

# SSEP Update

(Sweet Success Extension Program)

SSEP, A Nonprofit Corp. POB7447, Chico, CA 95927  
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Vol 11 No 1

## SSEP

## JOIN US FOR

## Diabetes & Reproductive Health

## Practice Recommendations

A SSEP Associate Training

April 15-16, 2016



### Presented by SSEP & Sweet Success Express

Co-Sponsored by: Hoag Memorial Hospital Presbyterian, Community Benefit Program

### Held at: Mary and Dick Allen Diabetes Center at Hoag

520 Superior Avenue, Suite 150  
Newport Beach, CA

Conference details and registration now available at  
[www.sweetsuccessexpress.com/CONFERENCES.php](http://www.sweetsuccessexpress.com/CONFERENCES.php)

### Course Description

This conference is designed to provide a comprehensive update and review of current practice standards and contemporary topics related to diabetes and reproductive health. The primary focus of the program will be on creative and practical applications of evidence-based management strategies to assist providers in understanding the need for changes to meet today's challenges. Topics will be provided by expert speakers who will emphasize the need for practical and relevant therapies and management. The concepts of prevention, intervention, self-management education, and treatment modalities for current clinical applications will be integrated into the program. The goal is to provide the highest quality diabetes and reproductive health management. The content is based on the CDAPP Sweet Success model of care and is consistent with the current American Diabetes Association recommendations.

Registration available on-line at our website:

[www.sweetsuccessexpress.org](http://www.sweetsuccessexpress.org) on the conference page

Have Questions: send to [ssep1@verizon.net](mailto: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](http://www.SweetSuccessExpress.org)  
[ssep1@verizon.net](mailto:ssep1@verizon.net) or [ssep9@aol.com](mailto:ssep9@aol.com)

### Upcoming Conference

**Diabetes and Reproductive Health Practice Recommendations**, Hoag Diabetes Center, Newport Beach, CA, 4/15-16/16

### Sweet Success Express 2016:

Embassy Suites Anaheim South, CA  
November 3-5, 2016

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### SSEP Changes - Effective 2/1/16

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Check out **SPECIAL OFFER**  
on page 4

### SAVE THE DATES

Nov. 3-5, 2016

**20th Annual Sweet Success  
Express Research Conference**

### EXERCISE VIDEO DVD

English and Spanish  
Available soon



The 2015 Vision for the Future conference was held on November 5-7, at the Embassy Suites Anaheim South in Garden Grove, California, was a great success. The two pre-conference workshops - ICD 10 Coding and Diabetes Self-Management Education/Training drew record attendance. The goal for the main conference was two fold. On day one of the main conference speakers addressed new insights focused on ongoing studies that impact fetal programming and childhood development in the offspring of mothers whose pregnancies are complicated by diabetes and/or obesity. On day two, expert speakers addressed controversial topics and current practice standards.

The two and one-half days of learning and fun provided ample time to allow for viewing the Poster Session, networking, visiting exhibits and participating in the door prizes. The success of the conference was based on the positive evaluation feedback provided by the almost 250 participants. The comments provided several suggestions for speakers and topics for the 2016 Sweet Success Express annual conference which will be presented at the same location on Nov. 3-5, 2016. **SAVE THE DATES** - we expect details to be available in July 2016.

The complete SSEP conference/webinar schedule may be viewed at [www.sweetsuccessexpress.org](http://www.sweetsuccessexpress.org) - on the Conference Page.

## RECOGNIZING OUR PARTNERS



Supported in part by an educational grant from Community Benefit Grant Program at Hoag Memorial Hospital Presbyterian

**SSEP and Sweet Success Express extend our sincere gratitude to each of the 2015 Conference Partners. It is their generosity that made the event possible.**



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## NIH-FUNDED RESEARCHERS IDENTIFY SAFE LEVEL TO TREAT LOW BLOOD SUGAR IN NEWBORNS

Findings reinforce current treatment guidelines for hypoglycemia

Researchers funded by the National Institutes of Health have shown that treating hypoglycemia, or low blood glucose, in newborns according to current recommendations is safe and appears to prevent brain damage.

Glucose levels that are too low -- or too high -- may lead to brain injury in newborns and possibly result in severe intellectual and developmental disabilities. Until now, the threshold for blood sugar had only been an estimate, never having been verified by a research study in people. According to the latest study, infants treated for hypoglycemia at the recommended threshold level were no more likely to experience neurological problems by two years of age than those in a comparable group who did not need treatment.

"These findings are extremely reassuring," said Tonse Raju, M.D., chief of the Pregnancy and Perinatology Research Branch at NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development, which funded co-funded the study. "There is now firm evidence that physicians can provide an essential treatment to prevent brain damage without concern that there might be any unforeseen increase in risk to the newborn."

The study, appearing in the New England Journal of Medicine, was conducted by Jane E. Harding, D. Phil, of the Liggins Institute at the University of Auckland, New Zealand, and colleagues at institutions in New Zealand and Canada.

According to the authors, hypoglycemia may affect 15 percent of newborns, but the exact level at which to treat the condition is unknown.

Newborns have blood glucose levels far lower than would be tolerable for adults and older children, yet most do not experience any ill effects. For example, in older children and adults, a blood glucose level below 60 mg per dl (deciliter) is considered low. But at birth, it's common for a newborn to have a blood glucose level as low as 30 mg per dl, which will gradually increase to 54 to 72 mg per dl. According to guidelines <<http://pediatrics.aappublications.org/content/early/2011/02/28/peds.2010-3851>> from the American Academy of Pediatrics, the generally accepted blood glucose level for treating newborn hypoglycemia is 47 mg per dl.

In the current study, researchers enrolled a total of 404 newborns at the Waikato Hospital in Hamilton, New Zealand. All were born at risk of hypoglycemia, and researchers tested the infants' blood glucose periodically for up to 48 hours.

Continued on page 4 ...



**GUIDELINES-AT-A-GLANCE** (Quick references)

- #1001 - \$25 - For GDM 2013: CD - 66 pages summarizing key points for GDM management.
- #1002 - \$25 - For Pregnancy Complicated by Preexisting Diabetes 2014: CD - 58 pages Key points for managing preexisting diabetes during pregnancy.
- #1003 - \$25 - For Calculating and Adjusting Insulin: CD 30 pg step-by-step instructions for calculating and adjusting insulin doses (includes team management of insulin therapy & insulin calculation practice sections).
- #1023 - \$60 - Complete Set of 3-SAVE \$15/set

- #1101- \$55/yr - Individual Membership (3 members in 1 facility)
- #1102 - \$125/yr - Organizational Membership (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: Guidelines-at-a-Glance - Join & apply discount to this order! No tax or S/H for this item

- SSEP CD PowerPoint Presentations
- #1501 - \$25 - 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, Part 1: Insulin Injection Therapy & Part 2: Insulin Pump Therapy. Includes insulin analogues; calculating & adjusting insulin for both injections and pump use during pregnancy. (20011)

- #1601 Eng / #1602 Sp - GDM Patient Handbook 28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup. **UPDATED- 2012**
- #1603 Eng 2013/ #1604 Sp - 2011 Type 2 DM in Preg. Pt. Handbook 44 pgs - before/during/after pregnancy information.
- #1601-03: Average reading level.
- Mix & Match - GDM/Type 2/Eng/Sp
- 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 email [ssep1@verizon.net](mailto:ssep1@verizon.net) [www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com)

**#1301 -SSEP SELF-STUDY SERIES CE COURSES Available Online and in Booklet Format**

UPDATED 2015  
Includes Guidelines at a Glance for GDM 2013; Current ADA Recommendations & Sweet Success Guidelines for Care. 2012

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Includes Sweet Success Guidelines for Care  
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**# 1051 - \$35 - Diabetes & Reproductive Health Resource CD 2016**  
Over 150 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 owner's teaching uses - may not shared with other programs.**

**Watch for Conference Information Updates at** [www.sweetsuccessexpress.org](http://www.sweetsuccessexpress.org)  
On the "Conference" page

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**Nurses:** SSEP is a provider approved by the California Board of Registered Nursing Provider #13813 for up to 40 Contact Hours. Certificates available at end of conference for pre-registered attendees.  
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**Thank you!**

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Of these infants, 216 had blood glucose levels below 47 mg per dl. These infants were treated with additional feedings of oral or intravenous glucose until their blood sugar was above this threshold. Hospital staff caring for the infants took blood samples to check the infants' glucose levels. In addition, infants were fitted with a device that monitored their blood glucose level continuously, charting their levels every 5 minutes. To care for the infants, hospital staff relied solely on the blood samples; they were unable to see the readings on the continuous monitor during the study.

When all the children reached two years of age, they were tested to measure their developmental progress, cognitive and language skills, vision, hearing, physical coordination and executive functioning (ability to concentrate and carry out tasks appropriate for their age.)

The researchers did not find any deficits in any of these areas (referred to collectively as "neurosensory impairments") between the two groups (children who needed treatment and children who did not). When the researchers checked the readings from the glucose monitor, they found that many children in both groups had temporary episodes of hypoglycemia that were not apparent from the blood samples taken by hospital staff. These children were no more likely to have a neurosensory impairment than were the children who did not have low blood glucose levels.

Of the infants who were treated, the authors found that those who later developed high blood glucose levels were more likely to have a neurosensory impairment at age 2 than were other infants in the study. In addition, infants whose glucose levels fluctuated widely during the first 48 hours of birth also were more likely to be impaired. In general, the more time an infant's blood glucose levels were fluctuating-- very high or very low-- the more likely the infant was to experience neurosensory impairment.

"It may be that it's not only important to keep blood glucose levels from dropping too low, but also to keep them from swinging too high, too fast," said Dr. Harding of the Liggins Institute.

The authors added that additional studies would be needed to confirm the potential links between high or fluctuating glucose levels and neurosensory impairment.

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/>>.

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