

SSEP Update

(Sweet Success Extension Program)



Winter 2020 - Vol 15 No 1

In this Issue

- Page 2** - Early GDM & Outcomes; SAVE DATE: SSE-Research Conf. 11/12-14/2020 - CA
- Page 3** - Order Form
- Page 4** - Eating Out Wisely: SmileAmazon Donating-no Cost to You
- Page 5** - Self-Study Module Info; Resources; Special Offers; Membership Info

SSEP, A Nonprofit Corp. PO Box 7447, Chico, CA 95927
 Phone 800.732.2387 ssep1@verizon.net www.sweetsuccessexpress.org

Edited/Reviewed by: Julie Daley, RN, MS, CDE; Joann Henry, RNC, MSHS; Tina Jones, RD, CDE; Cindy Parke, CNM, RNC, MSN



Perinatal Diabetes: Defining Team Management SSEP Associate Training Conference Join us to hear the Experts - April 23-24, 2020



In Joint Providership with Professional Education Center (PEC) and in collaboration with the University of Colorado, Denver, SSEP & Sweet Success Express will present Perinatal Diabetes: Defining Team Management, a SSEP Training and Conference on April 23-24, 2020. The event will be held at the University of Colorado Fulginiti Pavilion for Bioethics & Humanities Anschutz Medical Campus, Aurora, CO. The goal is to provide the highest quality diabetes and reproductive health management education to assist clinicians in selecting a team to provide individualized care for each patient. Practical and relevant therapies and management strategies, as well as evidence-based preventive interventions across the life stages will be covered.



Thomas Moore, MD (left), UC San Diego Health, will be Thursday's Keynote Speaker setting the theme for the conference with an interactive presentation, "Diabetes in pregnancy team management: Essential components and communications in comprehensive care". Linda (Lynn) Barbour, MD (right) with the University of Colorado School of Medicine, Denver will present Friday's Keynote talk, "Strategies in the management of Type 1 and Type 2 diabetes in pregnancy".



To complete this exciting agenda this event will bring together expert speakers to provide a comprehensive update and review of current practice standards and contemporary specialty topics related to diabetes and reproductive health team management.

To view Brochure/registration /lodging Information visit:
www.sweetsuccessexpress.org/conferences.html

Gentle Stretch Sessions will be provided after lunch and at breaks.

Ample time will be provided for networking with other participants and speakers.

Up to 13.5 CE or CPE hrs will be available for nurses and dietitians.

This is one conference you won't want to miss - www.sweetsuccessexpress.org/conferences.html

Reflections by the SSEP CEO Have you had your cancer screening?

Cindy Parke, RNC, CNM, MSN

For this quarter's reflection, I come to you with great sadness. My lovely sister, just 52 years old, has recently lost her 18-month valiant fight against breast cancer. She leaves broken hearts and a huge void, especially to her wonderful five children. In my previous career as a clinical nurse-midwife, I had the honor of attending her for those 5 pregnancies and births. Prior to becoming a mother, our group of siblings affectionately referred to her as "Spass Ann" (hyphenated from spasm) as Ann "spassed" about everything! In fact, amongst the sisters was the worried question as to how Ann would do in childbirth. Well, I am proud to say she was a champion, and she became one of the finest mothers I have had the pleasure to know (without "spassing"). Children need their mother; I still have the supreme gift to have mine alive! No one deserves cancer and its ugly pain, certainly Ann did not!

As a group assisting pregnancies, new mothers and infants, we have the supreme gift of working at the beginning of the life cycle and all its miracle. I try to reflect strongly on that gift when dealing with the end of the life cycle, as I try to appreciate the miracle there as well. I know that care givers are often so very busy helping others that they neglect to take time for themselves and their health. I would like to remind you that we need you, and that early cancer detection can save lives. Please remind yourself of the importance of a mammogram, and get that screening done. I myself am a three-year survivor of breast cancer, and very fortunate for it to have been caught early by a mammogram. At that time, I strongly sent the message to all my "sisters" about getting those mammograms done. I never followed up to be sure they did. Be warned, I am going to check up and ask you when I see you, not just talk about it here. Please check up on the women in your lives as well.

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
cindy@proedcenter.com - ssep1@verizon.net - Kim@proedcenter.com

Upcoming Conferences

SSEP Associate Training & Specialty Conference:
 Perinatal Diabetes: Denver CO. April 23-24, 2020

Sweet Success Express 2020 - Annual Research Conference: Embassy Suites Anaheim South, CA, November 12-14, 2020

SSEP Board of Directors 2019 - 2020

Cindy Parke, RNC, CNM, MSN (CA)	President
Gladys (Sandy) Ramos, MD	Vice-President
Julie Daley, RN, MS, CDCES (RI)	Secretary
M. Joann Henry, RNC, MSHS	Treasurer
Teri Hernandez, PhD, RN	PhD/RN Consultant
Tina Jones, MS, RD, CDCES (OR)	RD Consultant
Liz Miller, RN, BSN, MS, CDCES (TX)	RN Consultant
Katherine O'Connell, MN, RN (WA)	RN Consultant
Geetha Rao, MS, RD, CDCES (CA)	RD Consultant

Advisory Council

Karen Bachman-Carter, MPH, RD, CDCES	NM
Julie Daley, RN, MS, CDCES	RI
Richard Fox, Business Sector	CA
M. Joann Henry, RNC, MSHS	CA
Teri Hernandez, PhD, RN	CO
Christina Inteso, Pharm. D	IN
Maribeth Inturrisi, RN, MS, CNS, CDCES	CA
Lisa Jim, RN	AZ
Siri Kjos, MD	CA
Jessica Lynn, CNM, CDCES	NY
Tina Jones, MS, RD, CDCES	OR
Donna Jornsays, MS, BSN, CPNP, CDCES, BC-ADM	CA
Liz Miller, RN, BSN, MS, CDCES	TX
Katherine O'Connell, MN, RN	WA
Cindy Parke, BSN, CNM, MSN	CA
Ramona Patterson, BSN, RN, CBC	AZ
Joan Perez, MBA, BSN, CDCES	CA
Diane Phillips, RD	AZ
Lynne Raphael, MMsc, RD, CDCES	GA
Gladys (Sandy) Ramos, MD	CA
Geetha Rao, MS, RD, CDCES	CA
Doris Roberts, RN, BSN, PHN	CA
David Sacks, MD	CA
Sandy Sinnes, RN, BSN, CDCES	WA
Alyce Thomas, RD	NJ

Pregnancy Outcomes in Women with an Early Diagnosis of Gestational Diabetes Mellitus

Maisa N Feghali, Kaleab Z Abebe, Diane M Conner, Steve Caritis, Janet M Catoy, Christina M Scifres

ABSTRACT

Aim: To examine pregnancy outcomes in women with gestational diabetes mellitus (GDM) based on the timing of diagnosis.

Method: We compared demographics, blood sugars and outcomes between women diagnosed before (n=167) or after 24 weeks gestation (n=1202) in a single hospital between 2009 and 2012. Because early screening is risk-based, we used propensity score modelling and conditional logistic regression to account for systematic differences.

Results: Women diagnosed with GDM before 24 weeks were more likely to be obese and they were less likely to have excess gestational weight gain (35 vs. 45%, p=0.04). Early diagnosis was associated with more frequent therapy including glyburide (65 vs. 56%, p<0.001) and insulin (19 vs 6%, p<0.001). After propensity score modelling and accounting for covariates, early diagnosis was associated with an increased risk for macrosomia (OR 2, 95% 1-4.15, p=0.0498). Early diagnosis was not associated with other adverse outcomes. In a subgroup analysis comparing women treated with glyburide prior to 24 weeks compared to those diagnosed after 24 weeks, early diagnosis in women treated with glyburide was associated with an increased risk for macrosomia (OR 2.3, 95% CI 1.1-5.4, P=0.04).

Conclusion: Women diagnosed with GDM before 24 weeks have unique features, are at risk for adverse outcomes, and require targeted approaches to therapy.

Highlights

- ✍ Women diagnosed with gestational diabetes mellitus before 24 weeks are at increased risk for adverse outcomes, specifically macrosomia.
- ✍ We suggest caution with use of glyburide in women with an early diagnosis of GDM until further studies regarding glyburide use prior to 24 weeks are available.
- ✍ There is a paucity of data regarding optimal glycemic targets for high-risk women with diabetes in pregnancy, and it is possible that different glycemic targets or alternate therapeutic approaches are needed in this population.
- ✍ Further studies are also needed to establish the risks and benefits of early diabetes screening and treatment.

View references at: [https://www.diabetesresearchclinicalpractice.com/article/S0168-8227\(17\)31901-0/fulltext](https://www.diabetesresearchclinicalpractice.com/article/S0168-8227(17)31901-0/fulltext)

This work was presented in part at the 75th Annual American Diabetes Association Scientific Meeting, June 2015, Boston, MA.

DOI: <https://doi.org/10.1016/j.diabres.2018.02.004>

NIH-FUNDED STUDY: HOMICIDE IS A LEADING CAUSE OF PREGNANCY-ASSOCIATED DEATH IN LOUISIANA

Release: Monday, February 3, 2020

NIH-funded study findings underscore need for violence prevention services for pregnant women and new mothers.

WHAT:

Homicide is a leading cause of death among pregnant and postpartum women in Louisiana, according to an analysis of birth and death records from 2016 and 2017. The study, appearing as a research letter in JAMA Pediatrics, was funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health. The research team was led by Maeve E. Wallace, Ph.D., of Tulane University School of Public Health and Tropical Medicine in New Orleans.

The authors wrote that they undertook their analysis because few studies have looked at non-obstetric causes of death during pregnancy and the year after birth. They analyzed maternal death data from the Louisiana Department of Health and homicide data for women and girls of reproductive age from a U.S. Centers for Disease Control and Prevention database.

Of the 119 pregnancy-associated deaths for 2016 and 2017 in the state, 13.4% (16) were homicides. They estimated that, for every 100,000 women who were pregnant or postpartum, there were 12.9 homicide deaths, which outnumbered deaths from any single obstetric cause, including hypertensive disorders (3.2) and amniotic fluid entering the bloodstream (4.8). The risk of homicide death was twice as high for women and girls during pregnancy and the postpartum period, compared to women and girls who were not pregnant. Pregnancy and postpartum deaths were highest for women and girls ages 10 to 29.

The authors said that women's increased contact with the health care system during pregnancy provides clinicians with an opportunity to offer violence prevention services and interventions. They do not know whether the high maternal homicide rate they found -- among the highest reported, compared to other

jurisdictions -- is a function of better reporting or reflects an actual spike of maternal homicides in Louisiana.

WHO:

Juanita Chinn, Ph.D., of the NICHD Population Dynamics Branch is available for comment.

ARTICLE:

Wallace, ME. Research Letter: Homicide during pregnancy and the postpartum period in Louisiana, 2016-2017. JAMA Pediatrics.2020.

This NIH News Release is available online at:

<https://www.nih.gov/news-events/news-releases/homicide-leading-cause-pregnancy-associated-death-louisiana>.

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) <https://www.nichd.nih.gov/>

CONTACT: Robert Bock or Meredith Daly, 301-496-5134,
e-mail: nichdpress@mail.nih.gov

SAVE THE DATES

November 12-14, 2020

Sweet Success Express 2020
Annual Research Conference
Embassy Suites Anaheim South, CA

Questions to ssep1@verizon.net - Watch for updates
at www.sweetsuccessesexpress.org/conferences.html

THANKS to all who shop using www.SmileAmazon.com - Others can too - Just do your normal shopping starting at www.smileamazon.com - click on supporting (under the search bar) and choose SSEP.

Amazon donates 0.05% of purchase to SSEP! You pay nothing.

Eating Out Wisely for Women with Diabetes during Pregnancy - Patient Handout

Ed Tool from SSEP Diabetes & Pregnancy Resource Manual

Dining out may present some difficulties when trying to achieve good blood glucose control. Restaurant foods may be more processed, overcooked, and contain sugar. The portion sizes served at restaurants tend to be much larger than normally needed. A few suggestions to help you avoid the foods that can cause blood sugar to rise too much are listed below.

FAST FOOD RESTAURANTS

Burgers- Eat plain small hamburgers. You may add mayonnaise and mustard but avoid catsup and relish and other sweet sauces that may be used by the fast food establishment. Avoid breaded and deep fried foods such as fried chicken, fish sticks, or breaded meats. If you must eat these foods, remove the bread or batter coating.

Avoid biscuits and croissants at breakfast. English muffin or whole wheat toast are better choices. Grilled chicken or pita pocket chicken are good choices.

MEXICAN FOOD RESTAURANTS

Much of Mexican food is starchy so you need to be extra selective when eating in Mexican restaurants. Try to avoid chips while waiting for the meal, a few mouthfuls will use up your starch allowance quickly. Of course, 1 chip with tomato salsa, just for the taste, is fine, but try to hold back. When ordering an entrée, select meals which consist of meat, fish or chicken, and cheese rather than just beans, rice and tortillas. Try to include salad and chili tomato salsa to fill up on rather than eating lots of rice and beans.

Avocado, sour cream and olives are fine to include. These foods will not raise your blood glucose level but they do add a substantial amount of fat calories. Suggested selections in Mexican

restaurants are Carne Asada-charbroiled beef or meat and vegetable fajitas. Eat 1 or 2 plain corn tortillas for starch.

ASIAN RESTAURANTS

CHINESE - Chinese food can have some hidden starches and sugar. You can find sugar in sweet and sour sauces, cornstarch in meat and vegetable dishes, and soups. The obvious starches, steamed rice and noodles, need to be measured. Fried rice, fried noodles and deep fried batter coated foods are the starches to avoid. Chinese pancakes and steamed wonton noodle must be included in your starch allowance.

Pork buns and barbecued pork ribs should be avoided. Select steamed fish or stir fried vegetable dishes. Leave any suspicious sauces on the plate. Avoid sweet and sour dishes and fried foods

(e.g. egg rolls, fried prawns or fried won tons, etc.). Have a fresh orange for dessert, if you are allowed a fruit exchange with your meal. One fortune cookie can substitute for ½ a starch. Use plain tea in moderation. Ask for extra hot water so that you can dilute the tea if it is too strong.

Avoid oyster sauce, plum sauce, and sweet and sour.

JAPANESE FOOD-Avoid teriyaki sauces, tempura, and sweetened rice dishes. The vinegar used in making sushi is often sweetened.

ITALIAN FOOD

Avoid red tomato sauces which contain sugar. Select linguine with a light olive oil and garlic sauce or pesto instead. You do not want to eat too much pasta. Try to remember the allowed portion for noodles (usually 1 to 1/1/2 cup). Avoid adding bread when eating pasta dishes. Add salad to complete the meal. Eat a big salad when going out for pizza and only eat 1-2 small slices or 1 large slice of pizza at most. If you are still hungry, eat some extra cheese and vegetable topping from another slice of pizza, but leave the crust. Use an oil and vinegar salad dressing for your salad. Avoid creamy salad dressings as they often contain starch as a thickening agent or sugar. Drink water or a diet beverage. Avoid sweetened beverages and alcohol. Note: In some restaurants, tomato sauces may be made without sugar. These are fine to use.

CONTINENTAL FOOD RESTAURANTS

Order a plain dish. Meat, fish, steamed vegetable and plain potato. Choose broiled meat, fish, and poultry. Avoid cream sauces, gravy and casserole dishes. Choose broth type soups.

SANDWICH SHOPS

Bread portions can often be excessive. French rolls and baguette are too refined and are usually served in large portions. Select whole grain breads in average size portions. Be aware of sodas. "Natural" does not mean that a product is sugar free. Sodas with added juices should be avoided. Mineral water with essence of flavor is OK to use.

HINTS FOR EATING OUT:

Know your meal plan. If you don't, carry a copy with you.

Learn the foods and portions on each exchange list. Count carbohydrates when possible.

Become familiar with serving sizes by practicing at home.

Measuring will teach you to recognize portions. Remember that it's not rude to leave food uneaten if the serving is too large.

Don't hesitate to ask questions about how a food is prepared.

Carry a few foods with you in order to supplement a meal if necessary.



NOW AVAILABLE Sweet Success Food Guides

Patient hand out - color coded pictorial food groups
Personalized meal plan for meals and snacks
Easy for patient teaching & use - in English & Spanish

at \$1/each - minimum order \$25 / \$5 S&H
www.sweetsuccessexpress.org/products.html
Reproduced with permission from CDAPP Sweet Success

Support SSEP at No Cost to You

When you shop on Amazon - call up smile.amazon.com and put SSEP as your contribution destination - your transaction doesn't change at all, but SSEP gets a contribution from Amazon.

By clicking on the link below SSEP will automatically be your contribution destination.

<http://smile.amazon.com/ch/34-2044369>

Pass along to friends and let's make the donations grow

THANKS to all who shop using www.SmileAmazon.com - Others can too - Just do your normal shopping starting at www.smileamazon.com - click on supporting (under the search bar) and choose SSEP. Amazon donates 0.05% of purchase to SSEP! You pay nothing.

Diabetes and Pregnancy Self-Study Modules

GOAL: The goal of the continuing education modules is to provide clinicians knowledge and guidance to provide high quality, comprehensive, culturally appropriate care for women with diabetes and pregnancy. Successful implementation can help meet legislative, regulatory and clinical practice guidelines.

OVERALL OBJECTIVES:

- ✍ Upon completion of the Continuing Education Modules, the participant will be able to:
- ✍ State the current guidelines for diagnosis and treating diabetes prior to, during and after pregnancy
- ✍ Describe the benefits of a multidisciplinary team approach to care
- ✍ Provide nutritional guidelines for women with diabetes and pregnancy
- ✍ Describe the components of a psychosocial assessment for women with diabetes and pregnancy
- ✍ State the current guidelines for the management of the infant of the mother whose pregnancy was complicated by diabetes
- ✍ Describe the benefits and potential risks of exercise during a pregnancy complicated by diabetes
- ✍ List the maternal and infant benefits of breastfeeding
- ✍ List three factors that place a woman with GDM at increased risk for developing type 2 diabetes later in life

12 MODULES:

- | | |
|--|--|
| 1. Preconception/Contraception - 5 C-Hrs | 7. Maternal/Fetal Assessments 3 C-Hrs |
| 2. Medical Nutrition Therapy - 5 C-Hrs | 8. Intrapartum and Delivery 3 C-Hrs |
| 3. Screening & Diagnosing GDM - 3 C-Hrs | 9. PostPartum/Breastfeeding 3 C-Hrs |
| 4. SMBG - 3 C-Hrs | 10. Neonatal Care 3 C-Hrs |
| 5. Insulin Therapy - 3 C-Hrs | 11. Exercise 3 C-Hrs |
| 6. Maternal Hypoglycemia - 3 C-Hrs | 12. Psychosocial/Cultural Issues 3 C-Hrs |

40 CE or CPEUs - Regular Price \$189 - Now On Sale: \$169 - Thru 4/30/2020

SPECIAL OFFER

Diabetes in Pregnancy Self-Study Modules

**Updated in 2018 - 40 CE / CPEU
\$169 (Save \$20 - Reg price \$189)**

**Ordered online, by mail
by emailing ssep1@verizon.net or
calling 800.732.2387**

**Mention "SS Module -
Winter Special Offer"**

Valid through 04/30/2020

**SSEP, PO Box 7447, Chico,
CA 95927,
ssep1@verizon.net or Ph
800-732-2387**

Coming Soon - by popular request

Diabetes in Pregnancy Antepartum Management Self-Study Module - 20 CE/CPE

Type 1 Patient Handbook for Download

JDRF has a diabetes and pregnancy patient handbook for women with type 1 Diabetes that can be downloaded by professionals or patients. A link has been placed on the SSEP website at www.sweetsuccessexpress.org on the [Resource page](#).

It can also be accessed directly on the JDRF Resources page. The direct link is <http://typeoneration.org/resources/newly-diagnosed/t1d-toolkits/>.

Use of Codeine and Tramadol during Pregnancy

There have been reported incidents of pregnant patients being prescribed codeine for pain control. While there is no specific guidance to avoid codeine in pregnant women, a pregnant woman can become a breastfeeding mother and Codeine can cross into the breastmilk. The FDA and ACOG's recommendations are to avoid codeine for breastfeeding women due to risk of overdose in the neonate. This warning also includes Tramadol. Links to the FDA and ACOG websites are below.

<https://www.fda.gov/Drugs/DrugSafety/ucm549679.htm>

<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-on-Codeine-and-Tramadol-for-Breastfeeding-Women>.

SSEP MEMBERSHIP BENEFITS

- ✍ FREE education product each year (\$25.00+ 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
 - ✍ Personalized membership card
- ✍ Membership fee tax deductible to the extent of the law
 - ✍ Membership fee supports member services

Cost: Individual - \$65/yr

Organizational - \$175/yr

(Includes 3 members)

For more info visit

www.sweetsuccessexpress.org

on the **Products Page** or see **Order Form** on page 3

This is your invitation to Join

Or email ssep1@verizon.net for more information

Looking for diabetes in pregnancy patient handouts?

Check out free downloads for Patient Education from California Diabetes in Pregnancy Program:

www.CDAPPSweetSuccess.org

Click on "Free Patient Education"

Available Handouts: Nutrition, Breastfeeding, Exercise, Contraception, Blood Sugar Levels, Postpartum Nutrition and many more