: Average reading level.

Mix and Match Price:
 < 10 - \$3.50/ea; 10 - 24-\$3.25/ea; 25- 49=\$3/ea; 50-199=2.75/ea; ≥200=2.50/ea.

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#1300 -SSEP SELF-STUDY SERIES CE COURSES - 2013
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 References: CDAPP Sweet Success G/L for Care 2012; AAP Neonatal Hypoglycemia Rec.; ADA-SMC 2011; CDAPP Pocket Guide 2008

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* 13a-Sweet Success Guidelines for Care CD	\$25
* 13b - CDAPP Pocket Guidelines	\$15
14-Complete set of 12 modules [40 hrs] - Includes CDAPP Pocket Guide)	\$189

REFERENCES available at no added cost with FULL SET
 Please list item # and Module # on Order Form (ie: 1301-02)

Contact us for group discounts for 6 or more team members at same facility

#1051 - \$36 - Diabetes/Pregnancy Resource CD

Over 100 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 purchaser's use only.**

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ACCREDITATION: Nurses: SSEP is a provider approved by the California Board of Registered Nursing Provider #13813 for 40 Contact Hours.
Registered Dietitians/Dietetic Technicians, Registered: The 12 SSEP Self Study Modules have been approved by the Commission on Dietetic Registration for 40 CEUs for RDs and DTRs.

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2015 Diabetes in Pregnancy: New & Challenging Seminar



Newport Beach CA - March 20-21, 2015 - Mary and Dick Allen Diabetes Center at Hoag
Co-sponsored by Hoag Memorial Hospital Presbyterian Community Benefit Program
Approved for 13.5 CE / 13.5 CPEU - Brochure & registration available online
www.sweetsuccessesexpress.org on Conf. Page



2015 Diabetes in Pregnancy: New Challenges Seminar



Albuquerque NM - April 23-24, 2015 - DoubleTree by Hilton Albuquerque
Co-sponsored by Navajo Area Sweet Success Group Associate Programs
Approved for 14.5 / CE/CPEU - Brochure and registration available online
www.sweetsuccessesexpress.org on Conf. Page
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Diabetes and Reproductive Health for Girls

The American Diabetes Association offers a free resource that helps girls with diabetes learn about the changes in their bodies as they mature. It is titled, "Diabetes and Reproductive Health for Girls" and was adapted with permission from READY GIRLS! (Reproductive health Education & Awareness of Diabetes in Youth for Girls) from the University of Pittsburgh.

Topics covered include:

Puberty

Starting a period

Sex

Birth Control

Pregnancy



For a free copy of this booklet call the American Diabetes Association at 1-800-DIABETES (800-342-2383).

More information about this free resource, VISIT: <http://www.diabetes.org/living-with-diabetes/parents-and-kids/teens/reproductive-health-girls.html>.

SSEP EDUCATION MATERIALS

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TYPE 2 PATIENT HANDBOOKS - 2011 - English or Spanish

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(for 3 members)

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This is your invitation to Join

E-Cigarettes Educational

The California Tobacco Control Program (CTCP) is pleased to announce the release of a new educational brochure addressing electronic cigarettes (e-cigarettes), titled Protect Your Family From E-Cigarettes, The Facts You Need to Know. This brochure is targeted to parents, as well as public health/health care professionals working with parents and youth. It is low literacy and was tested in several WIC clinics. It is available in English and Spanish and can be found on the CDPH/CTCP website under the Environmental Exposure section:

English

http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/E_Cigs_Brochure_English%20102914.pdf

Spanish

http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/E_Cigs_Brochure_Spanish%20102914.pdf

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