

# SSEP Update

(Sweet Success Extension Program)

Summer 2013



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## ACOG and WHO Publish Recommendations for Diagnosing Diabetes during Pregnancy

Both the American College of Obstetrics and Gynecologists (ACOG) and the World Health Organization (WHO) have published their recommendations for diagnosing diabetes during pregnancy. In the August 2013 ACOG publication, Practice Bulletin #137, their recommendations supporting the 2 step method of a 1-hr 50 gm glucola load, followed by a 3-hr 100 gm OGTT for those with elevated values.

The Bulletin states:

The following recommendation and conclusion are based on good and consistent scientific evidence (Level A):

- ✍ Women in whom GDM is diagnosed should be treated with nutrition therapy and, when necessary, medication for both fetal and maternal benefit.
- ✍ When pharmacologic treatment of GDM is indicated, insulin and oral medications are equivalent in efficacy, and either can be an appropriate first-line therapy.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- ✍ All pregnant patients should be screened for GDM, whether by the patient's medical history, clinical risk factors, or laboratory screening test results to determine blood glucose levels.
- ✍ Women with GDM should be counseled regarding the option of scheduled cesarean delivery when the estimated fetal weight is 4,500 g or more.

The following recommendations and conclusions are based primarily on consensus and expert opinion (Level C):

- ✍ All pregnant patients should be screened for GDM, whether by the patient's medical history, clinical risk factors, or laboratory screening test results to determine blood glucose levels.
- ✍ In the absence of clear evidence supporting a cutoff of 135 mg/dL versus 140 mg/dL for the 1-h glucose screening test, it is suggested that health care providers select one of these as a single consistent cutoff for their practice, with factors such as community prevalence rates of GDM considered in that decision.
- ✍ In the absence of clear comparative trials, one set of diagnostic criteria for the 3-hour OGTT cannot be clearly recommended above the other. However, given the benefits of standardization, practitioners and institutions should select a single set of diagnostic criteria, either plasma or serum glucose levels designated by the Carpenter and Coustan criteria or the plasma levels established by the National Diabetes Data Group, for consistent use within their patient populations.

In the August 2013 publication released by WHO, they recognize the high prevalence of diabetes globally, the increase in the number of women that develop gestational diabetes and the need to update their recommendations. They have provided three recommendations and listed the Quality of Evidence/Strength of Recommendation. The WHO recommendations are summarized below.

Continued on page 2

**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 or M. Joann Henry at: Phone 714-968-0735 or email at ssep1@verizon.net.

### **Upcoming Conferences**

Adv Diab in Preg Mgmt - Cincinnati - Oct 11-12, 2013  
Adv Diab in Preg Mgmt - Houston - Oct 18-19, 2013  
SS Express 2013: Focusing on Future Outcomes-Embassy Ste. Anaheim So, CA-Nov 7-9, 2013  
www.sweetsuccessexpress.com, for Conference

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## Sweet Success Express 2013: Focusing on Future Outcomes November 7-9, 2013

The Sweet Success Express 2013: Focusing on Future Outcomes Conference will be held at the Embassy Suites Anaheim South, Garden Grove, California, on November 7-9. The pre-conference day features two workshops. One will be *The Art of Guiding Behavior Change: An Introduction to Motivational Interviewing* by Susan Dopart, MS, RD, CDE. The other one will be *Billing during Diabetes and Pregnancy* by Mary Ann Hodorowicz, Consultant, LLC, RD, CDE; Certified Endo Coder, MBA. The two main conference days are packed with expert speakers.

As always the two main conference days will focus on the most current and controversial Issues. You are invited to join us for this exciting event. Brochure is available by emailing ssep1@verizon.net or by visiting our website at [www.sweetsuccessexpress.com/conferences.html](http://www.sweetsuccessexpress.com/conferences.html).

### Recommendation 1

Hyperglycaemia first detected at any time during pregnancy should be classified as either:

- Diabetes Mellitus in Pregnancy
- Gestational Diabetes

Quality of evidence: not graded  
Strength of recommendation: not evaluated

### Recommendation 2

Diabetes mellitus in pregnancy should be diagnosed by the 2006 WHO criteria for diabetes if one or more of the following criteria are met:

- Fasting plasma glucose  $\geq 7.0$  mmol/l (126 mg/dl)
- 2-hr plasma glucose  $\geq 11.1$  mmol/l (200 mg/dl) following a 75g oral glucose load
- Random plasma glucose  $\geq 11.1$  mmol/l (200 mg/dl) in the presence of diabetes symptoms.

Quality of evidence: not graded  
Strength of recommendation: not evaluated

### Recommendation 3

The diagnosis of gestational diabetes mellitus at any time during pregnancy should be based on any one of the following values:

- Fasting plasma glucose = 5.1-6.9 mmol/l (92 -125 mg/dl)
- 1-h post 75g oral glucose load  $\geq 10.0$  mmol/l (180 mg/dl)\*
- 2-h post 75g oral glucose load 8.5 – 11.0 mmol/l (153-199 mg/dl)

\*there are no established criteria for the diagnosis of diabetes based on the 1-hour post-load value

Quality of evidence: very low  
Strength of recommendation: weak

The WHO publication concludes with:





What is new in the diagnostic criteria for GDM?

"The recommended glucose cut-off values for GDM correspond to those proposed by IADPSG and are lower than those recommended by earlier guidelines. Unlike earlier guidelines, they are based on the association of plasma glucose and adverse maternal and neonatal outcomes during pregnancy, at birth and immediately following it. The difference from IADPSG guidelines is that these new WHO guidelines set a range of plasma glucose levels to distinguish diabetes in pregnancy and GDM."

The American Diabetes Association's (ADA) published their recommendations in Diabetes Care in January 2011 when they endorsed the International Association of Diabetes in Pregnancy Study Group's (IADPSG) recommendations. These recommendations are based on results from the multi-center Hyperglycemia and Adverse Pregnancy Outcomes Study (HAPO), which was done to identify the Oral Glucose Tolerance Test (OGTT) blood glucose levels which correlated with adverse outcomes for the newborn (hyperinsulinemia, excess body fat, and macrosomia), and to create a universal method of diagnosing GDM. Their recommendations endorse testing for type 2 diabetes during the first trimester of pregnancy, and utilizing the one-step approach, the 2 hour OGTT, to diagnose GDM between 24 and 28 weeks gestation. ADA supported the same recommendations in 2012 and again in the January issue of Diabetes Care where they published the ADA Standards of Medical Care for Diabetes 2013 with no major changes in recommendations.

There remains controversy among the regulatory groups regarding the best method for diagnosing diabetes during pregnancy. The majority favor early testing for at risk patients and utilizing the one step 2 hour OGTT to diagnose GDM between 24-28 weeks. Because it is recommended by ACOG, it is still considered good practice to use the 2 step method of a 1 hour screen followed by the 3 hour OGTT for diagnosing GDM. Hopefully, further studies will soon be completed that will settle this issue and one best practice will be established. In the meantime, practitioners must use their best clinical judgment in determining care for their patients.

The following articles can be downloaded from the RESOURCES Page at [www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com).

-  ACOG Practice Bulletin #137 - GDM
-  WHO - GDM (Diagnostic Criteria and Classification of Hyperglycemia First Detected in Pregnancy)
-  ADA-Standards of Medical Care for Diabetes - 2013
-  Evidence Table for 2013 ADA-Standards of Medical Care for Diabetes

## Advanced Diabetes in Pregnancy Management - SSEP Associate Training

Cincinnati, OH - OCT 11-12, 2013 & Houston, TX - Oct 18-19, 2013

Download Brochures at <http://www.sweetsuccessexpress.com> on CONFERENCE Page

[Watch website for 2014 conferences](#)

[If you are interested in hosting a conference at your facility, please contact us at \[ssep1@verizon.net\]\(mailto:ssep1@verizon.net\)](#)

[Http://www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com)

## Resources

### CONVERSION CHARTS

To access a mmol/l & mg/dl blood glucose converter, visit:











<http://childrenwithdiabetes.com/converter.htm>

A1c to mg/dl or mmol/l converter, visit:

<http://www.dlife.com/diabetes/export/modlmg/ercc/guides/A1CtoMgdlConversionChart.pdf>

## SSEP Membership PROGRAM

### Benefits include:

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-  Personalized membership card
-  Membership fee tax deductible to the extent of the law
-  Membership fee supports member services

Cost: Individual - \$55/yr  
Organizational - \$125/yr  
(for 3 members)

For more info visit

<http://www.sweetsuccessexpress.com/guidelines.htm>

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**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:** Booklet. 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**

**#1101- \$55/yr - Individual Membership**

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**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: One Ed Material each year - Join & apply discount to this order!** No tax or S/H for this item

**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.**

**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.

For more information call 714.968.0735 or email [ssep1@verizon.net](mailto:ssep1@verizon.net) [www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com)



**#1300 -SSEP SELF-STUDY SERIES CE COURSES - 2013 Available Online and in Booklet Format**

Now available online at [www.sweetsuccessexpress.com/products.html](http://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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\* 13b -CDAPP Pocket Guidelines \$15

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**# 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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**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.

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*Thank you!*

## NIH LAUNCHES DIETARY SUPPLEMENT LABEL DATABASE

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH NIH News National Library of Medicine <<http://www.nlm.nih.gov/>>

Released: Monday, June 17, 2013 by NIH -

CONTACT: Anne Thurn, Ph.D., 301-435-2920,

<e-mail:ODSMedia@mail.nih.gov>,

Kathleen Cravedi, 301-496-6308, <e-mail:cravedik@mail.nih.gov>

This searchable collection contains product information and ingredients from labels of dietary supplements sold in U.S.

Researchers, as well as health care providers and consumers, can now see the ingredients listed on the labels of about 17,000 dietary supplements by looking them up on a website. The Dietary Supplement Label Database, free of charge and hosted by the National Institutes of Health, is available at <<http://www.dsld.nlm.nih.gov>>.

The Dietary Supplement Label Database provides product information in one place that can be searched and organized as desired. "This database will be of great value to many diverse groups of people, including nutrition researchers, healthcare providers, consumers, and others," said Paul M. Coates, Ph.D., director of the NIH Office of Dietary Supplements (ODS). "For example, research scientists might use the Dietary Supplement Label Database to determine total nutrient intakes from food and supplements in populations they study."

For consumers, the My Dietary Supplements (MyDS) app from ODS is already available, at <<https://myds.nih.gov>>. The app is an easy way to keep track of vitamins, minerals, herbs, and other products you take, and has science-based, reliable information on dietary supplements.

Dietary supplements, taken regularly by about half of U.S. adults, can add significant amounts of nutrients and other ingredients to the diet. Supplements include vitamins, minerals, herbals and botanicals, amino acids, enzymes, and more. They come in many different forms, including tablets, capsules, and powders, as well as liquids and energy bars. Popular supplements include vitamins D and E; minerals like calcium and iron; herbs such as echinacea and garlic; and specialty products like glucosamine, probiotics, and fish oils.

By law, any product labeled as a dietary supplement must carry a Supplement Facts panel that list its contents and other added ingredients (such as fillers, binders, and flavorings). The Dietary Supplement Label Database includes this information and much more -- such as directions for use, health-related claims, and any cautions -- from the label.

The Dietary Supplement Label Database offers these features:

- Quick Search: Search for any ingredient or specific text on a label.
- Search for Dietary Ingredients: An alphabetical list of ingredients is also provided.
- Search for Specific Products: An alphabetical list of products is also provided.
- Browse Contact Information: Search by supplement manufacturer or distributor.
- Advanced Search: Provides options for expanding a search by using a combination of search options including dietary ingredient, product/brand name, health-related claims, and label statements.

### Upcoming events

2013 Conferences will be posted at [www.sweetsuccessexpress.com/conferences.htm](http://www.sweetsuccessexpress.com/conferences.htm).

Supported in part by a contribution from Mini Pharmacy

### Type 2 Diabetes in Pregnancy Patient Handbook

Available now in English and Spanish

Available at [www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com)

### Guidelines at a Glance - 2012

Being updated now - Available in November 2012

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Hundreds of new dietary supplements are added to the marketplace each year, while some are removed. Product formulations are frequently adjusted, as is information on labels. "The Dietary Supplement Label Database will be updated regularly to incorporate most of the more than 55,000 dietary supplement products in the U.S. marketplace," said Steven Phillips, M.D., director of the National Library of Medicine's Division of Specialized Information Services.

The Dietary Supplement Label Database is the result of collaboration between ODS and NLM, with input from federal stakeholders who participate in a federal working group on dietary supplements. These include representatives from most NIH institutes and centers, as well as the Food and Drug Administration, Agency for Healthcare Research and Quality, Administration for Community Living, Centers for Disease Control and Prevention, Office of Disease Prevention and Health Promotion, Consumer Product Safety Commission, Department of Defense, Department of Veterans Affairs, Federal Trade Commission, Health Resources and Services Administration, National Aeronautics and Space Administration, National Institute of Standards of Technology, and Department of Agriculture.

The Office of Dietary Supplements, ODS <<http://ods.od.nih.gov/>>, seeks to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, stimulating and supporting research, disseminating research results, and educating the public to foster an enhanced quality of life and health for the U.S. population.

The National Library of Medicine (NLM) is the world's largest library of the health sciences, and collects, organizes, and makes available biomedical science information to scientists, health professionals, and the public. For more information, visit <<http://www.nlm.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](http://www.nih.gov)>.

This NIH News Release is available online at: <<http://www.nih.gov/news/health/jun2013/nlm-17.htm>>.