

SSEP Update

(Sweet Success Extension Program)

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Spring 2015
Vol 10 No 2

SSEP

Sweet Success Express 2015: Vision for the Future Scientific Symposia and Conference

19th Annual National Research Conference Diabetes in Pregnancy

*Expanded Events planned:

***Workshops** Thursday; ICD 10 Coding or DSME Training

***Scientific Symposia** Friday; "Omics" technology and the human microbiome -
new insights in maternal metabolism, maternal and infant nutritional needs,
breastfeeding, contraception and more

***Controversial Practice Standards** Saturday

Managing Co-morbidities, weight management, implementing nutrition practice guidelines,
teratogenic exposures, oral medications, skin-to-skin contact to breastfeeding, diabetes Doula
Mgmt, environmental health and reproduction

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Further discount for Sweet Success members.



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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 Conference

Sweet Success Express 2015: Vision for the Future
Embassy Suites Anaheim South, CA
November 5-7, 2015

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What are "omics technology & the human microbiome?"

"Omics" Technology refers to the analysis of large amounts of data representing an entire set of some kind, especially the entire set of molecules, such as proteins, lipids, or metabolites, in a cell, organ, or organism.

The human microbiome is the population of trillions microorganisms that live in our gut, mouth, skin and elsewhere in our bodies. These microbial communities have numerous beneficial functions relevant to supporting life such as digesting food, preventing disease-causing bacteria from invading the body, and synthesizing essential nutrients and vitamins. Researchers are beginning to decipher how microorganisms influence biological functions beyond the gut and play a role in immunological, metabolic, and neurological diseases.

Reference: Konkel L, et al. Environment Within: Exploring the Role of Gut Microbiome in Health and Disease. Environ Health Perspect. 2013;121(9):a276-a281.

Why is this important for diabetes & reproductive care?

The gut microbiota has been defined as a "super organ" with diverse roles in health and disease. New research reveals the gut microbiome play a role in developing obesity, type 2 diabetes, celiac disease, non-alcoholic fatty liver disease, innate immunity and much more. (*CMAJ, 2013)

Our "super organ" is modified by diet and also modified by pregnancy. A high fat, high sugar diet can alter the microbiome to release more inflammatory substances into the body. Researchers are paying more attention to what a mother eats both during pregnancy and lactation because of the influence of diet on the composition of the gut microbiome. The mother's microbiome directly affects the infant's microbiome. (Freedman, Jed Norbert lecture, ADA 2014)

One Canadian study stated an increasing concern over rising cesarean delivery and insufficient exclusive breastfeeding. It stated that infants born by cesarean delivery were lacking a specific group of bacteria found in infants delivered vaginally, even if they were breastfed. Infants strictly formula-fed, compared with babies that were exclusively or partially breastfed, also had significant differences in their gut bacteria. Children born by cesarean delivery or fed with formula may be at increased risk of a variety of conditions later in life; both processes alter the gut microbiota in healthy infants, which could be the mechanism for the increased risk. (CMAJ, 2013)

Reference: *Infant gut microbiota influenced by cesarean section and breastfeeding practices; may impact long-term health. Canadian Medical Association Journal, Feb. 11, 2013

STILLBIRTH MAY INCREASE WOMEN'S LONG TERM RISK FOR DEPRESSION

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: Wednesday, February 18, 2015

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STILLBIRTH MAY INCREASE WOMEN'S LONG TERM RISK FOR DEPRESSION
NIH-funded network study finds risk even for women with no history of depression

Women who deliver a stillbirth -- but who have no history of depression -- may be at a higher risk for long-lasting depression, conclude researchers funded by the National Institutes of Health (NIH). The depression may last beyond the six months most people require to recover from a major loss and persist for as long as 36 months.

The findings were published online in Paediatric and Perinatal Epidemiology by researchers in the NIH's Stillbirth Collaborate Research Network <http://www.nichd.nih.gov/research/supported/Pages/scrn.aspx> (SCRN), which seeks to understand the causes of stillbirth, improve reporting of stillbirths that have occurred, and develop ways to prevent stillbirth. According to SCRn, stillbirth is the death of a baby at or after the 20th week of pregnancy. It occurs in 1 out of 160 pregnancies in the United States. Since 2003, the stillbirth rate has remained at about 26,000 each year. "This study is the first to show definitively that women who have no history of depression may face a risk for depression many months after a stillbirth," said study author Marian Willinger, Ph.D., of the NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development, which supports the SCRn and participates in its research. "The findings suggest that women who have had a stillbirth may require longer term monitoring for depressive illness and referral for treatment when they need it." Additional funding was provided by NIH's Office of Research in Women's Health.

"Earlier studies have found that women with a history of depression are especially vulnerable to persistent depression after a stillbirth, even after the subsequent birth of a healthy child," said the study's first author, Carol Hogue, Ph.D., director of the Women's and Children's Center at Emory University's Rollins School of Public Health in Atlanta. "Symptoms of depression are a normal part of grieving after a stillbirth," Dr. Hogue said. "But depressive symptoms that don't gradually resolve within six months of the loss can persist and become debilitating."

The SCRn enrolled women at 59 hospitals in Rhode Island, Massachusetts, Georgia, Texas, and Utah. From 2006 to 2008, the researchers enrolled 275 women who delivered a stillbirth and 522 women who delivered a healthy live birth after 37 weeks of pregnancy. In 2009, the researchers again contacted the women and asked them to complete a questionnaire, known as the Edinburgh Depression Scale, designed to gauge whether women are experiencing symptoms of depression. Physicians use the scale to identify women for referral to a mental health professional for further testing.

Among the more than 76 percent of women who did not have a history of depression, slightly more than 13 percent of those who had a stillbirth received a high depression score. In comparison, only 5 percent who had a live birth had a high depression score. After accounting for other factors related to depression and stillbirth within this group, the researchers found that women who had a stillbirth were twice as likely to have a high depression score compared to women who had a live birth. Among the women responding to the questionnaire from 24 to 36 months after they had delivered, the difference was greater: 17.6 percent of women who had a stillbirth had a high depression score compared to 1.9 percent of women who had a live birth.

"Our findings indicate that it would be a good idea to screen women who have had a stillbirth for depression for at least 3 years after the stillbirth," Dr. Hogue said.

The study authors call for additional research to help women manage the grieving process after stillbirth to lower the later risk of depression.

Information on diagnosing and treating depression <http://www.nimh.nih.gov/health/topics/depression/index.shtml> is available from NIH's National Institute of Mental Health.

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.

Resources from National Diabetes Education Program

NDEP urges all mothers with a history of gestational diabetes to learn about their lifelong risk for getting type 2 diabetes.

Share these NDEP resources in your community:

[It's Never Too Early... To Prevent Diabetes](#)

web resource

[Did You Have Gestational Diabetes When You Were Pregnant? What You Need to Know.](#)

tip sheet

[The Lasting Impact of Gestational Diabetes](#)

video

[Managing Type 2 Diabetes: Sorcy's Story](#)

video

[Family Health History and Diabetes: Sandra](#)

web resource

[Family Health History and Diabetes: Sorcy](#)

web resource Did you have gestational diabetes?

NDEP has tips to help you prevent or delay the onset of type 2 diabetes:

<http://1.usa.gov/1kvG54C>



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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SSEP CD PowerPoint Presentations

#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.

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#1300 -SSEP SELF-STUDY SERIES CE COURSES - 2013
Available Online and in Booklet Format
 Now available online at www.sweetsuccessexpress.com/products.html
 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)

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

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EASE OF WEIGHT LOSS INFLUENCED BY INDIVIDUAL BIOLOGY

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH NIH News National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) <<http://www.niddk.nih.gov/>>
Embargoed for Release: Monday, May 11, 2015, 2 p.m. ET

CONTACT: Krysten Carrera, 301-496-3583, <[email:NIDDKMedia@mail.nih.gov](mailto:NIDDKMedia@mail.nih.gov)>

EASE OF WEIGHT LOSS INFLUENCED BY INDIVIDUAL BIOLOGY NIH study finds varied responses to calorie restriction in obese adults

For the first time in a lab, researchers at the National Institutes of Health found evidence supporting the commonly held belief that people with certain physiologies lose less weight than others when limiting calories. Study results published May 11 in *Diabetes* <<http://diabetes.diabetesjournals.org/content/early/recent>>.

Researchers at the Phoenix Epidemiology and Clinical Research Branch (PECRB) <<http://www.niddk.nih.gov/research-funding/at-niddk/labs-branches/PECRB/pages/about.aspx>>, part of the NIH's National Institute of Diabetes and Digestive and Kidney Diseases, studied 12 men and women with obesity in the facility's metabolic unit. Using a whole-room indirect calorimeter -- which allows energy expenditure to be calculated based on air samples -- researchers took baseline measurements of the participants' energy expenditure in response to a day of fasting, followed by a six-week inpatient phase of 50 percent calorie reduction. After accounting for age, sex, race and baseline weight, the researchers found that the people who lost the least weight during the calorie-reduced period were those whose metabolism decreased the most during fasting. Those people have what the researchers call a "thrifty" metabolism, compared to a "spendthrift" metabolism in those who lost the most weight and whose metabolism decreased the least.

"When people who are obese decrease the amount of food they eat, metabolic responses vary greatly, with a 'thrifty' metabolism possibly contributing to less weight lost," said Susanne Votruba, Ph.D., study author and PECRB clinical investigator. "While behavioral factors such as adherence to diet affect weight loss to an extent, our study suggests we should consider a larger picture that includes individual physiology -- and that weight loss is one situation where being thrifty doesn't pay."

Researchers do not know whether the biological differences are innate or develop over time. Further research is needed to determine whether individual responses to calorie reduction can be used to prevent weight gain.

"The results corroborate the idea that some people who are obese may have to work harder to lose weight due to metabolic differences," said Martin Reinhardt, M.D., lead author and PECRB postdoctoral fellow. "But biology is not destiny. Balanced diet and regular physical activity over a long period can be very effective for weight loss."

More than one-third of American adults are obese. Complications from obesity can include heart disease, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. "What we've learned from this study may one day enable a more personalized approach to help people who are obese achieve a healthy weight," said NIDDK Director Griffin P. Rodgers, M.D. "This study represents the latest advance in NIDDK's ongoing efforts to increase understanding of obesity." The researchers will next study how lean people respond to increased caloric intake. People interested in participating in research may call 602-200-5326 or visit <www.clinicaltrials.gov> (Clinical Trial # NCT00687115) for information. Support for the study comes from the intramural research program of the NIDDK.

The NIDDK, a component of the NIH, conducts and supports research on diabetes and other endocrine and metabolic diseases; digestive diseases, nutrition and obesity; and kidney, urologic and hematologic diseases. Spanning the full spectrum of medicine and afflicting people of all ages and ethnic groups, these diseases encompass some of the most common, severe and disabling conditions affecting Americans. For more information about the NIDDK and its programs, see <<http://www.niddk.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>.

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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

Please share with appropriate partners.

SAVE THE DATES

Sweet Success Express 2015 Annual Research Conference

November 5-7, 2015

Embassy Suites Anaheim South in Garden Grove, Ca

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