



SSEP, A Nonprofit Corp., POB 9705, Fountain Valley, CA 92728-9705
Phone/Fax 714.968.0735 ssep1@verizon.net www.sweetsuccessexpress.org

Recognizing our Supporters

Once each year **SSEP** takes time to reflect of the generosity of our sponsors, contributors and those that have provided education grants. As a nonprofit program, their generous support enables us to fulfill our mission.

Supported by an educational grant from Novo Nordisk, Inc.



Novo Nordisk is changing diabetes

If you have attended any one of our seven (7) conferences during 2013, you should have seen the familiar logo that appears to the left - **Novo Nordisk, Inc.** - who has supported every single event with an educational grant. We sincerely appreciate their generosity, which may have kept **SSEP** alive during a very difficult year. We are most grateful for their faith in, and support of our work.

Novo Nordisk is a global healthcare company with 90 years of innovation and leadership in diabetes care and other pharmaceutical products. They recognize the need for novel therapeutic approaches to treating chronic diseases more effectively and strive to change the course of diabetes for good.

SSEP received substantial educational grants from the **COMMUNITY BENEFITS PROGRAM** at **The Mary & Dick Allen Diabetes Center** at **HOAG HOSPITAL** in Newport Beach, CA in 2013. They hosted the Advanced Diabetes in Pregnancy Management Conference in July, covering some major expenses. They also provided a substantial educational grant to support the Annual Sweet Success Express Conference in November. **SSEP/SSE** are grateful for their



continued support of our events and projects.

The Mary & Dick Allen Diabetes Center at Hoag Hospital is committed to the very best in diabetes care, and **SSEP** is proud to have them as a sponsor.

MEDTRONIC'S mission is to alleviate pain, restore health, and extend life. They work across borders, across disciplines, and across industries to deliver new and innovative medical technology solutions. Their medical innovations help improve healthcare around the world.



Medtronic most generously supported five (5) conferences in 2013 with educational grants. Their continued support is very much appreciated.

MINI PHARMACY in Los Angeles was the first sponsor of CDAPP, SSEP and Sweet Success Express, beginning in 1991. **Mini Pharmacy** is a family owned and operated diabetic testing supplies business. Their commitment to helping uninsured and/or under-insured patients with diabetes includes an effort to remove many of the economical challenges that patients without health insurance face. Their services to the Sweet Success Program patients is invaluable and their continued support for the **SSEP** and **Sweet Success Express** events over the years is most appreciated.



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

Visit www.sweetsuccessexpress.com for 2014 Conference Schedule as they become available.

SSEP Board of Directors 2013 - 2016

M. Joann Henry, RNC, MSHS (CA)	President
Siri Kjos, MD (CA)	MD Consultant/Vice-President
Julie Daley, RN, MS, CDE (RI)	Co-Secretary
Tina Kelly, MS, RD, CDE (OR)	Co-Secretary
Ramona Patterson, BSN, RN, CBC	Treasurer
Charlene Canger, MSW, MFT, LCSW(CA)	BMS Consultant
Liz Miller, RN, BSN, MS, CDE (TX)	RN Consultant
Katherine O'Connell, MN, RN (WA)	RN Consultant
Geetha Rao, MS, RD, CDE (CA)	RD Consultant

Advisory Council

Lisa Bollman, RNC, MSN, CPHQ	CA
Zane Brown, MD	WA
Charlene Canger, MSW, MFT, LCSW	CA
Sharmila Chatterjee, Msc, MS, RD, CDE	IL
Jenny Chee, Certified Lactation Consultant	AZ
Julie Daley, RN, MS, CDE	RI
Richard Fox, Business Sector	CA
Kay Goldstein, LMFT	CA
M. Joann Henry, RNC, MSHS	CA
Emily Holing, PhD, ARNP	WA
Maribeth Inturrisi, RN, MS, CNS, CDE	CA
Lisa Jim, RN	AZ
Lois Jovanovic, MD	CA
Tina Kelly, MS, RD, CDE	OR
Siri Kjos, MD	CA
Elaine Miller-Karas, MSW, LCSW	CA
Liz Miller, RN, BSN, MS, CDE	TX
Barbara Murphy, RN, MSN, CDE	CA
Lily Nichols, RD	CA
Katherine O'Connell, MN, RN	WA
Ramona Patterson, BSN, RN, CBC	AZ
Joan Perez, RN	CA
Geetha Rao, MS, RD, CDE	CA
Doris Roberts, RN, BSN, PHN	CA
David Sacks, MD	CA
Sandy Sinnes, RN, CDE	WA
Alyce Thomas, RD	NJ

Other Supporting Partners

Other companies that supported the **SSEP** conferences as exhibitors at one or more of the events include **LifeScan - Animas; Novamax; JDRF - Orange County; ADA - Orange County; Mother to Baby California Chapter; March of Dimes - Texas Chapter; Lilly; OmniPod; Abbott and Juice Plus.** Support from all programs is most appreciated.



Abbott Diabetes Care



Mother to Baby California

Medicines & More During Pregnancy & Breastfeeding. Ask The Experts.



Robert Felix
California Chapter

Vitamin D Deficiency in Pregnancy By: Lily Nichols, RD

We can all agree that adequate nutrient intake is of paramount importance in pregnancy. As healthcare practitioners, we are familiar with the role of vitamin D on bone metabolism, but an increasing number of studies are looking into its impact on other maternal and fetal outcomes. Vitamin D deficiency is a global health concern, particularly in pregnant women. Studies estimate the prevalence of vitamin D deficiency in pregnant women worldwide to range between 20-85% with rates of deficiency reaching 98% in some areas (1,2). Women with darker skin are at a 6-fold higher risk for deficiency, in part due to melanin in skin inhibiting vitamin D production from sun exposure (1). Other factors that contribute to vitamin D deficiency are inadequate sun exposure, avoidance of sun during mid-day, inability to produce vitamin D from the sun in the winter in regions far from the equator (>33 degrees North or South), use of sunscreen, and protective clothing. In addition, food sources of the vitamin are scarce and primarily found in fatty animal foods, such as fish and egg yolks, or fortified foods (3). However, researchers note that diet plays a minor role in vitamin D status, with sun exposure accounting for 90% of vitamin D in the body in those who do not supplement (3,4).

The Institute of Medicine sets the RDA for vitamin D at 600 IU/day, however several studies have found this level of intake is insufficient to maintain normal serum levels throughout pregnancy (5,6). Meta-analyses on maternal effects of vitamin D deficiency indicate increased risk for gestational diabetes (OR 1.38-1.87), preeclampsia (OR 1.58-1.79), and SGA infants (OR 1.52-1.85) (7,8). Vitamin D is known to impact blood sugar regulation, and early pregnancy vitamin D deficiency has been linked to a significantly increased risk for gestational diabetes (GDM) (9). Even in women with diagnosed GDM, deficiency in vitamin D may impact glycemic control. An observational study in women with GDM found that those with adequate vitamin D has significantly lower fasting BG (mean 7.2mg/dl lower), one hour postprandial BG (mean 43.2mg/dl lower), and HbA1c levels (0.4% lower) compared to women with inadequate serum vitamin D (10). Randomized controlled trials are needed to see if correcting vitamin D deficiency could prevent GDM or improve glycemic control. Regardless, adequate maternal vitamin D is of crucial importance to the developing fetus. In infants with rickets, 81% of mothers had severe vitamin D deficiency while pregnant (<10ng/ml) (11). Even more concerning is the long-term impact on the health of a child born to a mother with vitamin D deficiency. A 2006 study from the Lancet found that bone development remained hindered at age 9 in children of mothers who were vitamin D deficient during their pregnancy (12). Maternal vitamin D deficiency may also be associated with childhood risk of asthma, language impairment, schizophrenia, type 1 DM, and multiple sclerosis. (13-18).

The question then remains: How do we safely normalize vitamin D levels in expecting mothers and will it improve outcomes? A recent double blind, placebo controlled, randomized controlled trial on vitamin D supplementation in 450 ethnically diverse women showed that supplementing with vitamin D was both safe and effective at raising serum levels (19). Women were given a daily vitamin D supplement of 400 IU (control), 2,000 IU, or 4,000 IU with serum vitamin D levels measured throughout pregnancy and at birth. Only 50% of women receiving 400 IU/day had sufficient serum vitamin D levels at term, compared to 70.8% and 82.0% in the 2,000 IU and 4,000 IU groups, respectively. A similar pattern was seen in infant vitamin D sufficiency with 39.7%, 58.2% and 78.6% achieving normal vitamin D levels at birth in the 400 IU, 2,000IU, and 4,000 IU groups, respectively. Despite supplementing with levels well above the RDA, no single adverse events were attributed to vitamin D supplementation or circulation of vitamin D levels, and no hypervitaminosis D was observed. Moreover, women receiving higher doses of vitamin D supplements had significantly lower rates of maternal comorbidities, which included GDM (19). While more randomized controlled trials are needed to examine this association, it does give clinicians an extra reason to assess vitamin D levels in pregnant women, especially in light of the staggering rates of deficiency.

According to ACOG, pregnant women who should be screened for vitamin D deficiency include those who are ethnic minorities, live in cold climates, reside in northern latitudes, wear sunscreen or protective clothing, or are vegetarian. Ask yourself what percent of your patient population meets this criteria. Note that at least two thirds

of the US is above the 33 degree North parallel (denoted roughly by drawing a line from Long Beach, CA to Atlanta, GA), which means people living above that latitude produce minimal or no vitamin D from sun exposure from November to February (1). ACOG goes on to suggest that when vitamin D deficiency is identified during pregnancy, most experts agree that 1,000 to 2,000 IU of vitamin D per day is safe (20). Aside from the potential to reduce maternal comorbidities, normalizing maternal vitamin D levels may have lasting effects on infants. If your practice is not already screening at-risk patients, consider the potential benefits of testing serum 25-hydroxy vitamin D and supplementing women who are deficient in this essential nutrient. Keep in mind that most prenatal vitamins contain 400-600 IU of vitamin D and additional supplementation is often needed to normalize already low vitamin D levels.

REFERENCES

1. Bodnar LM, Simhan HN, Powers RW, Frank MP, Cooperstein E, Roberts JM. High prevalence of vitamin D insufficiency in black and white pregnant women residing in the northern United States and their neonates. *J Nutr.* 2007 Feb; 137(2):447-52.
2. Dawodu A, Tsang RC. Maternal vitamin D status: effect on milk vitamin D content and vitamin D status of breastfeeding infants. *Adv Nutr.* 2012 May 1;3(3):353-61.
3. Schmid A, Walther B. Natural vitamin D content in animal products. *Adv Nutr.* 2013 Jul 1;4(4):453-62.
4. Holick MF. Vitamin D: importance in the prevention of cancers, type 1 diabetes, heart disease, and osteoporosis. *Am J Clin Nutr.* 2004;79:362-71
5. Lee JM, Smith JR, Philipp BL, Chen TC, Mathieu JF, Holick MF. Vitamin D deficiency in a healthy group of mothers and newborn infants. *Clin Pediatr.* 2007 Jan;46(1):42-4.
6. H. T. Viljakainen, E. Saarnio, T. Hytinen, et al. Maternal Vitamin D Status Determines Bone Variables in the Newborn. *J Clin Endocrin Met.* 2010;95(4):1749-53.
7. Wei SQ, Qi HP, Luo ZC, Fraser WD. Maternal vitamin D status and adverse pregnancy outcomes: a systematic review and meta-analysis. *J Matern Fetal Neonatal Med.* June 2013;26(9):889-899.
8. Aghajafari S F, Nagulesapillai T, Ronksley P E, et al. Association between maternal serum 25-hydroxyvitamin D level and pregnancy and neonatal outcomes: systematic review and meta-analysis of observational studies. *BMJ* 2013;346:f1169.
9. Zhang C, Qiu C, Hu FB, David RM, van Dam RM, Bralley A, Williams MA. Maternal plasma 25-hydroxyvitamin D concentrations and the risk for gestational diabetes mellitus. *PLoS One.* 2008; 3(11):e3753.
10. Lau S L, Gunton J, Athayde N, Byth K, Cheung N W. 25-hydroxyvitamin D and glycated haemoglobin levels in women with gestational diabetes mellitus. *Med J Aust* 2011; 194 (7): 334-337.
11. Nozza JM, Rodda CP. Vitamin D deficiency in mothers of infants with rickets. *Med J Aust.* 2001 Sep 3;175(5):253-5.
12. Javaid MK, Crozier SR, Harvey NC, et al. Maternal vitamin D status during pregnancy and childhood bone mass at age 9 years: a longitudinal study. *Lancet.* 2006 Jan 7;367(9504):36-43.
13. Litonjua AA, Weiss ST. Is vitamin D deficiency to blame for the asthma epidemic? *J Allergy Clin Immunol.* 2007 Nov; 120(5):1031-5.
14. Brehm JM, Celedón JC, Soto-Quiros ME, Avila L, Hunninghake GM, Forno E, Laskey D, Sylvia JS, Hollis BW, Weiss ST, Litonjua AA. Serum vitamin D levels and markers of severity of childhood asthma in Costa Rica. *Am J Respir Crit Care Med.* 2009 May 1; 179(9):765-71.
15. Whitehouse A, Holt B, Serralha M, et al. Maternal Serum Vitamin D Levels During Pregnancy and Offspring Neurocognitive Development. *Pediatrics.* 2011;2644; published ahead of print February 13, 2012.
16. Kinney DK, Teixeira P, Hsu D, et al. Relation of schizophrenia prevalence to latitude, climate, fish consumption, infant mortality, and skin color: a role for prenatal vitamin d deficiency and infections? *Schizophr Bull.* 2009 May; 35(3):582-95.
17. Stene LC, Ulriksen J, Magnus P, Joner G. Use of cod liver oil during pregnancy associated with lower risk of Type I diabetes in the offspring. *Diabetologia.* 2000 Sep; 43(9):1093-8.
18. Salzer J, Svenningsson A, Sundström P. Season of birth and multiple sclerosis in Sweden. *Acta Neurol Scand.* 2010 Jul;122(1):70-3.
19. Hollis, B W, Johnson D, Hulsey T C, Ebeling M, Wagner C L. Vitamin D supplementation during pregnancy: Double-blind, randomized clinical trial of safety and effectiveness. *J Bone Miner Res.* 2011. 26: 2341-2357.
20. Vitamin D: screening and supplementation during pregnancy. Committee Opinion No. 495. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:197-8.



SSEP Order Form Updated (12/02/2013)

- #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
#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: One Ed Material each year - Join & apply discount to this order! No tax or SH 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 or ssep9@aol.com
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.htm
 References: CDAPP Sweet Success GIL for Care 2012; AAP Neonatal Hypoglycemia Rec...ADA-SMC 2011; CDAPP Pocket Guide 2008

- 5 Hours - \$30 Each**
- #14-Complete Set of 12 (40 Hours) List price \$249 NOW \$189! Savings of \$95! Less than \$5/CE Hr**
- 01-Preconception/Contraception
- 02-Medical Nutrition Therapy
- 03-Screening & Dx GDM
- 04-Self-monitoring Blood Glucose
- 05-Insulin Therapy
- 06-Hypoglycemia
- 07-Maternal/Fetal Assessment
- 08-Intrapartum and Delivery
- 09-PostPartum/Breastfeeding
- 10-Neonatal Care
- 11-Exercise
- 12-Psychosocial/Cultural Issues
- * 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.**

Sweet Success Update-Newsletter
 Free quarterly distribution
 Add your name by contacting ssep1@verizon.net

Free Download for CDAPP Sweet Success Guidelines for Care at www.CDAPPSweetSuccess.org

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.

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.
Physicians: BRN accredited programs may be submitted as AMA PRA Category 2 Credit™

SSEP 714.968.0735

SSEP ORDER FORM

Name _____ Credentials _____ Facility _____
 Address _____ City _____
 State _____ Zip _____ Phone (W) _____
 (H) _____ Fax _____

Item #	Qty	Description	Price Each	Times Qty	Final Cost

ORDER TOTAL
 Less Discount _____
 Sub-Total _____
 7.5% Tax - CA only _____
 Orange Co. Add _____
 7.75% tax _____
Ship/handling [\$15 for orders up to \$99]
 (\$25 for orders \$100-\$399)
 (Call for orders ≥ \$400)

DISCOUNTS ALLOWED
 (Applies to order total NOT Ship/handling or Tax)
 15% - Sweet Success Affiliate/Associate Programs
 10% - Sweet Success Individual Members Affiliate / Associate / Individual Mbr# _____
 (REQUIRED for Discount)
 Must provide to receive discount unless joining with this order

Method of PAYMENT
 Check _____ Visa _____ MC _____ Am Ex _____
 Card # _____ Signature _____ Exp. Date _____
 Print name on card _____

Billing Address of Card _____
 3 or 4 digit security code on card back or front
Checks Payable to: SSEP
Mail to:
 PO Box 9705
 Fountain Valley, CA 92728-9705

Fax Credit Card orders to: 714-968-0735
 3
Thank you!

For more information call 714.968.0735 or email ssep1@verizon.net
www.sweetsuccessexpress.com

2013 SSEP Member Drawing Winners

Each year SSEP holds a Membership Drawing. Those eligible for the drawing are the Individual Members, Organizational Members, Associate Program staff and those that make personal donations to SSEP. We are proud to announce the winners of the 2013 drawing below.

- ✍ 1st place – Free registration to the Nov. SSE Conf. - Emmy Mignano RD (Individual Mbr. - Sacramento CA)
- ✍ 2nd place – \$100 Cash - Tisheena Redhouse Phillip LPN GN – (Navajo Area SSEP Associate Prog. Montazuma Creek, UT)
- ✍ 3rd place – \$75 Cash - Julie Deutsch RNC (Individual Mbr. – Tacoma, WA)
- ✍ 4th place – \$75 Gift Certif. for SSEP Ed Materials - Barb Tykal MS RD LD (Organizational Mbr. – Houston, TX)
- ✍ 5th place – \$50 Gift Certif. for SSEP Ed Materials - Shannon Lee RD (Navajo Area SSEP Associate Prog. Tuba City AZ)

The Annual Member Drawing is only one of many benefits of SSEP Membership. For more information about SSEP Memberships, visit www.sweetsuccessexpress.org on the Membership Page; contact ssep9@aol.com for a Membership Brochure or see article in right side bar.

SSEP Guidelines-at-a-Glance for GDM DVD - 2013

Updated to reflect the most current diabetes and pregnancy guidelines

12 sections - 60 pages - Same low price of \$20

<http://www.sweetsuccessexpress.com/PRODUCTS.html>

or call 714-968-0735 email ssep1@verizon.net or ssep9@aol.com



Navajo Webinar Presentation Sessions Available for Online Viewing at No Cost

On October 25, 2013, SSEP co-sponsored a series of Webinars with the Navajo Area Sweet Success Group Associate Programs and the Navajo Area Diabetes Program that featured six (6) nationally known speakers to present **Sweet Success Practice Standards for Diabetes in Pregnancy: an SSEP Associate Program Update**. The presentations included:

- ✍ Diagnosing Diabetes and Medical Management During Pregnancy by **Siri Kjos, MD**
- ✍ Weight Gain during Pregnancy: How Much is too Much? by **Naomi Stotland, MD**
- ✍ Risk of Obesity/Metabolic Syndrome in Offspring of Women with Diabetes during Pregnancy by **Ann Kershner, MD**
- ✍ Sweet Success Medical Nutrition Therapy Update by **Lily Nichols, RD**
- ✍ Collaborate Panel Discussion on Pre-Conception and Postpartum Follow-Up - Clinical Applications of Current Research by **Ellen Wells Seely, MD & Siri Kjos, MD**
- ✍ When Diet and Exercise are Not Enough by **Maribeth Inturrisi, RN MS CNS CDE**

The Webinars were exceptionally well attended, and the day of the viewing they offered a total of 6.5 continuing education for nurses and dietitians. There was no registration fee, as the event was covered by support from the Navajo Area Diabetes Program and was supported by an education grant from Novo Nordisk, Inc. We are considering providing more of these sessions in 2014. Watch our website for information or contact us at ssep1@verizon.net.

The sessions from 2013 presentations are now available for viewing at no cost at the following links.

<http://ihs.adobeconnect.com/p5114n3od9b/> - Dr. Siri Kjos

<http://ihs.adobeconnect.com/p2ish7tb9m6/> - Dr. Naomi Stotland

<http://ihs.adobeconnect.com/p378zdny9wi/> - Dr. Ann Kershner

<http://ihs.adobeconnect.com/p1fg0irluzx/> - Lily Nichols, RD

<http://ihs.adobeconnect.com/p4v5kwt3xgb/> - Dr. Ellen Seely & Dr. Siri Kjos

<http://ihs.adobeconnect.com/p3oz12iqmhu/> - Maribeth Inturrisi, RN, MS, CNS, CDE

Note: No CE credit available for online viewing

Supported by an educational grant from Novo Nordisk, Inc.



Novo Nordisk is changing diabetes

SSEP Membership PROGRAM

Benefits include:

- ✍ FREE education product each year (\$20.00+ value)
- ✍ Newsletter subscription
- ✍ Online/phone standard of care consults
- ✍ Conference registration discounts
- ✍ Discounts on education materials
- ✍ Monthly email updates
- ✍ Name entered in Summer Member Drawing (Prizes include free conference registrations, cash and gift certificates)
- ✍ 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>

This is your invitation to Join

GDM & Type 2 Diabetes in Pregnancy Patient Handbooks

Available in English and Spanish at www.sweetsuccessexpress.com on Products Page or email ssep1@verizon.net for more information

SPECIAL OFFER

Discount on Diabetes & Pregnancy Self-Study Modules

40 CE - RN, RD, Category 2 PA

Regular \$189 - Now \$149

until December 31, 2013

Mention **Fall Newsletter Offer**

Available by phone, fax or mail order only

Ph/Fx: 714-968-0735

[email ssep1@verizon.net](mailto:ssep1@verizon.net) or ssep9@aol.com

CDAPP Sweet Success Guidelines for Care

The CDAPP Sweet Success Guidelines for Care 2012 are available for free download from the Sweet Success Resource & Training Center website at www.CDAPPSweetSuccess.com