

# SSEP Update

(Sweet Success Extension Program)



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Fall 2019 - Vol 14 No 1

## In this Issue

- Page 2 - Power of the Team Article
- Page 3 - Products & Order Form
- Page 4 - A way to Donate to SSEP that COST YOU NOTHING
- Page 4 - Cost of Insulin - Practice Pearls
- Page 4 - Membership Information
- Page 5 - Resources & Special Offers



## SSEP & Sweet Success Express Presents:

### PERINATAL DIABETES - Power of the Team

A SSEP Associate Training and Specialty Conference



In collaboration with the Navajo Area Sweet Success Group Associate Programs

and co-sponsored by Professional Education Center (PEC),



SSEP and Sweet Success Express will present Perinatal Diabetes - Power of the Team Associate Training and Specialty Conference. The event will be held at the Hyatt Regency Albuquerque, in Albuquerque, NM, on April 25-26, 2019.

This conference will address the concept of patient-centered care and team management, which parallels that of the 2019 American Diabetes Association (ADA) Standards of Medical Care in Diabetes. Patients are partners with health care providers in medical management, and care must be addressed from all perspectives of body and mind. Desired health outcomes are the driving force behind all health care decisions and quality measurements. It takes a powerful team capable of effective communication, empathy and a feeling of partnership to create improved outcomes.

Expert speakers will present topics covering comprehensive updates and reviews of current practice guidelines and selected high-risk specialty topics that support patient-centered care. Topics will include creative and practical applications of evidence-based management strategies to assist teams in providing quality patient-centered care. The goal is to train clinicians to provide the highest quality care based on each patient's individual needs. The power to achieve improved health outcomes lies in the success of the team.

There will be expert speakers from the Navajo Area Group, Indian Health Service and University Medical Centers including the three (3) speakers below.



Teri Hernandez, PhD, RN; (Division of Endocrinology, Metabolism, & Diabetes, University of Colorado Denver) will present "Maternal Metabolism: BMI, Weight Gain, and Nutritional Impacts on Long-term Obesity Risk" and "Update: Targeted Glycemic Control as Prevention; Thinking Beyond Glucose."

Susan Dopart, MS, RD, CDE, Nutritional and Fitness Consultant, West Los Angeles, CA, will provide an interactive workshop about "Generating Change in your Clients: An Introduction to Motivational Interviewing" learning how to roll with resistance with patients who are ambivalent with change, practice the 4 processes of MI, recognize "change talk" and much more.



Jeffrey Sperling, MD, Clinical Fellow, Maternal-Fetal Medicine, University of California San Francisco, CA, will also address two topics: "Use of Oral Medications in the treatment of Gestational Diabetes" and "Management of co-morbidities in



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[www.sweetsuccessexpress.org/conferences.html](http://www.sweetsuccessexpress.org/conferences.html)

**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

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#### Upcoming Conferences

**Sweet Success Express & SSEP: Perinatal Diabetes - Power of the Team Associate Training & Specialty Seminar, Albuquerque, April 25-26, 2018**

**Sweet Success Express 2019: Perinatal Diabetes and Prevention: Embassy Suites Anaheim South, CA, November 7-9, 2019**

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# Perinatal Diabetes - Power of the Team

By: Julie Daley RN MS CDE, Joann Henry RNC MSHS, Katherine O'Connell MS RN, Cindy Parke, CNM, MSN, Gladys Ramos MD

Diabetes affects 1 in 11 individuals in this country. SSEP focuses solely on women of childbearing age – recognizing that a woman's first entry into care may be when pregnant or when contemplating a pregnancy. Although this group is a smaller subset of individuals with diabetes, the education and care provided to these women promotes improved outcomes for entire families and future generations. Additionally, the preventive strategies based on nutrition, health education and exercise management are believed to improve outcomes for, not only those with diabetes complicating pregnancy, but also those with obesity and hypertension (common comorbidities) complicating pregnancy. To successfully provide patient education, clinicians must be knowledgeable about current practice guidelines and skilled in providing evidence-based interventions. How can clinicians stay updated in the provision of care, and, what is the best way to partner with patients in teaching/learning self-care?

This year, the American Diabetes Association (ADA) published the "2019 Standards of Medical Care" which provides revised clinical recommendations highlighting patient centered care. Utilizing the care team to promote health and personalized treatment aimed at the individual's own social, behavioral and healthcare needs, it incorporates active listening, eliciting patient preferences and identifying literacy level/learning needs along with defining barriers to understanding. Since the focus is on clinicians providing care for individuals, not populations, the guidelines must be interpreted with the individual patient (and her needs) in mind.(1)

According to the ADA Standards of Care in Diabetes 2019, the concept of patient-centered care is recommended for every type of diabetes, including diabetes during pregnancy.(2) A team approach, using the patient as the center of the team, is inherently part of this care. It is this concept that provides the theme for SSEP's Albuquerque conference: Perinatal Diabetes: Power of the Team to be held April 25-26, 2019.

While not a new concept, there have been several obstacles to patient-centered care including, but not limited to: reimbursement for care and medical practice models. Patient-centered care has been shown to be successful and cost-effective, but not always utilized.(3) Now that ADA, and other physician groups, such as the American College of Cardiology, are focusing on the need for individualized care, providing patient-centered care is within reach for all programs.(4)

A review of patient-centered care shows it is a method of care that relies upon effective communication, mutual trust, empathy, and a feeling of partnership between providers and patient to improve care outcomes. It provides a broader look at the holistic needs of a patient (and her family) and encompasses the patient's needs from a broad-based perspective.(5)

Although many clinicians are familiar with and promote patient centered care in many situations, it may be difficult to achieve in a Diabetes in Pregnancy practice model. We will explore processes that encourage active collaboration, communication and shared-decision making among all team members with the patient's needs at the center. The goal of patient-centered care is the development of a partnership based on mutual trust and respect which includes patient and family preferences, values, cultural traditions and ethnic beliefs to provide physical and emotional well-being.

Patients know best how well their health providers are meeting their needs, and it is the patient's view of her health care delivery that correlates with improved outcomes and satisfaction.

Please join us in Albuquerque for Perinatal Diabetes: Power of the Team conference on April 25-26, 2019. Leading experts will present creative and practical aspects of evidence-based management strategies to assist teams to provide excellent patient-centered care. Our goal is to educate clinicians in methods to provide the highest quality care based on each patient's individual needs. The power to achieve improved health outcomes lies in the success of the team.

For more information, visit:

<http://www.sweetsuccessesexpress.org/conferences.html>.

## References

1. American Diabetes Association. 2019 Standards of Medical Care in Diabetes. Accessed online on 1/11/2019 at [http://care.diabetesjournals.org/content/42/Supplement\\_1](http://care.diabetesjournals.org/content/42/Supplement_1)
2. American Diabetes Association. 2019 Standards of Medical Care in Diabetes; Section 14. Accessed online on 1/11/2019 at [http://care.diabetesjournals.org/content/42/Supplement\\_1/S165](http://care.diabetesjournals.org/content/42/Supplement_1/S165)
3. Patient-Centered Care: What It Means And How To Get There. Accessed online on 1/11/2019 at <https://www.healthaffairs.org/doi/10.1377/hblog20120124.016506/full>
4. Patient-centered Care is the Focus and Priority of the 2019 Standards of Medical Care in Diabetes, Published Today by the American Diabetes Association® Accessed online on 1/15/2019 at: <http://www.diabetes.org/newsroom/press-releases/2018/patient-centered-care-focus-of-2019-standards-of-medical-care-in-diabetes.html>
5. What is Patient-Centered Care. NEJM Catalyst. Jan. 2017. Accessed online on 1/15/2019 at: <https://catalyst.nejm.org/what-is-patient-centered-care/>

**Attendees will be provided time to network with speakers and exhibitors**

**Who will Attend?:** SSEP Conferences will benefit those who provide team care based on proven research. The demographic of the attendees will be broad and extend to all specialty areas of the diabetes and reproductive health.

To Download Brochure, Register and Make Hotel Reservations, Visit: [www.sweetsuccessesexpress.org/conference.html](http://www.sweetsuccessesexpress.org/conference.html)



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Thanks to those of you already participating - SSEP is receiving small quarterly contributions - pass this along to friends and let's make the donations bigger.

### Make Donation directly to SSEP

Contributions to SSEP, a nonprofit charitable organization, are **tax deductible** to the extent of the law and **100% of funds donated are utilized toward activities to improve outcomes for mothers with diabetes and their offspring.**

✍ Donation can be made online, mail or phone

✍ [www.sweetsucsessexpress.org/make-a-donation.html](http://www.sweetsucsessexpress.org/make-a-donation.html)

✍ mailed to SSEP, PO Box 7447, Chico, CA 95927

✍ by calling 530-343-3504

**A contribution in any amount is most appreciated.**

### Cost of Insulin - Practice Pearls:

### SSEP MEMBERSHIP

#### Reprint from: Diabetes in Control January 12, 2019

#### Benefits include:

- ✍ The cost of insulin has increased dramatically over the past several years, which translates to higher out-of-pocket costs for patients who use insulin to manage their diabetes.
- ✍ The high cost of insulin is associated with underuse in certain patient populations, particularly those with lower incomes. This underuse translates to decreased diabetes management.
- ✍ Efforts should be undertaken to discuss the cost of medication with the patient and offer assistance when available (i.e., ensuring insulin is on formulary, provide information on manufacturer charity-funded financial assistance programs, offer manufacturer discount cards, etc.).

Reference:

Herkert, Darby, et al. "Cost-Related Insulin Underuse Among Patients With Diabetes." JAMA Internal Medicine, Mar. 2018, doi:10.1001/jamainternmed.2018.5008.  
Michael Zaccaro, Pharm. D. Candidate 2019, LECOM School of Pharmacy

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## OPIOID USE DURING PREGNANCY

Postpartum Opioid Rx May Lead to Persistent Use Study  
FRIDAY, Jan. 4, 2019 (HealthDay News) -- New mothers who take opioid painkillers after either vaginal birth or cesarean section may be at increased risk of becoming persistent users, a new study finds.

Researchers from Vanderbilt University in Nashville examined data from more than 102,000 new mothers in Tennessee. None had used opioids in the 180 days before delivery.

After delivery, 89 percent who had a cesarean delivery and 53 percent who had a vaginal delivery filled opioid prescriptions. The overall rate of persistent opioid use in the year after delivery was low overall -- less than 1 percent. It was higher among women who had C-sections, the study found.

But among women who filled an initial opioid prescription, the risk of persistent use was similar for both groups. And, the researchers found, filling additional prescriptions substantially raised the risk for both groups.

The findings suggest current prescribing practices could put a large number of new mothers at risk for chronic opioid use, the researchers said.

"This study is one of the first to indicate that regardless of the delivery type, postpartum initiation of opioid use -- a modifiable practice -- is associated with persistent opioid use," study senior author Dr. Carlos Grijalva said in a university news release. He's an associate professor of health policy at Vanderbilt.

"If our estimates were projected to the number of women who give birth annually in the United States, we calculated that every year there would be around 21,000 women becoming chronic opioid users that would be attributable to opioid use in the postpartum period," Grijalva said.

With 86 percent of women in the United States having at least one delivery and almost a third having a C-section, the potential impact of postpartum opioid prescribing is "huge," said lead author Dr. Sarah Osmundson. She's an assistant professor of maternal-fetal medicine.

"Policies designed to standardize and improve opioid prescribing have the potential to influence exposures for a large proportion of our population," Osmundson said.

Obstetricians should consider other methods of pain control for women after childbirth, researchers said.

The study was recently published as a research letter in the American Journal of Obstetrics and Gynecology.

More information

The U.S. Office on Women's Health offers resources on recovering after giving birth at:

<https://www.womenshealth.gov/pregnancy/childbirth-and-beyond/recovering-birth>

SOURCE: Vanderbilt University, news release, Dec. 17, 2018

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## Links and Resources

### 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>

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### 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](http://www.sweetsuccessexpress.org) on the Resource page.

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



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### Guidelines at a Glance for Preexisting DM - 2018

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