

# SSEP Update

(Sweet Success Extension Program)

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Summer 2015  
Vol 10 No 3

## SSEP



Aug. 29  
1957

**IN MEMORY OF  
DEBORAH ANN RICE**

May 3  
2015

This issue of the SSEP Update newsletter is dedicated to Deborah A. Rice, SSEP Office Manager from Jan. 2000 to April 2015

Debby loved her work with SSEP, especially the conferences across the nation where she met and worked with many wonderful people. She especially loved the annual research conference held in California each November, and was already preparing for this year's event when she became ill in April. Each year she commented how much she was looking forward to this conference and how much she appreciated everyone that supports the SSEP activities.

She was a kind, compassionate and a very giving person. If she could send us a message now, I know it would be to be patient and kind, be true to yourself, and live life to the fullest.

Debby was my daughter. A kidney infection that led to septicemia took her from us much too soon.

She is survived by her husband, son, father, mother, many other relatives and lots of friends. She loved life and she will live in our hearts forever.

by M. Joann Henry

Thank you to those of you who have sent condolences. It helps to know others care.



**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

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

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

NOVEMBER 5-7, 2015 - Embassy Suites Anaheim So., CA

Brochure available for download at:

<http://www.sweetsuccessexpress.com/CONFERENCES.php>



## 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

\*Plus: Abstract and Poster Presentations and Exhibitor Hall

Continuing education credits: AMA PRA Category 1 CME; CE; CPEU; Behavioral Science  
Qualifies for recertification of CDE

Discount pricing when you attend the full conference with a workshop.

Further discount for Sweet Success members.

Book early, limited room block at Embassy Suites Anaheim South in Garden Grove, CA



## NIH Report: MANY NEW MOTHERS REPORT NO PHYSICIAN ADVICE ON INFANT SLEEP POSITION, BREASTFEEDING & OTHER RECOMMENDATIONS

Released on Release: Monday, July 27, 2015 - NIH-funded survey finds consistent advice lacking on infant care recommendations.

Many new mothers do not receive advice from physicians on aspects of infant care such as sleep position, breastfeeding, immunization and pacifier use, according to a study funded by the National Institutes of Health.

Health care practitioner groups have issued recommendations and guidelines on all these aspects of infant care, based on research which has found that certain practices can prevent disease and even save lives.

The study authors surveyed a nationally representative sample of more than 1,000 new mothers, inquiring about infant care advice they received from doctors, nurses, family members and the news media.

Roughly 20 percent of mothers said they did not receive advice from their doctors regarding current recommendations on breastfeeding or on placing infants to sleep on their backs -- a practice long proven to reduce the risk of sudden infant death syndrome (SIDS). More than 50 percent of mothers reported they received no advice on where their infants should sleep. Room-sharing with parents -- but not bed-sharing -- is the recommended practice for safe infant sleep.

The study appeared in *Pediatrics* and was conducted by researchers at Boston Medical Center, Boston University, and Yale University, New Haven, Connecticut.

"Earlier studies have shown that new mothers listen to their physicians," said Marian Willinger, Ph.D., of the Pregnancy and Perinatology Branch at NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), which funded the study. "This survey shows that physicians have an opportunity to provide new mothers with much-needed advice on how to improve infant health and even save infant lives."

African American women, Hispanic women and first time mothers were more likely to receive advice from their physicians than were white women and mothers of two or more children.

"As a physician, these findings made me stop and really think about how we communicate important information to new parents," said the study's first author, Staci R. Eisenberg, M.D., a pediatrician at Boston Medical Center. "We may need to be clearer and more specific in telling new mothers about safe sleep recommendations. From a public health perspective, there is a real opportunity to engage families and the media to promote infant health."

For the Study of Attitudes and Factors Effecting Infant Care Practices, the researchers enrolled new mothers at delivery from 32 hospitals around the country, with 1031 women eventually taking part in the study. The authors asked the women to complete questionnaires when the infant was between 2 and 6 months of age on advice they received from their infant's doctor, birth hospital nurses, their family members, and the news media.

In addition to finding out whether or not these sources had provided advice on infant care, the questionnaires sought to determine whether the advice was consistent with the recommendations of practitioner groups.

For example, the American Academy of Pediatrics (AAP) recommends that caregivers always place a baby on his or her back for sleep at night and for naps. The women in the study were asked whether they agreed or disagreed with a series of statements on sleep placement: "The nurses at the hospital where my baby was born think that I should place my baby to sleep on the [back, side or stomach.]" If the women agreed with the statement that the baby should be placed to sleep on his or her back, the researchers classified the response as consistent with the AAP recommendation. Agreement with statements on the other placement positions was considered inconsistent with the recommendation.

When it was given, advice from physicians tended to be consistent with recommendations. However, 10 to 15 percent of the advice given on breastfeeding and pacifier use was not consistent with recommendations, and slightly more than 25 percent was not consistent with recommendations for sleep position or location. Interestingly, of the women who reported physician advice on sleep position that was inconsistent with recommendations, 85 percent reported being advised to place the infant on his or her back and at least one other position -- usually the side (which confers increased risk for SIDS relative to back position). In comparison, of the more than 32 percent of mothers reporting family advice regarding infant sleep position that was inconsistent with recommendations, 51 percent had been told to place infants to sleep on their stomach (stomach sleeping has been associated with the greatest increased risk for SIDS).

Physicians and others in a position to offer advice to mothers may fail to do so because they do not know about recommendations or because they disagree with a recommendation, the study authors wrote. Physicians also may be reluctant to give a recommendation they believe is controversial or one that might lead to a lengthy conversation, especially if they are facing time constraints during busy office hours.

The online version of this news release contains two images.

Woman with a sleeping baby:

<[http://www.nih.gov/news/health/jul2015/images/nichd-27\\_l.jpg](http://www.nih.gov/news/health/jul2015/images/nichd-27_l.jpg)>

Image of a mother and child sharing a room:

<[http://www.nih.gov/news/health/jul2015/images/nichd-27\\_l\\_a.jpg](http://www.nih.gov/news/health/jul2015/images/nichd-27_l_a.jpg)>

This NIH News Release is available online at:

<<http://www.nih.gov/news/health/jul2015/nichd-27.htm>>.

- 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**  
**#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: Guidelines-at-a-Glance - Join & apply discount to this order!** No tax or SH 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. (2008)  
**#1601 Eng / #1602 Sp - GDM Patient Handbook**  
 28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup. **UPDATED-2012**  
**#1603 Eng / #1604 Sp -2011**  
**Type 2 DM in Peg. 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)  
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UPDATED 2011  
 Includes Guidelines at a Glance for GDM 2013, Current ADA Recommendations & Sweet Success Guidelines for Care. 2012

- 5 Hours - \$30 Each
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 Please list item # and Module # on Order Form (ie. 1301-02)

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**Enroll for Free Quarterly SSEP Newsletter**  
 Send email address to [ssep1@verizon.net](mailto:ssep1@verizon.net)

**# 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 owner's use - may not be 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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**SSEP**  
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**ORDER TOTAL**

**DISCOUNTS ALLOWED**  
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 15% Sweet Success Affiliate/Associate Programs  
 10% Sweet Success Individual Members Affiliate/Associate/Individual Member Number  
 # \_\_\_\_\_  
 (REQUIRED for Discount)



Less Discount \_\_\_\_\_  
 SubTotal \_\_\_\_\_  
 7.5% Tax CA only \_\_\_\_\_  
 Orange Co. Add 7.75% tax \_\_\_\_\_  
 Ship/handling [\$15 up to \$99] \_\_\_\_\_

**Method of PAYMENT**

Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ JCB \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name on card: \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address of Card if different from mailing address  
 3 Digit security code on card back \_\_\_\_\_

Checks Payable to: SSEP  
 Mail to: PO Box 9705  
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**Thank you!**

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## FETAL ECG READINGS OFFER NO ADVANTAGE OVER HEART RATE MONITORING DURING LABOR (NIH Report Released 8/12/15)

A new technology that tracks the electrical activity of the fetal heart offers no advantages over conventional technology in preventing birth complications, according to a new study by the National Institutes of Health.

The technology provides electrocardiogram <<https://www.nhlbi.nih.gov/health/health-topics/topics/ekg>> (ECG) readings of a fetus's heart during the birth process. An ECG records the heart's electrical activity -- the signal that spreads from the top of the heart to the bottom, causing the heart to contract and pump blood. ECGs are typically used to detect abnormal heart rates, heart attacks, and other heart problems, but they are not commonly used to monitor fetuses in the United States. Traditionally, physicians have monitored only the fetal heart rate, the pace at which the heart is beating, during labor.

The findings appear in the New England Journal of Medicine. The study's principal investigators are Michael A. Belfort, M.D., Ph.D, of the University of Utah Health Sciences Center in Salt Lake City when the study began, and now at Baylor College of Medicine, Houston, and George Saade, M.D., of the University of Texas Medical Branch in Galveston.

The new technology is referred to as fetal ST segment analysis, named for the ST interval--the time after a heartbeat, when the heart cannot contract again until the heart cells recover from the electrical impulse that triggered the beat. The idea behind fetal ECG ST monitoring was that additional information about the heart would alert delivery room staff earlier than would heart rate monitoring alone, allowing them to intervene earlier to prevent potential complications.

"The study authors compared a number of outcomes -- fetal and newborn death, seizures, and cesarean delivery -- and found no significant differences," said Uma Reddy, M.D., medical officer at NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), which operates the research network that conducted the study. Dr. Reddy added that the investigators saw no difference between the groups, whether they considered potential outcomes individually or all together in a primary (combined) outcome.

The study was conducted by researchers in the NICHD Maternal-Fetal Medicine Units Network <<https://www.nichd.nih.gov/research/supported/Pages/mfmu.aspx>>, which conducts studies on birth, delivery, and newborn medicine. For the study, more than 11,000 pregnant women were assigned to one of two groups when they went into labor after the 36th week of pregnancy. Physicians delivering women in the first, or open, group received readings from both the ECG ST monitors and fetal heart rate monitors. In the second, or masked, group, attending physicians saw only the fetal heart rate readings.

For each of the groups, the researchers recorded the occurrences of birth complications such as fetal and newborn death, seizures, the need for a ventilator after birth, high levels of acid in the blood, or an Apgar score <<http://m.nichd.nih.gov/topics/labor-delivery/topicinfo/Pages/questions.aspx#apgar>> of 3 or less. The Apgar test is performed shortly after birth to check the newborn for heart or breathing problems. The occurrence of one or more of these complications was included in the primary outcome.

The researchers also tracked outcomes among the mothers, such as cesarean delivery, the use of forceps or vacuum to assist with vaginal delivery, infection of the membranes enclosing the amniotic fluid, and the need for a blood transfusion.

Adverse events occurred for 52 patients in the open arm and 40 in the masked arm, a difference that was not statistically significant. Infants in the open group were slightly more likely to have an Apgar score of 3 or less (0.31 percent) than were those in the masked group (0.11 percent). Among the mothers, the researchers saw no differences in the frequency of any adverse events.

"Even though a new treatment or technology may appear promising, it really isn't possible to know whether it provides any benefits unless it's tested in a research study," Dr. Reddy said. "Our study didn't find any benefit for ECG ST monitoring in term births."

This NIH News Release is available online at:  
<<http://www.nih.gov/news/health/aug2015/nichd-12a.htm>>.

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Cost: Individual - \$55/yr  
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**This is your invitation to Join**

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>