

# SSEP Update

(Sweet Success Extension Program)

Summer 2016  
Vol 11 No 3



## SSEP

SSEP, A Nonprofit Corp. PO Box 7447, Chico, CA 95927  
Phone 800.732.2387 [ssep1@verizon.net](mailto:ssep1@verizon.net) [www.sweetsuccessexpress.org](http://www.sweetsuccessexpress.org)



Door Prizes

### JOIN US FOR

## Sweet Success Express 2016: Prevention: It Takes a Team November 3-5, 2016



Networking

Presented by SSEP & Sweet Success Express

Co-Sponsored by: Professional Education Center

Held at: Embassy Suites Anaheim South  
Garden Grove, CA 92840

Pre-Conference Workshops On Thursday, Nov. 3, 2016

Workshop 1: Motivating to Exercise

Workshop 2: Insulin Therapy Workshop: Multiple Daily Injections & Insulin Pump

Main Conference on Friday & Saturday, Nov. 4-5, 2016

The 2016 Sweet Success Express Conference brings together expert leaders and speakers in the delivery of diabetes and pregnancy health care strategies. The program will integrate concepts of prevention, intervention, multidisciplinary team approach to care, self-management education, treatment modalities and new technologies.

Bring your diabetes and pregnancy team and join us for three days of learning and fun.

Registration available on-line at:

[www.sweetsuccessexpress.com/CONFERENCES.php](http://www.sweetsuccessexpress.com/CONFERENCES.php)

For more info, contact [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

**Sweet Success Express 2016:** Embassy Suites Anaheim South, CA, 11/3-5/2016

**Diabetes and Reproductive Health Practice Recommendations, Navajo/SSEP Conf., Albuquerque, NM 4/27-28/2017**

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## CONGRATULATIONS To the SSEP Summer Member Drawing Winners

The Summer Drawing which took place in July is one of the many benefits for SSEP members.. Those eligible to participate in the drawing include SSEP Associate Program Staff, Organizational Members, Individual Members and individuals who make a donation to SSEP during the year.

Winners and their prizes for 2016 include:

**1st Place:** Northern Navajo Medical Center Navajo Area Associate Program, Shiprock, NM.

**Prize:** One team member will receive a Free Registration to 2 main days of Annual Sweet Success Express Conference on Nov. 4-5, in CA.

**2nd Place:** Pat Carney, MSN, APRN, WHNP-BC, CDE, WellHealth QC Associate Program, Las Vegas, NV. **Prize:** \$75.00 Cash

**3rd Place:** Marta Phillips, MS, RD, CDE, Individual Member, Glendale, CA. **Prize:** \$50.00 Cash

**4th Place:** Bernadine Russell, RN, BSN, CDE, Team Member at Tsehootsooi Medical Center Navajo Area Associate Program, Fort Defiance, AZ. **Prize:** \$50 Education Material Gift Certificate

**5th Place:** Dolores Aguilar, NP, RN, Individual Member, San Jose, CA. **Prize:** \$25 Ed Material Gift Certificate

Some of the member benefits include one free education material each year, discounts on other education material and conferences, and more. For more Member information see SSEP Membership Program on page 4, download Member Brochure at

[www.sweetsuccessexpress.com](http://www.sweetsuccessexpress.com) on Member page, or email [ssep1@verizon.net](mailto:ssep1@verizon.net).

**SSEP New Contact info:** PO Box 7447, Chico CA 95927-7447 - Phone: 800.732.2387

## PROPER MATERNAL FOLATE LEVEL MAY REDUCE CHILD OBESITY RISK

NIH Report - June 13, 2016

Proper maternal folate levels during pregnancy may protect children from a future risk of obesity, especially those born to obese mothers, according to a study led by researchers funded by the National Institutes of Health.

"Maternal nutrition during pregnancy can have long-lasting effects on child health, as well as the health of a mother after pregnancy," said the study's principal investigator, Xiaobin Wang, M.D., M.P.H., Sc.D., from Johns Hopkins University, Baltimore. "Our results suggest that adequate maternal folate may mitigate the effect of a mother's obesity on her child's health."

The study, published online in *JAMA Pediatrics*, was funded by NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Obesity <<http://www.cdc.gov/obesity/data/index.html>> in children and adults is a serious health issue in the United States, contributing to such conditions as heart disease, stroke and type 2 diabetes. During pregnancy <<http://www.cdc.gov/pregnancy/features/feature-healthy-weight-healthy-pregnancy.html>>, maternal obesity also increases the risk for a range of pregnancy complications, such as stillbirth, birth defects and preterm birth. Furthermore, babies born to obese mothers have long-term health risks, including a higher risk of obesity in childhood.

Folate, an essential B vitamin, reduces the fetus' risk for neural tube defects <<https://www.nichd.nih.gov/health/topics/ntds/Pages/default.aspx>>, which are malformations affecting the brain, spine and spinal cord. The U.S. Centers for Disease Control and Prevention recommends that women of childbearing age take 400 micrograms of folic acid <<http://www.cdc.gov/ncbddd/folicacid/index.html>> (a synthetic form of folate) daily to reduce their children's risk for neural tube defects. However, the role of maternal folate levels on a child's future obesity risk was not known, especially among those born to mothers who are obese during pregnancy.

In their study, the researchers investigated the health outcomes of mothers and children (ranging from 2- to 9-years-old) in the Boston Birth Cohort, a predominately low-income, minority population with a high prevalence of maternal and child obesity. The study team analyzed health records from more than 1,500 mother-child pairs, including information that was collected before, during and after pregnancy. To gauge a mother's folate level during pregnancy, the researchers measured folate from stored plasma samples that were collected two to three days after delivery.

The study team found a wide range of maternal folate levels, but observed an "L-shaped" relationship between maternal folate levels and child obesity. In other words, the lowest levels

of folate correlated with the highest risk of child obesity. When folate levels reached approximately 20 nanomoles per liter (nm/L), which is within the normal range for adults, further increases in folate levels did not confer additional benefits, indicating a threshold or ceiling effect.

According to the researchers, this threshold is higher than the standard cutoff for diagnosing folate deficiency (less than 10 nm/L).

Obese mothers in the study tended to have lower folate levels than normal weight mothers. However, when the researchers examined obese mothers only, they found that children of obese mothers with adequate folate levels (at least 20 nm/L) had a 43 percent lower risk of obesity compared to children of obese mothers with lower folate (less than 20 nm/L). The children in the latter group had higher body mass index-for-age z-scores (BMI-z)-a measure of body fat in children.

According to the authors, establishing an "optimal" rather than "minimal" folate concentration may be beneficial for women planning a pregnancy, especially obese women.

"Folate is well-known for preventing brain and spinal cord defects in a developing fetus, but its effects on metabolic disorders, such as diabetes and obesity, is less understood," said Cuilin Zhang, M.D., Ph.D., NICHD senior investigator and a study co-author. "This study uncovers what may be an additional benefit of folate and identifies a possible strategy for reducing childhood obesity."

The Boston Birth Cohort has been funded continuously by NICHD since 2002 (R01 HD041702, R01 HD086013). The cohort also received support from NIH's National Institute of Environmental Health Sciences and the National Institute of Allergy and Infectious Diseases, as well as the Health Resources and Services Administration's Maternal and Child Health Bureau and the March of Dimes.

### Reference:

Wang G, Hu FB, Mistry KB, Zhang C, Ren F, Huo Y, Paige D, Bartell T, Hong X, Caruso D, Ji Z, Chen Z, Ji Y, Pearson C, Ji H, Zuckerman B, Cheng TL, and Wang X. Associations of maternal prepregnancy BMI and plasma folate concentrations with child metabolic health. *JAMA Pediatrics* DOI: 10.1001/jamapediatrics.2016.0845 (2016)

This NIH News Release is available online at:

<<https://www.nih.gov/news-events/news-releases/proper-maternal-folate-level-may-reduce-child-obesity-risk>>.

For more information about Eunice Kennedy Shriver National Institute of Child Health and Human Development, visit NICHD's website <<https://www.nichd.nih.gov/>>.

For more information about NIH and its programs, visit <[www.nih.gov](http://www.nih.gov)>.

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**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)

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**SSEP CD Teaching PowerPoint Presentations**

- #1501 - \$25 - NEW - 2016 - 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. (updated 2016)

#1601 Eng / #1602 Sp - GDM Patient Handbook 28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup. **UPDATED-2015**

**#1603 Eng - 2015/ #1604 Sp -2012**

**Type 2 DM in Preg. Pt. Handbook**  
44 pgs - before/during/after pregnancy information.

#1601-04: Average (5th - 6th grade) 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.

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UPDATED- 2016

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Sweet Success Guidelines for Care 2015 download  
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**#1401 - FREE - SSEP - SWEET SUCCESS ASSOCIATE PROGRAM Packet:** how to become a Sweet Success Affiliate Program. (May be added to Order Form - No cost for packet)

**#1051 - \$35 - Diabetes & Reproductive Health Resource CD 2016**

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**1701 Eng/Sp - 2016 - EXERCISE VIDEO DVD**

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

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# HEALTHY DIET MAY REDUCE HIGH BLOOD PRESSURE RISK AFTER GESTATIONAL DIABETES

NIH Report - Released April 18, 2016

Sticking to a healthy diet in the years after pregnancy may reduce the risk of high blood pressure among women who had pregnancy-related (gestational) diabetes, according to a study by researchers at the National Institutes of Health and other institutions. The study was published in Hypertension.

"Our study suggests that women who have had gestational diabetes may indeed benefit from a diet rich in fruits, vegetables, and whole grains and low in red and processed meats," said the study's senior author, Cuilin Zhang, M.D., Ph.D., a senior investigator in the Epidemiology Branch of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Funding for the study also was provided by NIH's National Institute of Diabetes and Digestive and Kidney Diseases and National Cancer Institute.

In fact, a healthy diet was associated with lower risk for high blood pressure even in obese women. Obesity is a risk factor for high blood pressure. But obese women in the study who adhered to a healthy diet had a lower risk of high blood pressure, when compared to obese women who did not.

Approximately 5 percent of pregnant women in the United States develop gestational diabetes <[https://www.nichd.nih.gov/publications/pubs/gest\\_diabetes/Pages/su b1.aspx](https://www.nichd.nih.gov/publications/pubs/gest_diabetes/Pages/su b1.aspx)>, despite not having diabetes before becoming pregnant. The condition results in high blood sugar levels, which can increase the risk of early labor and a larger than average baby, which may result in problems during delivery. For most women with the condition, blood sugar levels return to normal after birth. However, later in life, women who had gestational diabetes are at higher risk for type 2 diabetes and high blood pressure <<http://www.nhlbi.nih.gov/health/health-topics/topics/hbp>>.

The current study is the first to show that adopting a healthy diet -- known to reduce high blood pressure risk among the general population -- also reduces the risk among women with prior gestational diabetes. In an earlier study <<https://www.nichd.nih.gov/news/releases/Pages/100912-gestational-diabetes.aspx>>, Dr. Zhang and her colleagues reported that a healthy diet after gestational diabetes reduces the risk for Type 2 diabetes.

To conduct the study, the researchers analyzed the health histories of nearly 4,000 women participating in the Nurses' Health Study II, part of the Diabetes & Women's Health <<https://www.nichd.nih.gov/about/org/diphr/eb/research/pages/diabetes-women.aspx>> study. Every four years, study participants responded to questionnaires on their eating habits. When appropriate, the researchers categorized the women's responses according to three healthy dietary approaches: the Alternative Healthy Eating Index <<http://epi.grants.cancer.gov/hei/tools.html>>, Mediterranean-style Diet <<https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000110.htm>>, and the Dietary Approaches to Stop Hypertension (DASH) <<https://www.nhlbi.nih.gov/health/health-topics/topics/dash/>>. These approaches emphasize consumption of nuts, legumes, whole grains and fish, and limit consumption of red and processed meats, salt, and added sugars.

After they statistically accounted for smoking, family history, and other factors known to increase high blood pressure risk, the researchers found that women who adhered to a healthy diet were 20 percent less likely to develop high blood pressure than those who did not.

"High blood pressure affects about 30 percent of U.S. adults and increases the risk for heart disease, kidney disease, and stroke," Dr. Zhang said. "Our study shows that a healthful diet is associated with decreased high blood pressure in an at-risk population."

This NIH News Release is available online at:

<<http://www.nih.gov/news-events/news-releases/healthy-diet-may-reduce-high-blood-pressure-risk-after-gestational-diabetes->

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